

Introduction: Impulsivity is the tendency to take quick and rash actions without the ability to assess their consequences, resulting in an increased frequency of risky behaviors. In recent years, it has been indicated that impulsivity is a multidimensional construct with different ways of expression in various mental illnesses. Moreover, personality traits might predispose to different psychiatric diagnoses and impact its course.

Objectives: Because differences in the manifestation of impulsivity can be observed at several levels (e.g., behavioral/motor, cognitive, attention, or emotionally related), we applied several tools to check whether they would allow for the differentiation of unipolar (UD) and bipolar (BD) affective disorders.

Methods: The study used data from 282 patients with affective disorders and 95 healthy controls of both sexes. Among the patients, we distinguished a subgroup diagnosed with UD and BD. We included a homogeneous group of patients in euthymia state at the end of hospitalization due to the last depressive episode. The following tools were used: subdimension novelty seeking (NS) of The Temperament and Character Inventory (TCI) and The Barratt Impulsiveness Scale version 11 (BIS-11) to assess various dimensions of impulsivity. The Coping Orientation to Problems Experienced (COPE) was used to assess the strategy of coping with stress. Statistical analyses were performed in Statistica 13.3 StatSoft, Krakow, Poland.

Results: We observed significant differences in BIS-11 dimensions such as motor (MI) ($p=0.0006$), nonplanning (NP) ($p=0.0249$), and the sum of impulsivity ($p=0.0095$) between UD and BD patients. We found no significant differences in the intensity of impulsivity measured by the NS subdimension, regardless of the type of affective disorder. In the Spearman rank correlation analysis, the following correlations of novelty seeking were revealed ($p>0.05$):

NS with BIS-11 MI ($r_s=0.3877$, $p=0.0001$), BIS-11 NP ($r_s=-0.2926$, $p=0.0042$) and COPE-planning ($r_s=-0.2552$, $p=0.0191$) dimensions. Moreover, a unique and strong correlation of NS with COPE - focus on and venting of emotions was revealed in BD patients ($r_s=0.5402$, $p=0.0461$).

Conclusions: The obtained correlation results confirm the multidimensional nature of impulsivity. The relationship between NS and the motor and nonplanning dimensions comes to the fore. Among the tests used, BIS-11 best differentiated unipolar and bipolar patients.

Disclosure of Interest: None Declared

Consultation Liaison Psychiatry and Psychosomatics

EPP0384

The Slovenian version of the Cardiac depression scale – validity and reliability

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Introduction: Cardiovascular diseases (CVD) were the cause of 40% of all deaths in Slovenia in 2016, and are the seventh most common cause of visits to the general practitioner. The prevalence of depression in people with CVD is high and is a strong predictor of mortality and additional cardiac events. In patients with coronary artery disease, depressive symptoms contribute to a lower quality of life and to physical limitations.

Objectives: The purpose of this study was to translate the Cardiac Depression Scale into Slovenian (S-CDS) and to assess its psychometric properties on Slovenian patients with heart disease.

Methods: After obtaining the consent from the original authors, the Cardiac depression scale was translated by three bilingual Slovenian native speakers with medical knowledge. Afterwards, they worked jointly to reach consensus on one version, which was then back-translated (Slovenian to English) by two independent English translators unfamiliar with the original version. The original authors approved the final draft. The S-CDS was then applied to a total of 272 patients with heart disease that underwent elective coronary angiography. At the same time the Spielberger State Anxiety Inventory (STAI-S) and the Center for Epidemiologic Studies Depression Scale-20 (CES-D) were used. An exploratory and confirmatory factor analysis, internal consistency, test-retest reliability and concurrent validity were performed.

Results: The total scale had Cronbach's alpha 0.92 and test-retest reliability 0.71. Six factors were confirmed by the exploratory factor analysis, accounting for 60.88% of total variance. A two and one factor solution indicated by the confirmatory factor analysis had acceptable goodness-of-fit measures. A one factor solution was kept, considering a high correlation between the two factors and the theoretical background in previous studies. A moderate to strong correlations were confirmed by concurrent validation against the CES-D and the STAI-S.

Conclusions: The S-CDS with 25 questions is a reliable and valid instrument for measuring depressive symptoms in Slovenian patients with heart disease.

Disclosure of Interest: None Declared

EPP0385

A comparative study of depression, anxiety, loneliness, well-being and self-esteem among patients with and without Inflammatory Bowel Disease

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Introduction: Individuals diagnosed with Inflammatory bowel disease (IBD) often experience recurring and painful symptoms, which can significantly affect their daily life, while hospitalization and/or surgery may be needed when they present complications. During the course of the disease, IBD patients may experience

feelings of anxiety and/or depression and present decreased well-being.

Objectives: The aim of the present study was to investigate depression, anxiety, loneliness, well-being and self-esteem in patients with IBD in comparison to individuals without IBD (healthy controls), while taking into consideration demographic and clinical parameters

Methods: The study included 164 participants and in particular 98 patients with IBD and 66 healthy controls matched for sex and age. All participants completed Hospital Anxiety and Depression Scale (HADS) to assess depression and anxiety, UCLA Loneliness Scale to assess feelings of loneliness, Mental Health Continuum Short Form (MHC-SF) to assess well-being and Rosenberg Self-esteem Scale (RSES) to assess self-esteem, while socio-demographic and clinical data were additionally recorded.

Results: According to the results, statistically significant differences were observed in all psychological parameters with IBD patients presenting higher depression ($p < 0.001$), higher anxiety ($p = 0.002$), higher loneliness ($p = 0.002$), lower well-being ($p = 0.019$) and lower self-esteem ($p < 0.001$) compared to healthy controls. Among IBD patients, higher well-being was independently associated with higher self-esteem and lower anxiety, but not with depression, loneliness or patients' sex and age.

Conclusions: The findings highlight the importance of investigating and timely detecting psychological symptoms among patients with IBD, with a view to providing them an integrative physical and mental health care.

Disclosure of Interest: None Declared

EPP0386

Exploring the Interplay of Humor and Quality of Life in Adults Confronting Chronic Diseases: A Comprehensive Systematic Review

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Introduction: Chronic diseases, often referred to as non-communicable diseases (NCDs), stand as the leading global cause of mortality. Individuals grappling with chronic ailments frequently experience a decline in their overall quality of life (QoL), encompassing psychological, social, and physical dimensions of well-being.

Objectives: Recognizing that humor has demonstrated the potential to engender favorable effects on QoL, this systematic review seeks to explore the correlation between humor and QoL among adults contending with chronic health conditions.

Methods: A thorough examination of quantitative data was conducted in strict adherence to the PRISMA 2020 guidelines. PubMed/MEDLINE, PsycINFO, and CINAHL were comprehensively

searched from their inception until June 22, 2023. Furthermore, the reference lists of the included datasets and relevant review articles were exhaustively scrutinized (Figure 1). The Newcastle-Ottawa Scale (NOS) was employed to assess the quality of eligible studies.

Results: A total of eighteen studies met the inclusion criteria, encompassing a diverse spectrum of chronic disease categories, including cardiovascular diseases and various types of cancer, among others. Collectively, these studies involved a participant cohort comprising 4,325 individuals. Noteworthy findings emerged, indicating a substantial association between distinct facets of humor—such as one's sense of humor, coping humor, humor styles, and laughter—and psychological QoL. Nevertheless, the relationship between humor and physical QoL exhibited a more intricate pattern, characterized by mixed outcomes (Figure 2).

Image:

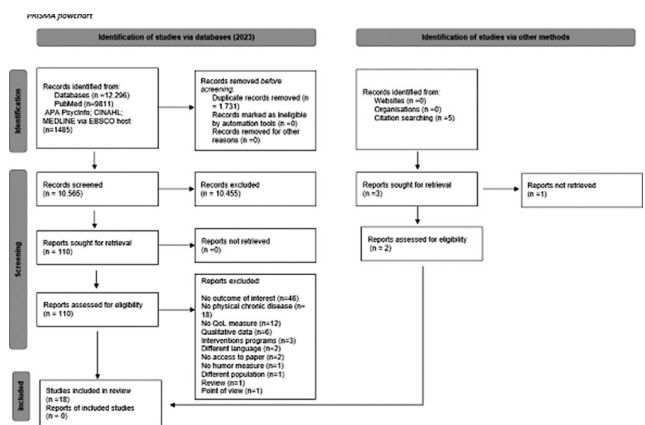


Image 2:

