(15.3%), psychotic disorders (4%) and drug use (2%). There were no patients with eating or conduct disorders or IPI.
Conclusions Psychiatric morbidity is frequent in resistant-epilepsy. Despite 38% of patients suffered from at least one axis I diagnoses, IDD was the most prevalent condition and not included in SCID interview.
Disclosure of interest The authors have not supplied their declaration of competing interest.

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EW0620

Cannabinoid hyperemesis syndrome, a treatment discussion

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Introduction Cannabinoid hyperemesis syndrome (CHS), is characterized by recurrent episodes of severe nausea and intractable vomiting, preceded by chronic use of cannabis. A pathognomonic characteristic is compulsive bathing in hot water. The resolution of the problem occurs when cannabis use is stopped. However, patients are often reluctant to discontinue cannabis. Treatment with anti-emetic medication is ineffective. Case series suggested haloperidol as a potential treatment. Other antipsychotics as olanzapine has been used as anti-emetic treatment in chemotherapy.
Objectives To describe three cases of patients with CHS whom showed a successful response to olanzapine, even when, haloperidol had failed.
Aims To present an alternative treatment for CHS which can offer benefits over haloperidol.
Methods We present three cases of patients who suffered from CHS and were admitted to emergency department. All patients were treated with olanzapine after conventional anti-hemetic treatment failure. One patient was also unsuccessfully treated with haloperidol.
Results All three patients showed a good response to olanzapine treatment. Different presentations were effective: velotab and intramuscular. Their nausea, vomits and agitation were ameliorated. They could be discharge after maintained remission of symptoms.
Conclusions Olanzapine should be considered as an adequate treatment for CHS. Its suitable receptorial profile, its availability in different routes of administration and its side effects profile could offer some benefits over haloperidol.
Disclosure of interest The authors have not supplied their declaration of competing interest.

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EW0621

An Italian observational study on subclinical cardiovascular risk factors and depressive symptomatology. A suggestion for the potential utility of a sinergic cardio-psychiatric perspective

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Introduction Growing evidence has been collected over the complex, intertwined pathophysiological connection among subclinical cardiovascular (CV) disease, i.e. atherosclerosis, systemic low pro-inflammatory states and psychiatric disorders/symptomatology (anxiety, depression), with controversial results.
Aim Aim of this study was to investigate the possible link between subclinical CV risk factors (atherosclerosis), depressive symptoms, and inflammation.
Methods Cross-sectional study. Inclusion criteria: outpatients aged ≥40 years, attending colonoscopy after positive faecal occult blood test, negative medical history for cancer. Collected data: blood pressure, glycaemia, lipid profile, waist circumference, BMI, PCR (C reactive protein), LPS (bacterial lipopolysaccharide), ultrasound carotid intima-media thickness (c-IMT). Psychometric tests: HADS, TCI, IMSA, SF36. Statistical analysis performed with STATA13.
Results The 54 patients enrolled were equally distributed by gender. CV risk factors were common in the study population, with 33 patients (61.11%) with hypertension, 14 (25.93%) with hyperglycaemia, 20 (37.4%) with hypertriglyceridemia, 19 (35.19%) with low HDL and 64.81% with overweight. High levels of PCR were found in 24 subjects (44.44%). Right c-IMT was increased in 26.41% of the sample, and 11.32% had an atheromatous plaque. Left c-IMT was increased in 24.53% of patients, with a plaque in 7.55% of them. Clinically relevant depressive symptoms were found in the 18.87% of the sample and were statistically significantly associated with PCR (OR = 28.63; $P = 0.01$).
Conclusions Evidence contributing to the so-called "inflammation theory" of depression and supporting the association between mood and CV disorders was here collected, supporting the need for a multidisciplinary approach to the diagnosis and treatment of such conditions, assuming a clinically-translated PNEI (psycho-neuro-endocrino-immunological) perspective.
Disclosure of interest The authors have not supplied their declaration of competing interest.

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EW0622

Prevalence of metabolic syndrome and of symptoms of anxiety and depression in patients undergoing colonoscopy

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Introduction Metabolic syndrome (MetS) is defined by metabolic and cardio-vascular impairments and is frequently associated with anxiety and depressive disorders. Both MetS and anxiety-depressive syndromes feature similar systemic inflammatory alterations. Inflammation of the large bowel is also a key factor for the development of colorectal cancer (CRC).
Objective To measure the prevalence of MetS and symptoms of anxiety and depression among patients undergoing colonoscopy.
Methods Cross-sectional study. Patients undergoing colonoscopy aged 40 or more, with negative history for neoplasia or inflammatory bowel disease, were enrolled. Data collected: colonoscopy outcome, presence/absence of MetS (IDF and ATP III criteria), presence/absence of depressive and anxiety symptoms assessed with HADS.
Results The sample was made up of 53 patients (female 24, 45.3%). Mean age was 60.66 ± 9.08. At least one adenoma was found to 23 patients (43.3%). Prevalence of MetS ranged from 34% to 36% (ATP III and IDF criteria, respectively). Prevalence of depressive and anxiety symptoms was 20% and 33%, respectively.
Conclusion Prevalence of MetS, anxiety and depressive symptoms among patients undergoing colonoscopy was higher than in the general population.
Disclosure of interest The authors have not supplied their declaration of competing interest.

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EW0623

Impact of anxiety-depressive symptoms on outpatients' quality of life: Preliminary results from an Italian observational study

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Introduction Several studies have shown an association between the Short-Form 36 (SF36) scores and anxiety-depressive symptoms, suggesting that depression in particular could reduce Quality of Life (QoL) to the same, and even greater, extent than chronic non-communicable diseases, such as diabetes and hypertension.
Aims To explore the relationship among QoL and anxiety, depressive and anxiety-depressive symptoms in an outpatient sample.
Methods Cross-sectional study. Inclusion criteria: outpatients aged ≥40 years, without history for cancer, attending colonoscopy after positive faecal occult blood test. Collected data: blood pressure, blood glucose, lipid profile. Psychometric test: Hospital Anxiety and Depression Scale (HADS). QoL was assessed with SF36. Statistics performed with STATA13.
Results 54 patients enrolled (27 females). Sixteen patients (30.2%) were positive for anxiety symptoms, ten (18.9%) for depressive symptoms and five (9.4%) for anxiety-depressive symptoms. The perceived QoL was precarious in twelve subjects (22.2%): eight (15.9%) had low score (≤ 42) at "Mental Component Summary" (MCS) subscale, three (5.7%) at the "Mental Health" item and one patient (1.9%) at the "Vitality" one. At the multiple regression analysis, depressive (OR = 28.63; $P = 0.01$) and anxiety-depressive symptoms (OR = 11.16; $P = 0.02$) were associated with MCS.
Conclusions The association emerging from the present study between depressive/anxiety symptoms and the MCS component of SF36 is consistent with available literature. Study design and small sample size do not allow to generalize results, that need further studies to be confirmed.
Disclosure of interest The authors have not supplied their declaration of competing interest.

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EW0624

Prevalence, incidence and comparative meta-analysis of all-cause and specific-cause cardiovascular disease in patients with serious mental illness

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Patients with severe mental illness (SMI) have been described at higher risk of cardiovascular disease (CVD). The aim of this systematic review and meta-analysis was to quantify prevalence, incidence, cross-sectional association and longitudinal increased risk of coronary heart disease (CHD), stroke, transient ischemic attack and cerebrovascular disease (CBVD), heart failure (HF), peripheral vascular disease (PVD), death due to CVD, and any CVD in patients with SMI. We included 92 studies, with a total population of 3,371,461 patients (BD = 241,226, MDD = 476,102, SCZ = 1,721,586, SMI = 932,547) and 113,925,577 controls. Pooled prevalence of any CVD in SMI was 9.9% (95% CI = 7.4–13.3) (33 studies, 360,144 patients). Compared to controls, after adjusting for a median of 7 confounders, SMI was associated with higher risk of CVD in cross-sectional studies, OR:1.53 (95% CI = 1.27–1.83) (11 studies), with CHD OR: 1.51 (95% CI = 1.47–1.55) (5 studies), with CBVD OR: 1.42 (95% CI = 1.21–1.66) (6 studies), and tended to be associated with HF OR: 1.28 (95% CI = 0.99–1.65) (4 studies). Cumulative incidence was 3.6 CVD events in a median follow-up period of 8.4 years (range: 1.76–30). After considering a median of 6 confounders, SMI was associated with higher longitudinal risk of CVD in longitudinal studies HR: 1.78 (95% CI = 1.6, 1.98) (31 studies), of CHD: HR: 1.54 (95% CI 1.30–1.82) (18 studies), of CBVD HR: 1.64 (95% CI 1.26–2.14) (11 studies), of HF HR:2.10 (95% CI 1.64–2.70) (2 studies), of PVD, unadjusted RR: 3.11 (95% CI 2.46–3.91) (3 studies), of death due to CVD, HR 1.85 (95% CI 1.53–2.24) (16 studies). In this meta-analysis, the