Methods: FND study group at Hacettepe University Adult Hospital was founded by 2 neurologists, 2 psychiatrists, 1 psychologist and 2 physiotherapists.
Within the framework of the protocol, FND patients were first informed about the disease process by a neurologist and a psychiatrist and then followed up for further need for an inpatient multidisciplinary approach.
During hospital admission in the room reserved for FND patients in the neurology ward, the treatment protocol was implemented in such a way that each session included **one hour of cognitive behavioral therapy-based psychotherapy** and **at least 2 hours of intensive physiotherapy including FND-specific approaches** for at least 5 days.
Demographic and clinical characteristics of the patients were noted, their fitness levels before and after treatment were evaluated with a visual analogue scale, and the patients' perceived improvement levels were also evaluated with VAS and recorded as a percentage.
Results: The majority of patients were women (19/11).
The age range was wide, between 19 to 75 (average 44 years).
Patients were classified under four groups based on the predominant symptom (gait disorders:15, fixed dystonia: 9, swallowing and speech problems:3, sensorial problems:3)
The level of improvement perceived by the patients was the best in those with sensorial problems, and the worst in those with swallowing and speech problems (%40).
Those with the lowest level of perceived wellness in terms of general health were patients with dystonia component.
Conclusions: Multidisciplinary FND rehabilitation may provide different degrees of benefit to FND patients of different subtypes. Our results may have the potential to contribute to clinicians and academicians in predicting treatment outcomes.

Disclosure of Interest: None Declared

EPV0513

Predictors of depressive symptoms in patients with heart failure decompensation

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Introduction: Acutely decompensated heart failure (HF) may be accompanied by depressive symptoms. Predictors of screening diagnosis of depression (SDD) in decompensated HF are poorly elucidated.
Objectives: We sought to investigate independent determinants of SDD in patients with HF decompensation.
Methods: Enrolled were fifty-one patients with a median age of 67 years and left ventricular ejection fraction (LVEF) of <40% hospitalized due to HF decompensation. SDD based on the result of the Beck Depression Inventory (>10 points), PHQ-9 (>12 points) or Hamilton Depression Scale (lack of depression: <7 points; mild [<12 points], moderate [<17 points] or severe [≥18 points] depression). Neurotrophic potential and response to stress were assessed by brain-derived neurotrophic factor (BDNF) and FK506 binding protein 5 (FKBP5), respectively.
Results: SDD was identified in 26 (51%) patients based on the Beck inventory and in 12 (24%) patients based on PFQ-9. According to the Hamilton scale mild SDD was found in 17 (33.3%), moderate in 9 (17.6%) and severe in 14 (27.5%) of patients. Male patients with HF decompensation had higher result of Beck inventory by 35% (P=0.029), PHQ-9 by 60% (P=0.014) and Hamilton scale by 64% (P=0.003) than female. The result of the Beck Depression Inventory was correlated with plasma levels of FKBP5 (R=0.34, P=0.017) and inversely correlated with BDNF (R=-0.39, P=0.004). In turn, LVEF was correlated with the result of PHQ-9 (r=0.33, P=0.020), Hamilton scale (r=0.33, P=0.18) and with BDNF (r=0.32, P=0.025) while inversely with FKBP5 (r=-0.32, P=0.023). By multivariate analysis the higher result of the Beck inventory was associated with male gender (β=0.26, P=0.048), a higher LVEF (β=0.27, P=0.042) and a lower plasma BDNF (β=-0.46, P<0.001).
Conclusions: SDD in patients with HF decompensation is independently associated with male gender, better preserved left ventricular systolic function and reduced plasma level of BDNF.

Disclosure of Interest: None Declared

EPP288

Comparative analysis of the impact of psychosocial stress on exacerbation and dynamic of psychosomatic pathology (on the model of psoriasis) in periods of large-scale social upheavals (Covid-19 and a large-scale war in Ukraine)

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Introduction: The large-scale social stress of recent years (the COVID-19 pandemic, the large-scale invasion of the rf in Ukraine) has a powerful negative effect on the psyche of people and causes an increase in the incidence of stress-associated pathology. One of the vulnerable groups in the formation of distress conditions is patients with psychosomatic pathology, in particular, psoriasis, in the pathogenesis of which psychosocial stress plays an important role.
Objectives: To determine the existence of a differentiated impact of a contain of the large-scale stressful events on the health of patients with psychosomatic pathology.
Methods: 83 psoriasis patients interactively were examined using the Google Form developed by us, which provided for a structured interview with the purpose of determining anamnestic data and collecting subjective complaints of the patient in two time periods the year of quarantine due the Covid-19 pandemic (11.03.2020-11.03.2021), and the year from the beginning of full-scale russian aggression (24.02.2022-24.02.2023). Statistical analysis included descriptive statistics and assessment of the significance level of differences using Fisher's exact test (one-sided).
Results: In the 1st year of the Covid-19 pandemic, exacerbation of psoriasis was found in 36.1% of patients, of which 63.3% believed that this was associated with the