disorders; severe depressive and anxiety episodes according to the Hamilton Anxiety and Depression Scales; high levels of personal and situational anxiety according to the Spielberger-Khanin Scale and excessive levels of neuropsychological stress.
Conclusions: The basis for the formation of anxiety disorders in IDPs is a low level of resilience, which entails a high level of social frustration in this cohort. We have developed and tested a comprehensive personalised system for treatment of anxiety disorders in IDPs with differentiated use of psychopharmacotherapy, psychotherapy and psychoeducation.

Disclosure of Interest: None Declared

EPV0161

Are medical students more prone to symptoms of anxiety and depression?

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Introduction: Faculty of Medicine is often recognized as one of the most laborious. Student workload, constant exposure to stressful situations, fear of failure, pressure from parents, exposure to death and human suffering are some of the many factors associated with increasing levels of anxiety and depression among medical students.
Objectives: The aim of this study was to estimate the severity of anxiety and depression disorders among medical students.
Methods: In this cross-sectional study, self-report anonymous online survey was distributed to the students of all six years of the Faculty of Medicine, University of Sarajevo. In this survey, which consisted of 33 questions, we gathered general information and the Beck's Anxiety and Depression Inventory were used to assess the severity of anxiety and depression, whereby respondents received points by answering each question, and after scoring, they were categorized in different groups based on the severity of anxiety and depression.
Results: 129 students completed the survey. Considering the Beck's Anxiety Inventory, 56% scored for the "Low anxiety" group, 33% scored for the "Moderate Anxiety" group, 11% scored for the "Potentially concerning levels of anxiety". Considering the Beck's Depression Inventory, 43% of the students scored for the group "These ups and downs are considered normal", 21% scored for "Mild mood disturbances", 9% for the "Borderline clinical depression", 19% for "Moderate depression", 6% for "Severe depression", 2% for "Extreme depression".
Conclusions: Psychiatric morbidity found needs to be identified and treated at the earliest, because it can lead to suicidal ideation. Medical students should be encouraged to seek help and adequate facilities should be available to all of them.

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Features of cognitive impairment in affective disorders

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Introduction: Iimpaired cognitive functions are an urgent problem of modern neurology and psychiatry. Cognitive failure appears to be as etiologically heterogeneous syndrome, characterized by a decrease in memory indicators below the age norm, with unimpaired intellectual functioning and well-preserved activity. The wide prevalence of affective disorders and the leading role of the cognitive component in the process of personal self-development determine the undoubted relevance of studying the frequency and severity of cognitive impairment in affective disorders.
Objectives: The purpose of this work was to study the cognitive impairment frequency and features in patients with generalized anxiety disorder (GAD) or panic disorder with agoraphobia (PDA).
Methods: The study included 25 patients with an established diagnosis of GAD and 20 patients PDA. The control group consisted of 20 conditionally healthy volunteers. Cognitive function was assessed based on complaints, a study of visual-constructive skills, naming, memory, attention, praxis, speech, abstraction, orientation, using the Mini-mental State Examination scale and the Montreal Cognitive Function Rating Scale. The severity of anxiety disorders symptoms was determined during a clinical interview by a psychiatrist, as well as using the Hamilton Anxiety Scale (HDRS), Beck Anxiety Scale (BAI).
Results: All patients in contrast to the healthy participants showed signs of cognitive impairment of varying severity. When studying cognitive function, the following was found:

patients with PDA were characterized by mild non-dementia cognitive impairment and showed signs of rumination - a tendency to think through the same stressful event over and over again. No memory or attention impairments were identified;
in patients with GAD moderate cognitive impairment was observed, the severity of which was obvious to both patients and their relatives in the form of impaired attention and memory, also in the absence of signs of dementia. The spectrum of cognitive impairment manifestations included impaired attention, executive functions and memory disorders. These patients were characterized by perfectionism, decreased confidence in their own memory, anxious doubts and double-checks.
Conclusions: Our data indicate that in all patients with affective disorders impaired cognitive functions are detected. GAD is characterized by a greater severity of cognitive deficits compared to those in PDA.

Disclosure of Interest: None Declared

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