

Introduction Ankylosing spondylitis (AS) is a chronic inflammatory disease, associated with significant pain, functional impairment, and diminished quality of life. However, there is significant uncertainty regarding the prevalence of depression in AS and its associations.

Objectives We performed a meta-analysis to examine the prevalence of depression in AS and its associated correlates.

Methods The study protocol was prospectively registered with PROSPERO (CRD42015019676). EMBASE, Medline, PsycINFO and Web of Science were systematically searched for cross-sectional studies with ≥ 50 adult AS patients, which reported depression prevalence using diagnostic criteria or a validated screening tool. Depression prevalence, tool and threshold used, age, gender, disease duration, as well as measures of disease activity, functional impairment, pain and innate inflammation, were abstracted. Open-Meta was used to calculate pooled prevalence estimates and to conduct meta-regression.

Results Eight hundred and seventy-seven texts were identified and 17 studies satisfied inclusion criteria, totalling 3187 participants (75.2% male). Six diagnostic tools and 10 different thresholds were reported, with depression prevalence estimates ranging from 4.9–55.5%. In studies using the depression subscale of the Hospital Anxiety and Depression Scale (HADS-D), 37.1% of participants satisfied criteria for mild (≥ 8) and 8.2% met criteria for moderate depression (≥ 11). Multivariate meta-regression demonstrated significant positive correlations between depression and, respectively, disease activity ($P < 0.001$) and C-reactive protein ($P < 0.001$).

Conclusions The prevalence of depression in AS is comparable with that of other rheumatic and degenerative diseases. Moreover, depression demonstrates significant associations with age, inflammation and disease activity, which require further investigation in prospective studies.

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

<http://dx.doi.org/10.1016/j.eurpsy.2016.01.264>

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Psychological factors influence the symptoms of Gastroesophageal Reflux Disease (GERD) and their effect on quality of life in Korean fire fighter

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Objective The aim of the study was to investigate the psychological factors influence the symptoms of gastroesophageal reflux disease (GERD) and their effect on quality of life in Korean Fire Fighters.

Methods This study examined data collected from 1217 fire fighters. Depression and Anxiety were identified using the Patient health questionnaire-9 (PHQ-9) and the 7-item Generalized Anxiety Disorder Scale. Occupational stress and Stress coping were identified using the KOSS-26 and the Ways of Coping Checklist-Revised. Self-esteem and quality of life were identified using the Rosenberg's Self-Esteem Scale and World Health Organization quality of life scale abbreviated version (WHOQOL-BREF). The scores for anxiety, depression and QoL of the two groups were analyzed. The correlation between psychological factors and QoL was also analyzed.

Results Current psychological variables were associated with increased odds of concurrent GERD-related symptoms. Current depression, anxiety and stress were associated with increased odds of GERD-related symptoms. According to the WHOQOL-BREF,

depression, anxiety, stress, stress coping and self-esteem were significantly correlated with quality of life in patients with GERD. Quality of life was obviously affected by psychological variables in patients with GERD.

Conclusions These results indicate that psychological symptomatology, depression, anxiety, occupational stress and self-esteem are associated with GERD-related symptoms. Acknowledging this common comorbidity may facilitate recognition and treatment, and opens new questions as to the pathways and mechanisms of the association.

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

<http://dx.doi.org/10.1016/j.eurpsy.2016.01.266>

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The syndrome of irreversible lithium-effectuated neurotoxicity: Clinical case and review

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Introduction Lithium is a mood stabilizer used in the treatment of bipolar disorder. Lithium has recently been associated to permanent neurological damage namely persistent cerebellar dysfunction as well as peripheral and central neuropathies.

Objectives To present a clinical case of a probable Syndrome of Irreversible Lithium-effectuated Neurotoxicity (SILENT) and a review of the literature concerning this rare syndrome.

Aims Increase awareness and knowledge of SILENT.

Methods Psychiatric and psychological evaluation of a probable clinical case of SILENT and review of the literature using the key words "lithium neurotoxicity" and "Syndrome of Irreversible Lithium-effectuated Neurotoxicity".

Results A 54-year-old female patient was admitted in our hospital due to involuntary lithium intoxication, with acute renal and cardiovascular failure, neurological, metabolic and electrolytic dysfunction in an acute confusional state and in need of dialysis. The patient clinical picture rapidly improved although, when she achieved normal lithium seric levels, it was observed a worsening of the preexisting confusional state followed by two consecutive generalized tonic-clonic convulsions and a partial convulsion. A short time after, it was recognized the development of a persistent catatonic state. It was detected urinary incontinence and repetitive, monosyllabic, incoherent, short phrased speech featuring echolalia, together with emotional lability and incongruous affect. The patient slightly improved with the introduction of anti-Parkinson's pharmacotherapy.

Conclusions This clinical case raises several differential diagnoses due to its psychiatric and neurologic characteristics. We conclude that the most probable diagnosis is SILENT.

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

<http://dx.doi.org/10.1016/j.eurpsy.2016.01.267>

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Psychiatric symptoms as a presentation of central nervous system involvement in Chagas disease, a case report

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