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Introduction: Anxiety disorders are very common and burdensome mental illnesses worldwide, characterized by exaggerated feelings of worry and fear. These disorders are highly comorbid with other conditions.

Objectives: The aim of our study is to explore the physical and psychiatric comorbidities and their clinical correlates. The second objective is to identify the predictors of recurrence of anxiety disorders.

Methods: Our study concerned 436 outpatients who met DSM-V diagnostic criteria for anxiety disorders and were followed in the Department of Psychiatry of Monastir (Tunisia) between 1998 and 2017. Selective mutism and separation anxiety were excluded for lack of cases.

Results: Our results demonstrated that Generalized Anxiety Disorder (GAD) was significantly associated with cardiovascular comorbidity (OR=3.208). Social Anxiety Disorder (SAD) was significantly correlated to avoidant personality disorder (OR=17). Patients with suicide attempts are more likely to have a comorbid personality disorder (OR=11.606). Being married and having a later age of onset are predictors of having comorbid depressive disorder. Furthermore, being married, having an anxiety-anxiety comorbidity and a longer duration of untreated illness (DUI) are predictors of recurrence.

Conclusions: Our study highlights the fact that comorbidities (physical and psychopathological) call for a closer follow up due to the higher risk of recurrence, the higher risk of suicide attempts and the poorer treatment response.

Disclosure: No significant relationships.

Keywords: Anxiety disorders; recurrence; comorbidities; clinical correlates

EPV0011

Primary clinical testing of the questionnaire “Brief questionnaire of quality of anxiety” in patients with generalized anxiety disorder

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Introduction: The clinical differentiation of anxiety can play an important role, particularly in response to treatment. Patients with generalized anxiety disorders (GAD) reflect anxiety, therefore questionnaires are effective. Previous attempts to create a questionnaire assessing the quality of anxiety assessed only one aspect – tolerance to uncertainty (3). The new questionnaire covers such aspects of anxiety as behavioral manifestation, hypochondria, relation to cognition, personal trait and expectation from treatment.

Objectives: Clinical testing of the questionnaire.

Methods: 38 GAD patients (total score of Hamilton depression rating scale 27±4.7), aged 42.5±13, 75% females and 38 healthy volunteers aged 36.5±11, 74% females. The questionnaire included 8 statements, (two of them have subparagraphs). The testing

version does not include statement about expectations from treatment. It takes 10 minutes to fill it out.

Results: The difference between groups were found in following statements:

“I am often told that a am worried about small things” (χ^2 22 p=0.00001)–behavioral presentation of anxiety.

“When I am anxious, I find it difficult to concentrate” (χ^2 23,6 p=0.059)–cognitive aspect.

“My anxiety is getting worse, when I can’t complete the task strictly according to the instruction” (χ^2 13.6 p=0.0002) –obsessive aspect.

“My anxiety is getting worse, when something goes wrong” (χ^2 =9 p=0.002)–obsessive aspect.

“My anxiety is getting worse, when I need to make my own decision” (χ^2 29 p=0.003)– narcissism

“My anxiety is getting worse when I have to hold back irritation or discontent” (χ^2 24.2 p=0.04)–narcissism.

Conclusions: Only part of statements differs GAD patients from healthy volunteers, but they cover different fields of mental functioning.

Disclosure: No significant relationships.

Keywords: generalized anxiety disorder; quality of anxiety; Questionnaire

EPV0012

Differences in the effects of anxiolytics bromodihydrochlorophenylbenzodiazepine and fabomotizole in patients with anxiety disorders in dependence on their individually-typological features.

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Introduction: Personalized approach in drug therapy is an essential line of modern psychiatry. Experimental and clinical studies of anxiolytics have shown differences in drug effects in dependence on genetically determined reactions to stress and personal features.

Objectives: To evaluate of the therapeutic effects and effectiveness of bromodihydrochlorophenylbenzodiazepine and fabomotizole in dependence on individually-typological features of patients with anxiety disorders.

Methods: 45 patients (mean age 33,3±9,7 years) with generalized anxiety disorder (n=22) and panic disorders with agoraphobia (n=23) participated in this open-label study. 13 patients treated with typical anxiolytics bromodihydrochlorophenylbenzodiazepine at dose 2 mg daily and 32 patients treated with atypical fabomotizole at dose 30 mg daily. The duration of treatment was 14 days. Minnesota Multiphasic Personality Inventory, Psychiatric Symptoms Severity Evaluation Questionnaire and CGI-E were administered.

Results: Asthenic features (high pessimism, anxiety, individualism) were revealed in 26 patients and stenic features (high impulsivity, rigidity and optimism) were revealed in 19 patients. Patients with asthenic features had tranquilo-activating effect of bromodihydrochlorophenylbenzodiazepine, whereas patients with stenic features had tranquilo-sedative effect. The tranquilo-activating effect of fabomotizole was revealed in patients with stenic features. High efficacy of bromodihydrochlorophenylbenzodiazepine was