## EPV0046

### Treatment methods for patients with psychosomatic illnesses

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**Introduction:** Psychosomatic illnesses correspond to physical symptoms (with or without objectivable organic lesions), that psychological factors such as stress and personality type, would have a potential effect on their appearance, evolution and / or worsening. These psychosomatic conditions are quite common but difficult to diagnose. Doctors from different specialties are consulted by the patients and multiple examinations and investigations are run by specialists in order to get to the final diagnosis. These psychosomatic conditions may appear under different types of illnesses : respiratory (asthma), dermatological (psoriasis, eczema), digestive (gastric ulcer, ulcerative colitis, Crohn's disease), cardiovascular (arterial hypertension, infarction), neurological (migraine)…
**Objectives:** Study management modalities of psychosomatic disorders through cases followed in consultation at the university psychiatric hospital Ar-razi of Salé in Morocco
**Methods:** through cases followed in consultation at the university psychiatric hospital Ar-razi of Salé in Morocco
**Results:** From the results observed in the patients recruited in this study, we retain the need for a bio-psycho-social approach, through a global approach of the patient in all its dimensions, not only biological, but also psychological and social ; we also retain the essential role of the psychiatrist in the management of these psychosomatic disorders, both in preventive and curative terms, by allowing a better understanding of the interactions between physical and mental health.
**Conclusions:** psychosomatic conditions are quite common but difficult to diagnose and the need for a bio-psycho-social approach, through a global approach of the patient in all its dimensions, not only biological, but also psychological and social is crucial.

**Disclosure:** No significant relationships.
**Keywords:** illnesses; psychosomatic; patient; Treatment

## EPV0047

### Pregabalin for the treatment of generalized anxiety disorder

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**Introduction:** Pregabalin is a treatement with a complexe mechanism of action. It's an antiepileptic drug used as adjunctive treatment of partial epilepsy, it is also taken in the treatment of neuropathic pain, and generalized anxiety disorder, in addition to epilepsy. Some of the advantages of pregabalin include. pharmacokinetics, safety, and tolerability. Clinical trials have demonstrated the efficacy of pregabalin comparable to benzodiazepines, without risk of abuse.
**Objectives:** to assess the efficacy of pregabalin in patients with generalized anxiety disorder in the Ar-Razi university psychiatric hospital in Salé in Morocco
**Methods:** To assess the place of pregabalin in the treatement of anxiety disorders through patients hospitalized in the Ar-Razi university psychiatric hospital in Salé in Morocco The evaluation instruments are: For anxiety the Hamilton Anxiety Scale and For therapeutic efficacy CGI-therapeutic index
**Results:** based on the results of our study on the patients who have improved after an optimal duration of treatment, in conjunction with psychological monitoring, we retain that pregabalin can significantly improve the quality of life of anxious patients and also guarantee them a better prognosis
**Conclusions:** Pregabalin was significantly more efficacious for the treatment of psychic and somatic symptoms of generalized anxiety disorder and was well tolerated by most study patients.

**Disclosure:** No significant relationships.
**Keywords:** disorder; Treatment; Anxiety; pregabalin

## EPV0049

### Gray Matter Deficits of Cortical-striatal-limbic Circuit in Social Anxiety Disorder

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**Introduction:** The extant findings have been of great heterogeneity due to partial volume effects in the investigation of cortical gray matter volume (GMV), high comorbidity with other psychiatric disorders, and concomitant therapy in the neuroimaging studies of social anxiety disorder (SAD).
**Objectives:** To identity gray matter deficits in cortical and subcortical structures in non-comorbid never-treated patients, so as to explore the "pure" SAD-specific pathophysiology and neurobiology.
**Methods:** Thirty-two non-comorbid free-of-treatment patients with SAD and 32 demography-matched healthy controls were recruited to undergo high-resolution 3.0-Tesla T1-weighted MRI. Cortical thickness (CT) and subcortical GMV were estimated using FreeSurfer; then the whole-brain vertex-wise analysis was performed to compare group differences in CT. Besides, differences in subcortical GMV of priori selected regions-of-interest: amygdala, hippocampus, putamen, and pallidum were compared by an analysis of covariance with age, gender, and total subcortical GMV as covariates.
**Results:** The SAD patients demonstrated significantly decreased CT near-symmetrically in the bilateral prefrontal cortex (Monte Carlo simulations of $P < 0.05$). Besides, smaller GMV in the left hippocampus and pallidum were also observed in the SAD cohort (two-sample t-test of $P < 0.05$).