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Introduction: With regard to glycemic control in type 2 diabetes (T2D), treatment with antidepressant drugs is a double-edged sword. Real-world, population-based data on the impact of antidepressant treatment on glycemic control in T2D is absent from the literature.

Objectives: To estimate the impact of treatment initiation or termination with an antidepressant on HbA_{1c} levels in individuals with T2D.

Methods: Population-based, within-subject, study design examining HbA_{1c} levels in the 16 months leading up to - and the 16 months following - antidepressant treatment initiation or termination, respectively. All individuals with newly developed T2D between 1 January 2000 and 31 October 2016 were identified. Study population 1 consisted of individuals that initiated antidepressant treatment after incident T2D and age- and sex matched individuals with T2D and without antidepressant treatment. Study population 2 consisted of individuals with prevalent antidepressant use at the time of incident T2D, who terminated antidepressant treatment during follow-up, and age- and sex matched individuals with T2D and without antidepressant treatment.

Results: Antidepressant treatment initiation was associated with a decrease in HbA_{1c} levels (7.05% to 6.89%). The age- and sex matched individuals did not have a change in mean HbA_{1c} levels after the matched date. Antidepressant treatment termination was associated with a decrease in HbA_{1c} levels (7.05% to 6.73%). Age- and sex matched individuals did not see a change in HbA_{1c} levels after the matched date.

Conclusions: These findings suggest that antidepressant treatment initiation is not associated with adverse effects with regard to glycemic control in T2D. Rather, the data are indicative of a beneficial effect.

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Keywords: Depression; Type 2 Diabetes; Glycemic control; Population-based study

EPP0205

Characteristics of hallucinatory-paranoid disorders in patients with vascular dementia of different stages of development

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Introduction: The most frequent and severe non-cognitive disorders in dementia are hallucinatory-paranoid disorders (HPD), which cause social dysfunction and financial burden of this pathology.

Objectives: To study the features of HPD in vascular dementia (VD), an approach using clinical-psychopathological, psychometric, psychodiagnostic and mathematical-statistical methods was used.

Methods: The study was based on the examination of 75 patients with HPD in VD and 63 patients with VD without HPD.

Results: In patients with VD in the middle stage of development in the structure of clinical manifestations was dominated by frequent paranoid and paranoid disorders (in 75.6% of patients, $p < 0.05$) with a systemic delusional plot (in 70.1% of patients, $p < 0.01$) material damage, robbery, theft (in 26.8% of patients, $p < 0.01$), relationships (in 21.9% of patients, $p < 0.01$) and jealousy (in 17.1% of patients, $p < 0.01$), which ran in the form of paranoid delusional disorder (63.4%), acute paranoia (12.2%) and hallucinations (24.4%). In patients with VD in the late stage of development, the clinical and psychopathological structure of GPR was characterized by a predominance of frequent, hallucinatory disorders (82.4% of patients, $p < 0.01$) in the form of healthy (23.5%, $p < 0.1$), tactile (20.6%, $p < 0.01$) and auditory (26.5%, $p < 0.5$) hallucinations, which took the form of hallucinations (44.2%, $p < 0.05$), confusion (61.5%, $p < 0.05$) and paranoid delusional disorder (17.6%, $p < 0.01$).

Conclusions: The study of the clinical and psychopathological structure of HPD in patients with dementia of different stages of development revealed their dependence on the stage of development of the pathological process.

Keywords: vascular dementia; hallucinatory-paranoid disorders

EPP0207

Depression and anxiety disorders in chronic hemodialysis patients

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Introduction: Depression and anxiety are among the most common comorbid illnesses in people with end-stage renal disease. They are under-recognized in hemodialysis (HD) patients.

Objectives: The aim of this study was to assess the prevalence of depression and anxiety disorders among HD patients and its associated factors.

Methods: A cross-sectional study including patients on hemodialysis at the dialysis unit of the University Medical Center of Mahdia, Tunisia, conducted from December 2016 to January 2017. A standard self-administered questionnaire-the Hospital Anxiety and Depression Scale (HADS) was used in the study to measure the presence and severity of anxiety and depression in the study population.

Results: were collated from 55 patients. Overall, 32.7% of patients reported depression and 23.6% reported anxiety. Among symptoms, depression had a significant correlation with diabetes, high blood pressure, and duration of dialysis ($p < 0.05$). Regarding anxiety, this significant correlation was only seen with the duration of dialysis.