



Available online at
ScienceDirect
www.sciencedirect.com

Elsevier Masson France
EM|consulte
www.em-consulte.com/en



25th European Congress of Psychiatry

Oral communications

Oral communications: Anxiety disorders and somatoform disorders; depression; obsessive-compulsive disorder and personality and personality disorders

0001

Impact of childhood trauma on the course of panic disorder

M. De Venter^{1,*}, F. Van Den Eede², T. Pattyn³, K. Wouters⁴, D. Veltman⁵, B. Penninx⁶, B. Sabbe²

¹ University Hospital Antwerp, Psychiatry, Lichtaart, Belgium

² University Hospital Antwerp, Psychiatry, Edegem, Belgium

³ University of Antwerp UA, Collaborative Antwerp Psychiatric Research Institute CAPRI, Wilrijk, Belgium

⁴ University Hospital Antwerp, Department of Scientific Coordination and Biostat, Edegem, Belgium

⁵ VU University Medical Center, Department of Psychiatry- EMGO Institute of Health care research, Amsterdam, The Netherlands

⁶ University Medical Center Groningen, Psychiatry, Groningen, The Netherlands

* Corresponding author.

Objective To investigate the impact of childhood trauma on the clinical course of panic disorder.

Method Longitudinal data of 539 participants with a current panic disorder were collected from the Netherlands Study of Depression and Anxiety (NESDA). Childhood trauma was assessed with a structured interview and clinical course after two years with a DSM-IV-based diagnostic interview and the Life Chart Interview.

Results At baseline, 56.3% reported childhood trauma, but this was not predictive of persistence of panic disorder. Emotional neglect and psychological abuse were associated with higher occurrence of anxiety disorders other than panic disorder (social phobia) and with higher chronicity of general anxiety symptoms (anxiety attacks or episodes and avoidance). Baseline clinical features (duration and severity of anxiety and depressive symptoms) and personality traits (neuroticism and extraversion) accounted for roughly 30 to 60% of the total effect of childhood trauma on chronicity of anxiety symptoms and on occurrence of other anxiety disorders.

Conclusion After two years, childhood trauma is associated with chronicity of anxiety symptoms and occurrence of social phobia, rather than persistence of panic disorder. These relationships are

partially accounted for by duration and severity of anxiety and depressive symptoms, and neuroticism and extraversion.

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

<http://dx.doi.org/10.1016/j.eurpsy.2017.01.223>

0002

Pharmacological and psychotherapeutic interventions for management of post-stroke depression: A Bayesian network meta-analysis of 27 randomized controlled trials

L. Deng

West China Hospital Of Sichuan University, Stroke Clinical Research Unit, Department of Neurology, Chengdu, China

Background Post-stroke depression (PSD) constitutes an important complication of stroke, leading to great disability as well as increased mortality. Since which treatment for PSD should be preferred are still matters of controversy, we aimed to compare and rank these treatments.

Methods We did a network meta-analysis to incorporate both direct and indirect evidence from relevant trials by Bayesian random effects model. We searched PubMed, the Cochrane Library Central Register of Controlled Trials, Scopus, Embase for randomized controlled trials of different PSD treatments. The primary outcomes were efficacy and tolerability. We assessed the quality of evidence using the GRADE framework.

Result From 1347 citations, 27 randomised trials with a total of 1620 participants were included in this network meta-analysis. In terms of primary outcome, only for reboxetone (standardised mean difference [SMD] –12.84, 95% credible interval [CrI] –23.13 to –2.65) and nortriptyline (SMD –7.95, 95% CrI –14.85 to –1.75) enough evidence existed to support superiority compared with placebo. No significant difference was observed in terms tolerability. Considering patient response rate, repetitive transcranial magnetic stimulation (rTMS) was statistically more effective than sertraline plus nimodipine (Relative risk [RR] 5.53, 95% CrI 1.36 to 23.86) and fluoxetine (RR 10.74, 95% CrI 3.55 to 35.97)

Conclusion Compared with placebo, reboxetone and nortriptyline offered a clear advantage for PSD patients. rTMS is probably the best option to consider in addition of pharmacological treatment. Nevertheless, doctors need to consider our results together

0924-9338/