

**Results** The average age is 72 years, 50% are women, 49.4% are married, and 54.1% live in rural areas. Somatic diseases that most frequently motivate admission at the hospital are the endocrine-metabolic (14%), gastrointestinal (12%) and cardiovascular (12.2%). A total of 32.5% of the sample have six comorbid somatic diseases and 55.2% five. A percentage of 14.5 of patients recognize consumption of toxic (cigarettes–12.2%–7.6% Alcohol). One hundred and eight patients have a history of psychiatric disorders (62.8%), especially anxiety disorders (28.4%), depression (14.5%) and organic mental disorders (11.1%).

**Conclusions** There is a high psychiatric and somatic comorbidity in diabetic patients, therefore it would be desirable early diagnosis and treatment to provide symptomatic control of both types of pathologies.

**Disclosure of interest** The authors have not supplied their declaration of competing interest.

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#### EV441

### Detection of perceptions and thoughts that may lead to disruption of insulin use in type 2 diabetes mellitus patients

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**Aim** In this study we aimed to identify the perceptions and thoughts and their association with state/trait anxiety, depression that may lead to resistance to insulin treatment in patients with previously diagnosed type 2 diabetes mellitus (DM) patients in order to facilitate their compliance with insulin treatment.

**Method** In this study, 120 patients were recruited with a previous type 2 DM diagnosis from the diabetes outpatient clinic. Patients were evaluated with sociodemographic data, State-Trait Anxiety Inventory, Problem Areas in Diabetes Scale, Insulin Treatment Appraisal Scale, Beck Depression Inventory.

**Results** A majority of the patients were found to have resistance for starting insulin treatment. Most of the patients who were on other treatment alternatives reported that they wouldn't use insulin even if they were prescribed insulin. A significant number of patients reported negative perceptions and thoughts about insulin treatment such as "insulin is a punishment", "it is a shame to use insulin where other people can see". In women injection phobia was significantly higher. Injection avoidance was significantly high and was more related to feeling insufficient about administration instead of worries about pain. Psychological resistance to insulin was significantly related to depression but not associated with state or trait anxiety levels. Lack of education and knowledge was found to be another important contributor to this resistance.

**Results** Type 2 DM patients show psychological resistance to insulin treatment due to negative perceptions and thoughts about the treatment. Cognitive interventions targeting these factors may be useful to overcome psychological insulin resistance and facilitate glysemic control.

**Disclosure of interest** The authors have not supplied their declaration of competing interest.

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#### EV443

### The resource utilisation associated with medically unexplained physical symptoms

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**Introduction** Patients with medically unexplained physical symptoms (MUPS) may present frequently to hospital settings and receive potentially unnecessary investigations and treatments.

**Objective** A sample of 49 patients was drawn and their hand-written and electronic clinical records were examined in detail to extricate all MUPS-related secondary care activity within six months of the MUPS presentation (emergency department, inpatient stays, outpatient appointments, and all associated investigations, procedures and medications).

**Aims** We aimed to assess the frequency and type of MUPS presentations to clinical services and estimate the associated direct healthcare costs.

**Method** This study was undertaken at Waitemata District Health Board (WDHB), the largest DHB in New Zealand. All patients with a diagnosed presentation of MUPS in 2013 were identified using the WDHB clinical coding system. Their clinical records were screened to select all patients who matched the study inclusion and exclusion criteria. Standardised national costing methodology was used to calculate the associated healthcare costs.

**Results** Forty-five percent of patients presented to hospital settings at least twice over the one-year timeframe. The most common diagnoses were non-epileptic seizures (31%) and hyperventilation syndrome (30%). The total cost for the sample was NZ\$179, 271 (mean NZ\$3659). Costs were most significant in the areas of inpatient admissions and emergency care.

**Conclusion** MUPS can result in frequent presentations to hospital settings. The costs incurred are substantial and comparable to the costs of chronic medical conditions with identifiable pathology. Improving the recognition and management of MUPS has the potential to offer more appropriate and cost-effective healthcare nationally and internationally.

**Disclosure of interest** The authors have not supplied their declaration of competing interest.

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#### EV446

### psychological experiences reported in regarding hepatitis C and use of interferon: A clinical-qualitative study in a Brazilian university outpatient service considering its possible side effects

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Relevant emotional and behavioural reactions are associated with diagnosis and treatment of hepatitis C that can impair adherence to medical management. Hepatitis C accounts for significant number of both – liver transplants and deaths. Treatment has as major component the interferon alpha, and many of patients can experience side effects that often lead to non-adherence to drug treatment and dose modification.

**Objective** To discuss psychological meanings attributed to IFN alpha treatment's side effects and its symbolic relation with adher-

ence or not to treatment, on viewpoint of interviewed outpatients at a Hepatitis Service.

**Method** Data collection was conducted using the Clinical-Qualitative Method, utilizing semi-directed interviews with open-ended questions in depth, fully transcribed. Qualitative Content Analysis employed for processing data, emerging meaning cores, with categorization into discussion topics. Sample closed by information saturation.

**Results** Nine interviews. The analysis revealed:

- coping attitude - handling the disease to have willpower; a moral feeling regarding the need to overcome the disease and treatment side effects to demonstrate “strength”, as well as to deny psychologically the occurrence of side effects;
- disruptive attitude: reports of anxiety regarding to patients presenting neuropsychiatric symptoms by medication;
- realistic attitude: speeches show perception of natural evolution and treatment real function.

**Conclusion** Guilt feelings emerged regarding to difficulties of being loyal to treatment, a strongly valorative speech on being ill what must lead to “overcome the evils of life”. Health teams must understand these meanings to talk openly about human feelings on illness and treatment, promoting an adequate adherence.

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#### EV447

### Stress factors and mental disorders in systemic sclerosis

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**Introduction** Systemic sclerosis (SSc) is a chronic, multisystem disease of unknown etiology characterized by autoimmune inflammation, abnormalities in small blood vessels, and progressive fibrosis of the skin and visceral organs. Mental disorders (MD), especially depression, occur quite often with SSc. The influence of childhood experience, relations' traumatic events with SSc and MD, and MD's clinical specific have not investigated carefully still. The investigation has been realized in accordance with the interdisciplinary program “stress factors and mental disorders in auto-immune inflammatory rheumatic diseases”.

**Methods** Sixty SSc patients (4 male and 56 female mean age 49.9 ± 13.5) were included. ICD-10 criteria were used for MD semi-structured interview. The stress factors were analyzed with the specially elaborated scale. The cognitive disorders and their severity were diagnosed by neuropsychology tests.

**Results** Early traumatic childhood experiences (parental deprivation mainly) observed in 90% cases. The significant stress factors were preceded SSc symptoms in 80% and MD in 70% cases. Most patients self-reported connection between stressful life events and exacerbation of SSc. MD preceded SSc in 76.6% cases. MD were diagnosed in 48 (80%) SSc patients: depressive episode (mild, moderate) – 26.6%, recurrent depressive disorder – 16.6%, dysthymia – 23.3%, adjustment disorder – 6.6% and schizotypal disorder – 40%. The mild or moderate cognitive impairments were diagnosed in all MD cases.

**Conclusion** Individual history of stressful life events is important factor for the predisposition and provocation of the rheumatic disease and MD in SSc patients. Depressive, schizotypal and cognitive disorders are the common MD in SSc patients.

**Disclosure of interest** The authors have not supplied their declaration of competing interest.

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## Cultural Psychiatry

#### EV448

### Mental health of traumatized refugees and asylum seekers: Experiences of a centre of transcultural psychiatry in Hannover, Germany

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**Introduction** Germany has always been an important host country for traumatized refugees and asylum seekers. Although, recently an increasing number of investigations about mental health of individual migrant groups have been published in Germany, there is a paucity of research concerning mental health of asylum seekers and refugees.

**Aims-objectives** To investigate socio-demographic and clinical characteristics of traumatized refugees-asylum seekers who were applied to an outpatient psychiatry clinic in Germany.

**Method** A standardized data collection form (socio-demographics, diagnosis, suicidality, etc.) was filled by therapists for each traumatized refugee-asylum seeker who was applied to outpatient clinic of Klinikum Wahrendorff-Centre of Transcultural Psychiatry between April 2013 and October 2015.

**Results** Fifty-eight traumatized refugees-asylum seekers (F/M = 27/31, age: 34.7 ± 1.4) were assessed. 53 (91.4%) of them were assessed via interpreters. Thirty (51.7%) of them were staying in refugee-dormitories, 25 (43.1%) of them were living alone. They've been living in Germany for 19.9 ± 16 months (min: 1–max: 82). Psychiatric symptoms appeared before 29.9 ± 19 months. Time to reach to psychiatric care in Germany was 14.2 ± 11 months. Psychiatric diagnoses were posttraumatic stress disorder (PTSD): 12 (21%), depression + PTSD: 44 (76%), depression: 2 (3%). Fifty-three (91.4%) of them had suicidal ideation and 16 (27.6%) of them had at least one suicide attempt before.

**Conclusions** Traumatized refugees in this study have high rates of suicidal ideation and suicide attempts and it takes months to years for them to reach a psychiatric care. Therefore, strategies should be developed for early detection of PTSD symptoms in traumatized refugees and access barriers to reach a psychiatric care should be overcome.

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#### EV449

### Cultural explanations of sleep paralysis: The spiritual phenomena

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