disorders. This study ascertained the gap between utilization of mental healthcare and *effective coverage*, showing that *real-world* data can represent a useful resource to monitor mental healthcare paths and to assess the effectiveness of a mental health system.

Disclosure of Interest: None Declared

Consultation Liaison Psychiatry and Psychosomatics 1

O0021

Pre-operative anxiety in the ophthalmological surgery

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Introduction: The question of preoperative anxiety in an ophthalmological patient and its relief in an outpatient setting is becoming increasingly relevant due to the improvement of the technique and equipment of ophthalmic surgery, when the practice of «one-day surgery» is becoming increasingly common. It could not only affecting the course of the operation, but also a factor limited the availability of this type of medical care to patients. **Purpose.** To analyze the relationship between the level of anxiety during preoperative preparation and the choice of the optimal approach for the relief of preoperative anxiety in an ophthalmological patient in a «one day» clinic.

Objectives: 89 adult patients of both sexes aged from 20 y.o. referred for outpatient surgery (refractive and cataract surgery) and were included into trials, all of them are divided into main - 45 and control - 44 groups. Clinical psychotherapeutic interviewing, a scale of situational and personal anxiety C.D. Spielberger (adapted by Y.L. Khanin), a questionnaire for analyzing satisfaction with the quality of medical services provided in outpatient settings were used. Statistical: Microsoft Excel spreadsheet editor for Windows; the STATISTICA application software package version 6.1. were taken. The condition for determining statistically significant differences is the value $p \leq 0,05$.

Methods: Two-stage study by the method of contiuous sampling. Clinical psychotherapeutic interviewing, a scale of situational and personal anxiety C.D. Spielberger (adapted by Y.L. Khanin), a questionnaire for analyzing satisfaction with the quality of medical services provided in outpatient settings were used. Statistical: Microsoft Excel spreadsheet editor for Windows; the STATISTICA application software package version 6.1. were taken. The condition for determining statistically significant differences is the value $p \leq 0,05$.

Results: The level of anxiety in patients who received anxiolytics

Level of anxiety	examination day, %		day of operation %	
	SA	PA	SA	PA
low	22*	22,5	**35***	21
medium	53,5	64,5	57	67
high	24,5*	13	**8***	13

*- $p \leq 0,05$; SA-situational anxiety; PS – personal anxiety

The study revealed an average and high level of situational anxiety in 66% of patients referred for refractive surgery, in 81% of patients referred for cataract surgery. Into main group, against the background of the performed anxiolytic therapy in the preoperative period, the proportion of people with a high level of reactive anxiety decreased significantly ($p \leq 0.05$) (from 24% to 8%), while personal anxiety did not significantly change. Among control group patients show a lower level of satisfaction with the quality of medical services provided in an outpatient setting.

Conclusions: The study showed the possibility of providing better quality medical services in «one-day» eye surgery, which expands the availability of outpatient ophthalmic surgical care to patients with high level of anxiety and anxiety disorders.

Disclosure of Interest: None Declared

O0022

Associations between general and specific mental health conditions in young adulthood and cardiometabolic complications in middle adulthood: A 40-year longitudinal familial coaggregation study of 672 823 Swedish individuals

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Introduction: Most mental disorders, when examined individually, are associated with an increased risk of cardiometabolic complications. However, these associations might be attributed to a general liability toward psychopathology or confounded by unmeasured familial factors.

Objectives: To examine whether the associations between psychiatric diagnoses and increased risk of cardiometabolic complications are attributable to a general liability toward psychopathology, or confounded by unmeasured familial factors.

Methods: We conducted a cohort study in Sweden and identified all individuals and their siblings born in Sweden 1955-1962 with follow-up through 2013. After excluding individuals who died or emigrated before 1987, the final sample consisted 672 823 individuals. We extracted ICD-coded diagnoses (recorded 1973-1987) for ten psychiatric conditions and criminal convictions when participants were aged 18-25 years, and ICD-coded diagnoses (recorded 1987-2013) for five cardiometabolic complications (obesity, hypertensive diseases, hyperlipidemia, type 2 diabetes mellitus, and cardiovascular diseases) when the participants were 51-58 years old. Logistic regression models were used to estimate the bivariate associations between psychiatric conditions or criminal convictions and cardiometabolic complications in individuals. A general factor model was used to identify general, internalizing, externalizing, and psychotic factors based on the psychiatric conditions and criminal convictions. We then regressed the cardiometabolic complications on the latent general factor and three uncorrelated specific factors within a structural equation modeling framework in individuals and across sibling pairs.

Results: Each psychiatric conditions significantly increased the risk of cardiometabolic complications; however, most of these associations were attributable to the general factor of psychopathology,

rather than to specific psychiatric conditions. There were no or only small associations between individuals' general psychopathology and their siblings' cardiometabolic complications, suggesting that the associations were not attributable to genetic or environmental confounding factors shared within families. The same pattern was evident for the specific internalizing and psychotic factors.

Conclusions: Individuals with mental disorders in early life had an increased long term risk of cardiometabolic complications, which appeared attributable to a general liability toward psychopathology. Sibling analyses suggested that the elevated risk could not be attributed to confounds shared within families.This highlights the importance of transdiagnostic and lifestyle based interventions to reduce the risk of cardiometabolic complications, particularly in patients with several mental disorders.

Disclosure of Interest: None Declared

O0023

Course of untreated depression in people with tuberculosis in Ethiopia: a cohort study

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Introduction: Co-morbid depression is common in people with tuberculosis (TB) but little is known about the course over time.
Objectives: Our objectives were to determine the level of remission and factors associated with failure to remit in depressive symptom scores in people with TB undergoing treatment in primary care facilities in Ethiopia.
Methods: We assessed 648 people with newly diagnosed TB for depressive symptoms using Patient Health Questionnaire (PHQ-9) at the time of starting anti-TB medication, and again at two and six months. Remission was defined as more than 50% reduction in baseline depressive symptom scores. We analyzed factors associated with failure of depressive symptom score to remit at the end of the follow up using multilevel mixed-effects logistic regression by taking individuals as nested within 14 health institutions. Adjustment was made for socio-demographic characteristics, baseline depression score, stigma, type of TB, outcome of TB treatment, perceived severity of TB, substance use, perceived social support, substance use, and HIV status.
Results: Compared to the baseline, the mean PHQ-9 scores declined at two months (Hedge's G: 0.82; 95%CI: 0.71, 0.94) and six months (Hedge's G: 1.20; 95%CI: 1.08, 1.33). However, depressive symptom scores failed to remit in 176 (33.1%) of the 532 people with TB who completed the follow up. . Stigma (AOR: 2.23; 95%CI: 1.09, 4.55), older age (AOR: 2.2; 95%CI: 1.13, 4.29), and treatment completion without a bacteriological proof of cure (treatment complete as compared to treatment cure) (AOR: 2.47; 95%CI: 1.37, 4.48) were independent predictors of failure of depressive symptom score to remit. Surprisingly, baseline lower depressive symptom score was more persistent than higher baseline depressive symptom score (AOR: 2.93; 95%CI: 1.56, 5.47).
Conclusions: In one-third of people with newly diagnosed TB, baseline depressive symptom scores did not remit after full course of TB treatment. TB treatment guidelines require in-built mental health component. Studies are required to understand course of depression beyond six months and effective interventions in this population.

Disclosure of Interest: None Declared

O0024

Preliminary study on changes in BDNF in patients with depression after percutaneous coronary intervention

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Introduction: Depression and coronary artery disease (CAD) are often comorbid conditions. The presence of depression significantly interferes with the recovery after CAD therapy intervention, such as percutaneous coronary intervention (PCI), one of the most common medical procedures in developed countries. Brain derived neurotrophic factor (BDNF) has a major role in angiogenesis and neuromodulation. Its levels were previously shown to be reduced in patients with depression, and latest studies indicate similar in patients with CAD. However, the correlation of BDNF levels and depression after CAD treatment is unknown.
Objectives: The aim of this preliminary study is to assess the changes in BDNF levels in patients with depressive symptoms during a six-month period upon PCI.
Methods: Antidepressant-free participants that underwent PCI with stent placement due to myocardial infarction or angina pectoris were enrolled in the study. Depressive symptoms were evaluated at baseline using the Beck's Depression Inventory II (BDI-II) with a cut-off score ≥ 20 indicating moderate depression. Serum BDNF levels were measured from blood samples drawn a day after (baseline) and six-months upon a successful PCI without complications. The t-test for dependent samples was used with marked significant differences at p<0,05.
Results: Altogether, 76 participants were included in the study, of which 25 finished a six-month follow-up. Participants with BDI-II≥ 20 at baseline had higher serum BDNF levels in the second measurement (M=23,12, SD=6,20; M=32,02, SD=12,26, respectively). No significant difference was found in serum BDNF levels in measurements between participants with and without depressive symptoms (t=0,33, p=0,74; t=-1,40, p=0,18, respectively). Statistically significant difference was found between serum BDNF in the first and second measurement in the overall sample (t=-2,28, p=0,03) and in participants with baseline moderate depressive symptoms (t=-2,46, p= 0,03), but not in those without (t=-0,59, p=0,57).
Conclusions: Serum BDNF levels in participants with baseline moderate depressive symptoms increased after a six-month period upon successful PCI treatment, whereas that trend was not observed in participants without depressive symptoms. This highlights the potential synergistic role of BDNF in comorbid depression and CAD.

Disclosure of Interest: None Declared