

personality's dysfunctional characteristics, and social interaction specificities. Towards CSPs with open-heart coronary artery bypass grafting, the targets appeared to be as follows: low expectations from surgery, low hopes for recovery, low level of satisfaction with life, depressive disorders with somatic manifestations, cognitive abnormalities, anxiety manifestations, manifestation of hostility, rejection of the past, inclination for fatality, reduced vitality, reduced social activity, expectation of help from closest people. Towards CSPs indicated to open-heart aortic valve repair surgery, psychotherapeutic targets were as follows: high expectations from surgery; moderate fear of death; not feeling well; low spirits; depressive disorders with somatic and cognitive-and-affective manifestations; cognitive abnormalities; anxiety manifestations; manifestation of hostility; rejection of the past; reduced hedonism; expectation of help from closest people; reduced social activity. Towards CSPs indicated to minimally invasive surgery, we set such targets as: moderate expectations from surgery; apparent fear of death; depressive disorders with somatic manifestations; anxiety manifestations; cognitive abnormalities; rejection of the past; expectation of help from closest people; reduced social activity.

Conclusions: Psychotherapy of CSPs that includes the established targets can contribute to personalized approach in a patient's treatment.

Disclosure: No significant relationships.

Keywords: cardiac surgery patients; psychotherapeutic targets; levels of psychotherapeutic targets

EPV1248

Psychiatrist and Peritoneal Dialysis

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Introduction: Peritoneal dialysis (PD) is an equal method of treating patients with end stage renal disease (ESRD). The patients are left to themselves in the new situation. The psychiatrist recognizes their needs and through group therapy enables them to heal quality intrapsychic conflicts.

Objectives: The study analyzed data on the intensity of depression, anxiety of an individual patient respectively, but also of his family member (caregiver) too. The control questionnaires are foreseen for both groups one year after group therapy participation. The assumption is that symptoms of depression and anxiety will be less expressed with group support by the psychiatrist.

Methods: Two questionnaires were used: Hamilton's rating scale for depression and Hamilton's anxiety rating scale and identical questionnaires for member of the family caring for the patients. 13 patients who accepted group therapy were examined in our institution. They were of different gender and age, mean age 53±13.46 mini-max 25-72 years.

Results: Average months of dialysis duration 29.15±21.84 mini-max 6-84 Dialysis was performed without an assistant but with some help n 13(100%) from the patient. They describe ailments from anxiety (30.77%) and depression (38.46%) which they did not have premorbidly, and feel rejected on the emotional sphere, although not on the part of organic medicine.

Conclusions: Emphasis is placed on the emotional state and needs of the patient with severe physical ailments, in other words, demanding treatment methods, as well as the importance of emotional support from family members without whom these patients would have a poorer quality of life.

Disclosure: No significant relationships.

Keywords: peritoneal; dialysis; therapy; group

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Diagnosis of subjects damaged in Buddhist groups by means of the Symptom Checklist (SCL-90)

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Introduction: At present, the mental health of members in international Buddhist organizations is often damaged by decontextualized concepts and misleading meditation training. As the treatment of resulting mental diseases presents therapeutic challenges, currently diagnostic and related therapeutic considerations are crucial. **Objectives:** Since subjects predominantly reported having received several diagnoses, with depression, anxiety disorder, and post-traumatic stress disorder being the most frequently assigned, a diagnostic assessment device was employed for further differentiation.

Methods: The questionnaire *SCL-90* was used to evaluate the nine dimensions: *interpersonal sensitivity, depression, anxiety, paranoid ideation, psychoticism, somatization, obsessive-compulsive disorder, hostility and phobic anxiety*.

Results: In a pilot group of eight German-speaking subjects of different Buddhist groups the general psychological burden (GSI) was significantly elevated in six of them. However, the intensity of responses in precisely those two individuals in whom it was not increased was far below the norm (*PSDI*). Furthermore, seven of the subjects had an above-average number of symptoms indicating burden (*PST*). All of them showed a heightened level of interpersonal sensitivity and for most of the subjects anxiety, depression, paranoid ideation and psychoticism were above the mean value of the norm group.

Conclusions: As for psychiatric treatment and psychotherapy, extended research with a larger group of such subjects and at the beginning of their treatment is crucial. Particularly, hypotheses on the causes of their social insecurity, depressivity, paranoid thinking as well as psychoticism based on the distorted concepts and neologisms these persons were exposed to (e.g. '*karma-purification*') as well as their ways of 'meditation-training' seems to hold core relevance.

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Keywords: Buddhist organizations; depressivity; paranoid thinking; psychoticism; SCL-90; social insecurity