SUD patients 45,2% had alcohol UD(F10), 52.9% opiate UD(F11), 35.1% stimulant UD(F14;f15), 20.2% sedative UD(F13). Patients who had stimulant addiction as one of their diagnosis and patients with multiple addictions were significantly more likely (p=0.023 and p=0.012 respectively) to screen positive for ASRSv1.1 among SUD patients population. All types of SUDs were significantly more likely to screen positive for ASRSv1.1 when compared to a control group.
Conclusions: There is a strong link between SUD and ADHD symptoms. Patients with stimulant or multiple SUDs are more likely to screen positive for ADHD symptoms than other SUD patients. It is important to identify ADHD symptoms in treatment-seeking SUD patients.

Disclosure: No significant relationships.
Keywords: ADHD; Substance Use Disorder; Adult Attention-Deficit / Hyperactivity Disorder; ASRS v.1.1

O048

Depression in multiple sclerosis: RS-FMRI research

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Introduction: Multiple sclerosis (MS) is a demyelinating and neurodegenerative disorder of the CNS, which incapacitates people of working age. Due to progressive disability, the quality of life decreases, adding a number of other diseases to the main one. Several studies have reported high rates of depression in MS with a lifetime prevalence of approximately 50%.
Objectives: Therefore, we would like to pattern the functional activation of the brain of patients with different phenotypes of MS. This would objectify the patient's condition and the effectiveness of therapy for these diseases.
Methods: 68 patients with MS were examined: 40 with a relapsing-remitting type of course (RRMS) in remission and 28 with secondary - progressive MS (SPMS). Patients underwent MRI of the brain on a Siemens Tim Trio 3.0 T tomograph and processed the data using CONN 18b software. Clinical features were estimated by tests (BDI, HADS) results.
Results: 91% of all MS patients in research have signs of depression. We noted that decreased FC in RRMS patients has a whole-brain type, but it is only decreasing, not losing the connections between brain clusters. Decreased FC and losing the connections between large-scale brain networks and brain clusters. Due to tests, more severe depression was observed in SPMS patients.
Conclusions: Our findings suggest that patients with SPMS have depression, cause of decreasing in FC between the main clusters of the brain, and patients with SPMS have more severe depression, which, as we assume, neurodegeneration has turned into atrophy and loosing all connections between clusters even in large-scale brain networks.

Disclosure: No significant relationships.
Keywords: Multiple sclerosis; Depression; rs-fMRI; comorbidity

O049

Evaluation of depression and anxiety control in greek patients with major depressive disorder with/without generalized anxiety disorder and cardiovascular disease–pronoi study

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Introduction: Patients with depression are likely to eventually develop Cardiovascular disease(CVD) and have a higher mortality rate than general population. In addition, anxiety disorders, especially Generalized Anxiety Disorder (GAD), may be associated with mortality and other adverse cardiac outcomes.
Objectives: Evaluation of depression and anxiety control in Greek patients with Major Depressive Disorder (MDD) with/without GAD and CVD, under 6 months of treatment with citalopram, and/or quetiapine, and/or pregabalin.
Methods: 565 patients with MDD with/without GAD, enrolled in this observational, study (NCT03317262). The subgroup of 133 (24%) patients had CVD. Severity of MDD and GAD symptoms was evaluated using the HAM-D and HAM-A Scores at baseline (V_1) and after 6 months (V_3) respectively.
Results: Mean HAM-D score in patients with CVD without GAD, at V_1 and V_3 was 23.94±7.51 and 8.14±4.65 respectively ($p<0.0001$). Similar results were observed in patients without CVD without GAD (HAM-D score 26.67±8.79 at V_1 and 7.44±4.40 at V_3). Mean HAM-A score in patients with CVD and GAD at V_1 and V_3 was 25.64±6.38 and 8.98±3.93, respectively ($p<0.0001$). Same magnitude reduction in HAM-A score was observed in patients without CVD and GAD, 26.27±8.16 at V_1 and 9.28±6.48 at V_3 ($p<0.0001$). Patients' depression symptoms with/without CVD and GAD showed also a significant reduction between V_1 and V_3.
Conclusions: MDD patients with CVD without GAD, had a marginally lower baseline HAM-D score versus patients with GAD. After 6 months of treatment with citalopram, and/or quetiapine, and/or pregabalin the improvement of depressive and anxiety symptoms was almost equal between MDD patients with/without GAD regardless of the presence of coexisting CVD.

Disclosure: Employee of ELPEN Pharmaceutical Co. Inc.
Keywords: Depression; Anxiety; comorbidities; cardiovascular

O050

Screening for hepatitis C in psychiatric population

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Introduction: A meta-analysis from 2016 estimates prevalence of hepatitis C to be superior in people with severe mental illness than general population. In France, positivity for hepatitis C is estimated at 0,75% of general population and 0.3% with a detectable viral load. No recent study was conducted to determine seroprevalence of hepatitis C in population admitted in psychiatric institution.
Objectives: The aims of this study are to determine seroprevalence of hepatitis C in population admitted in psychiatric institution and describe the profile of infected patients.
Methods: From january 2020 to october 2020, screening test for hepatitis C, hepatitis B and HIV was proposed to every patient admitted at the reception unit of Ravenel Hospital. In case of positivity, viral load was realised.
Results: Between January 7th and Octobre 1st , 407 patients greed to the screening test. Among them, 17 (4,2%) were tested positive to hepatits C and viral load was detectable in 9/17 positives, which lead to a 2,2% seroprevalence of hepatitis C infection in the studied population. The patients with positive screening had a mean age of 40 years old. 82% of them were males. 16 admit using intoxicating substances and 10 were still current users at the time of the study. They were hospitalized for addictology purpose (5/17), psychosis (6/17), mood disorder (5/17), personality disorder (2/17), adjustement disorder (2/7). 10/17 had an alcohol use disorder.
Conclusions: This study confirms seroprevalence of hepatitis C infection in psychiatric population is seven times that of general population. This justifies a systematic screening of this population.

Disclosure: No significant relationships.
Keywords: liver; Hepatitis C; comorbidity

Consultation liaison psychiatry and psychosomatics

O051

Emotional intelligence in patients with psoriasis and atopic dermatitis: Impaired integration of emotions and decision-making

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Introduction: Emotional intelligence (EI) is a fundamental requirement to maintaining social activity. Patients with psoriasis and atopic dermatitis have difficulties in emotional awareness.
Objectives: The objective of this study is to assess EI in patients with atopic dermatitis and psoriasis.
Methods: Patients with psoriasis n=67, atopic dermatitis n=59 and control group n=65 were included in cross-sectional study. EI and its main components (experiential: perceiving emotions and using emotions to facilitate thought; strategic: understanding emotions and managing emotions to promote personal growth and social relations) were assessed using The Mayer–Salovey–Caruso Emotional Intelligence Test 2.0. Statistical analyses were performed using One-Way ANOVA and One-Way ANOVA (Kruskal-Wallis test). The level of statistical significance was set at $p<0.05$.Data are presented as the Me (±SD).
Results: Our results show that there is statistically significant lower "strategic" component of EI for psoriasis Me=0.367 (±0.0455) and atopic dermatitis Me=0.369 (±0.0353) than for the control group Me= 0.381(±0.0361), ($\chi 2$ =7.15; p= 0.028). "Managing emotions to promote personal growth and social relations" is presented with statistically significant lower for psoriasis Me= 0,293 (±0.0374) and atopic dermatitis Me= 0.301 (±0.0351) than for the control group Me= 0.312 (±0.0272), (F=0.05; p=0.007). There is no statistically significant difference between other components of EI and the EI scores in three groups.
Conclusions: Patients with psoriasis and atopic dermatitis have emotional difficulties when it comes to making effective decisions.

Disclosure: No significant relationships.
Keywords: Emotional intelligence; psoriasis; atopic dermatitis; social relations

O054

Effect of vortioxetine on proinflammatory cytokine levels in patients with heart failure and comorbid depression

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Introduction: Several studies have shown impaired cytokine status in both patients with depression and chronic heart failure (HF).
Objectives: to study the effect of vortioxetine on the level of pro-inflammatory cytokines: interleukin -1β (IL-1β) and interleukin - 6 (IL-6).
Methods: there were examined 80 patients with HF with reduced ejection fraction (HFrEF) of ischemic genesis with functional class (FC) II-III (NYHA), 37 patients were without depression, 43 - with mild or moderate depressive disorders. Those with mild or moderate depressive disorders were divided into 2 subgroups: 21 patients received psychotherapy, 22 patients, in addition to psychotherapy, were prescribed vortioxetine at a dose of 10 mg / day in the morning after meals. The control group consisted of 20 healthy individuals. The level of cytokines in the blood was determined by ELISA method.
Results: Patients with CHF have an increase in levels of pro-inflammatory cytokines. Thus, the concentration in the serum of IL-1β was 2.3 times higher than the same indicator in the control group: (56.45 ± 4.17) pg / ml, against (24.71 ± 4.21) pg / ml p <0.001). Depression caused an additional increase in the levels of IL-1β by 13.5% (p <0.05) and IL-6 - by 17.3% (p <0.01). Additional administration of vortioxetine caused a more rapid decrease in blood levels of both IL-1β (HR 0.87 [95% CI 0.72-0.97; p = 0.034]) and IL-6 (HR 0.81 [95% CI 0.68-0.93; p = 0.029]).
Conclusions: Thus, vortioxetine causes a decrease in the concentration of pro-inflammatory cytokines IL-1β and IL-6 in patients with HF and comorbid depression.

Disclosure: No significant relationships.
Keywords: Depression; comorbidity; cytokines; heart failure

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