Introduction Metabolic syndrome (MetS) is defined by metabolic and cardio-vascular impairments and is frequently associated with anxiety and depressive disorders. Both MetS and anxiety-depressive syndromes feature similar systemic inflammatory alterations. Inflammation of the large bowel is also a key factor for the development of colorectal cancer (CRC).

Objective To measure the prevalence of MetS and symptoms of anxiety and depression among patients undergoing colonoscopy.

Methods Cross-sectional study. Patients undergoing colonoscopy aged 40 or more, with negative history for neoplasia or inflammatory bowel disease, were enrolled. Data collected: colonoscopy outcome, presence/absence of MetS (IDF and ATP III criteria), presence/absence of depressive and anxiety symptoms assessed with HADS.

Results The sample was made up of 53 patients (female 24, 45.3%). Mean age was 60.66 ± 9.08. At least one adenoma was found to 23 patients (43.3%). Prevalence of MetS ranged from 34% to 36% (ATP III and IDF criteria, respectively). Prevalence of depressive symptoms was 20% and 33%, respectively.

Conclusion Prevalence of MetS, anxiety and depressive symptoms among patients undergoing colonoscopy was higher than in the general population.

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

http://dx.doi.org/10.1016/j.eurpsy.2017.02.236

EW0624

Prevalence, incidence and comparative meta-analysis of all-cause and specific-cause cardiovascular disease in patients with serious mental illness

M. Solmi1,2,3,∗, N. Veronese2,4, B. Beatrice2,5, R. Stella1, S. Paolo1, G. Davide1, E. Collantoni1, G. Pigato1, A. Favaro1, B. Stubbs6,7, A.F. Carvalho6, D. Vacampfort9,10, C.J. Correll11,12,13,14
1 University of Padua, Neuroscience Department, Padua, Italy
2 Institute for clinical Research and Education in Medicine, Neuroscience Department, Padua, Italy
3 ULSS 17, Mental Health Department, Padua, Italy
4 University of Padua, Department of Medicine, Padua, Italy
5 ULSS 10, Mental Health Department, Portogruaro, Italy
6 South London and Maudsley NHS Foundation Trust, Physiotherapy Department, London, United Kingdom
7 King’s College London, Health Service and Population Research Department- Institute of Psychiatry, Psychology and Neuroscience, London, United Kingdom
8 Faculty of Medicine, Federal University of Ceará, Department of Clinical Medicine and Translational Psychiatry Research Group, Fortaleza, Brazil
9 KU Leuven, Department of Rehabilitation Sciences, Leuven, Belgium
10 KU Leuven, University Psychiatric Center KU Leuven, Leuven, Belgium
11 The Zucker Hillside Hospital, Psychiatry Research, New York, USA
12 Albert Einstein College of Medicine, Medicine, New York, USA
13 The Feinstein Institute for Medical Research, Research, New York, USA
14 Hofstra Northwell School of Medicine, Medicine, New York, USA
∗ Corresponding author.

Patients with severe mental illness (SMI) have been described at higher risk of cardiovascular disease (CVD). The aim of this systematic review and meta-analysis was to quantify prevalence, incidence, cross-sectional association and longitudinal increased risk of coronary heart disease (CHD), stroke, transient ischemic attack and cerebrovascular disease (CBVD), heart failure (HF), peripheral vascular disease (PVD), death due to CVD, and any CVD in patients with SMI. We included 92 studies, with a total population of 3,371,461 patients (BD = 241,226, MDD = 476,102, SCZ = 1,721,586, SMI = 932,547) and 113,925,577 controls. Pooled prevalence of any CVD in SMI was 9.9% (95% CI = 7.4–13.3) (33 studies, 360,144 patients). Compared to controls, after adjusting for a median of 7 confounders, SMI was associated with higher risk of CVD in cross-sectional studies, OR:1.53 (95% CI = 1.27–1.83) (11 studies), with CHD OR: 1.51 (95% CI = 1.47–1.55) (5 studies), with CBVD OR: 1.42 (95% CI = 1.21–1.66) (6 studies), and tended to be associated with HF OR: 1.28 (95% CI = 0.98–1.65) (4 studies). Cumulative incidence was 3.6 CVD events in a median follow-up period of 8.4 years (range: 1.76–30). After considering a median of 6 confounders, SMI was associated with higher longitudinal risk of CVD in longitudinal studies HR: 1.78 (95% CI = 1.6, 1.98) (31 studies), of CHD: HR: 1.54 (95% CI 1.30–1.82) (18 studies), of CBVD HR: 1.64 (95% CI 1.26–2.14) (11 studies), of HF HR: 2.10 (95% CI 1.64–2.70) (2 studies), of PVD, unadjusted RR: 3.11 (95% CI 2.46–3.91) (3 studies), of death due to CVD, HR 1.85 (95% CI 1.53–2.24) (16 studies). In this meta-analysis, the