

Table 1

	Schizophrenia	Bipolar disorder
Number	397	69
Gender (% males)	76.1	33.3
Average age (years)	44.02	44.54
Dyslipidemia (%)	29.7	24.6
Diabetes (%)	18.6	7.3
Thyroid dysfunction (%)	11.6	20.3
Relationship	Rural origin-prevalence of diabetes ($\chi^2=5.862$; $p<0.05$) Age-glycemia ($r=317$; $p<0.01$)	Lithium-thyroid dysfunction ($\chi^2=14.59$; $p<0.001$)

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EW643

The impact of anxiety and depression on academic performance in undergraduate medical students

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Introduction Stress associated with medical education, correlated with symptoms of depression and anxiety, has been involved in generating academic performance problems and thus, long-term consequences, such as poor quality of medical care. If anxiety and depression are proved to influence quality of academic achievement, their prevention could lead to better outcomes also in the quality of medical care.

Objective The objective of the study was to analyze if anxiety and depression decrease academic performance in first and second year medical students.

Methods As a measure of anxiety and depression symptoms we used Zung Self-rating Anxiety score >36, respectively Zung Self-rating Depression Scale score >40, in the periods before the examination session, in the first semester (in no-stress conditions). As a measure of academic performance, we have obtained the average grade at the end of the academic year from 254 of the total population of 356 first and second year medical students. Statistical analyses were carried out with SPSS version 16 (Spearman correlations and logistic regression).

Results Academic performance decreases inversely in rapport of anxiety ($\rho=-0.144$, $P<0.05$) and depression ($\rho=-0.192$, $P<0.05$) scores in the period before the examination session. Also, depression in this period predicts low levels of academic performance with average grade in the inferior quarter (grades lower than 7.52) particularly in first year students, irrespective of gender ($\chi^2=8.922$, $P<0.01$, OR = 0.928; IC 95% = 0.864–0.997).

Conclusion These findings suggest the necessity of coming up with prophylactic methods to prevent anxiety and depression

especially in first year medical students, as these prove to be factors that impend academic performance.

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

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Grief cognitions and cognitive-emotional regulation associated with romantic breakup distress among college students

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Introduction Individuals manage differently the experience of a romantic breakup [RB]. These differences may in part be related to the use of different cognitive-emotional regulation strategies [CERS]. Also, global negative beliefs and catastrophic misinterpretations regarding the RB may contribute to the emotional distress (Boelen and Reijntjes, 2009).

Objectives To explore the associations between CERS, grief cognitions related to RBs, and depression and suicidal ideation/behaviors in a sample of college students.

Aims To conduct regression analyses to predict depression, anxiety, hostility, and suicide behaviors from CERS and grief cognitions (as independent variables).

Methods Cross-sectional, self-report data was collected from 359 college students who experienced a RB. The assessments used were: Cognitive-Emotional Regulation Questionnaire- Short Form (Garnefski et al., 2002); the Grief Cognitions Questionnaire adjusted to grief after RBs (Boelen et al., 2003); the subscales of Depression, Anxiety, and Hostility of the Counseling Center Assessment of Psychological Symptoms-62; and the Suicide Behaviors Questionnaire-Revised, Osman et al., 2001).

Results Past suicide thoughts or attempts were predicted by Other-Blame; self-reported likelihood of future suicide attempt was predicted by Self-Blame, Other-Blame, and Positive Reappraisal, Grief Cognitions-Future, and Grief Cognitions-Appropriateness. Depression was predicted by all cognitive-emotional regulation subscales except Acceptance and Perspective, and by RB grief cognitions (self, future, self-blame, others, and perceived appropriateness of own grief reaction).

Conclusions Clinical assessment to evaluate at-risk young adults after RBs could incorporate evaluations of cognitions regarding the RB and self-blaming, appropriateness of one's own grief reaction, and thoughts about the future.

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SOMA Score, cardiovascular risk screening tool for psychiatric patients

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Introduction Life expectancy of patients with severe mental illness (SMI) is two decades shorter than that of general population. The most important cause of death are cardiovascular diseases (CVD).

Objectives There is a need for CVD risk screening tools development and validation in the context of the Czech Republic.

Aims Methodological approach to a CVD risk screening, risk stratification and specific life-style interventions development is presented. In a context of the psychiatric hospital with c. 7000 admissions per year.

Methods There are no concise data on CVD risk of psychiatric patients in the Czech Republic so cross-sectional analysis of one day hospitalized patients was performed.

Results A sample of 1056 pts. was obtained. Database allowed extraction data on CVD risk factors (RF): diagnosis, age, sex, BMI and blood pressure (BP). The most common diagnosis were F20 and F10. Multicriterial analysis according to diagnosis (frequency of highest BMI and BP) showed the worst results in the F20 followed by F10 group. Would we define the CVD RF as BMI \geq 30, age \geq 65, sBP \geq 140, dBP \geq 90, then no RF is present in 368, one in 238, two in 191, three in 92 and four RF in 33 pts. Two step screening protocol was developed – SOMA score. Variables and cut-offs for positivity were set based on the results.

Conclusion Methodological process of SOMA score screening is presented as well as consecutive health care interventions.

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

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Kynurenine pathway metabolites and suicide attempters among psychiatric inpatients: Preliminary results

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Introduction Increased concentrations of kynurenine (KYN) pathway metabolites have been associated to several groups of psychiatric disorders. As for suicide risk literature is still inconclusive due to the limited evidence.

Objectives to test the hypothesis of Increased concentrations of kynurenine as related to suicide attempter.

Aims We aim to investigate the association between kynurenine pathway metabolites blood levels and suicidal behaviour, in affective disorder patients, in order to explore if kynurenine pathway metabolites could be potential diagnostic biomarkers.

Sample We enrolled a sample of affective disorder patients and perform detailed diagnoses, as well as detailed assessment of suicidal behaviour using validated questionnaires. We also aim to follow-up individuals included in the current study.

Methods Plasma KYN was assayed by high performance liquid chromatography in three groups: healthy volunteers ($n=90$), patients with mood disorders with a recent suicide attempt ($n=44$) and without ($n=44$) history of suicide attempt. Analysis of variance tested for group differences in KYN levels. Each was evaluated with psychometric scales. Patients were sampled for 10 cc of venous blood for assay. The preparation of blood samples and assay was processed by a specialist using high performance liquid chromatography-tandem mass spectrometry (HPLC-MS/MS).

Results Preliminary results will be presented as to shed light if KYN levels differed across groups. According to preliminary calculations we expect that KYN is higher in suicide attempters compared with non-attempters, who did not differ from healthy volunteers.

Conclusions Our work-in-progress study suggests that KYN and related molecular pathways may be implicated in the precipitation of suicidal behavior.

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The psychiatry recruitment crisis across Europe: Evaluation by the European Federation of psychiatric trainees

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Introduction Recruitment of medical students and junior doctors in to psychiatry is a long-standing concern in many countries, with low proportions of medical graduates choosing it as a specialty and ongoing stigma from within the medical profession. In some countries the reverse problem is the case, with too many doctors wishing to enter psychiatry, and insufficient training places available.

Objectives To understand the current situation within Europe with regards to recruitment in to psychiatry and to identify existing recruitment initiatives.

Methods The European Federation of Psychiatric Trainees conducts an annual survey of all member organisations. A delegate of each national association of psychiatric trainees is asked to identify if their country has a problem with recruitment and if so, whether there were too many or too few applicants for training places. Delegates from countries with recruitment initiatives were contacted to provide further details.

Results In 2014, a total of 31 countries completed the survey, with 17 stating that too few medical practitioners choose psychiatry. In total 8 countries with recruitment problems reported that initiatives exist to encourage doctors to enter psychiatric training. Of these, 7 responded to describe the initiatives, which included national recruitment strategies, financial incentives, careers fairs, mentoring schemes and a whole host of other projects.

Conclusions Recruitment in to psychiatry remains a serious problem in a significant proportion of European countries, but a wide range of initiatives exist which aim to combat this shortfall. It will be important over the coming years to establish which initiatives are most effective at increasing recruitment.

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