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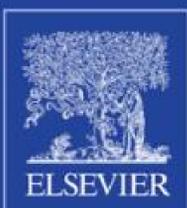
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**Abstracts of the
25th European
Congress of
Psychiatry**

86859



Full table of contents inside

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Abstracts of the 25th European Congress of Psychiatry

Plenary Sessions: Psychiatry 2017	S1
Debates	S2
Joint Symposia	S3
State of the Art Symposia	S6
Symposia	S8
Workshops	S53
Oral Communications	S69
e-Poster Walk Part 1	S106
e-Poster Walk Part 2	S170
e-Poster Walk Part 3	S238
e-Poster Walk Part 4	S303
e-Poster Walk Part 5	S365
e-Poster Viewing Part 1	S405
e-Poster Viewing Part 2	S465
e-Poster Viewing Part 3	S521
e-Poster Viewing Part 4	S583
e-Poster Viewing Part 5	S645
e-Poster Viewing Part 6	S710
e-Poster Viewing Part 7	S772
e-Poster Viewing Part 8	S847

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25th European Congress of Psychiatry

Plenary

Plenary session: Psychiatry 2017: Acknowledging complexity while avoiding defeatism

PL01

Psychiatry 2017: Acknowledging complexity while avoiding defeatism

M. Maj

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In the past few years, it has become a sort of cliché to state that psychiatry is in a crisis. In particular, it has been repeatedly argued that: (a) psychiatric diagnoses are invalid; (b) psychiatric research has not progressed significantly (in particular, it has not been able to identify “the cause” of schizophrenia, depression or bipolar disorder); (c) psychiatric treatments are of limited value, and their widespread use has not been able to reduce the incidence of mental disorders. This perception of crisis has been at least in part generated by an identification of mainstream psychiatry with the neo-kraepelinian paradigm, so that the crisis of confidence in that paradigm has expanded into a crisis of confidence in the psychiatric discipline. According to Kuhn, the crisis of confidence in a paradigm is accompanied by a period of “extraordinary science”, marked by a proliferation of competing methodologies, the proposition of a variety of divergent solutions for the problem defining the crisis, and the recourse to philosophy and to debate over fundamentals of the discipline. The crisis of confidence in the neo-kraepelinian paradigm has generated such a period, in which we are all now immersed. In this presentation, I will summarize the main components of the neo-kraepelinian paradigm; I will illustrate why that paradigm has failed, or at least has lost people’s confidence; and will summarize the main elements which are emerging in the current period of “extraordinary science”.

Disclosure of interest The author has not supplied his declaration of competing interest.

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Plenary session: Public mental health and clinical psychiatry: Are they two separate worlds?

PL02

Public mental health and clinical psychiatry: Are they really two separate worlds?

S. Priebe

Queen Mary, University of London, United Kingdom



Public mental health and clinical psychiatry: Are they two separate worlds?

Stefan Priebe, unit for social and community psychiatry, Queen Mary University of London.

Public mental health focuses on health indicators and interventions on population level with an emphasis – although not exclusively – on prevention. In contrast, clinical psychiatry involves treatment of individuals in the setting of a health service and deals with people who usually already have a mental disorder. The theoretical background, the underpinning evidence and the practical approach of public mental health and clinical psychiatry differ from each other and concepts of one of the two cannot easily be transferred to the other.

Nevertheless, the presentation will argue that there are also links between the two. These links may be based on overall applicable values, a common understanding of mental disorders, and social models of overcoming mental distress. These links can have implications for how clinical psychiatrists are engaged in political and societal activities, get involved with local communities, and work in daily practice with their patients.

The public mental health perspective, used in a wide sense of the term, has played a substantial role in the historical development of psychiatry, including its major reforms, and might also open up how clinical psychiatry might be attractive as a career option and relevant as a profession in the future.

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25th European Congress of Psychiatry Debate

Debate: Is the concept of schizophrenia useful?

D001

Pro

W. Gaebel

Heinrich-Heine-Universität, Düsseldorf, Germany



The concept of schizophrenia has undergone many changes since its first inception in the early 20th century. Basically, the concept has stood the tests of time, as it provides useful information about the clinical picture, the clinical course and the available treatment modalities. Any alternative concept will need to show that it provides similar information. The concept has also been useful to establish evidence-based guidelines for diagnosis and treatment, and to provide valuable information as regards psychosocial outcomes. In addition, recent genetic and neurophysiological studies have shown that common grounds of aetiopathogenesis can be identified, in that schizophrenia is a mental disorder with some genetic influences and a common pathway in complex disturbances of brain circuits due to altered neurotransmission. Current research focuses on identifying biomarkers for early detection, another area of mental healthcare in which a staging model of schizophrenia proved useful. This presentation will highlight the most pertinent arguments for keeping schizophrenia as a useful diagnostic and therapeutic concept of a mental disorder.

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D002

Con

M. Musalek

Anton Proksch Institute, Gräfin Zichy Straße 4-6, 1230, Vienna, Austria



The analysis of the historical development of the currently used diagnosis schizophrenia in DSM or ICD classification indicates that sticking to established terms and methodologies more and more develops to an obstacle in schizophrenia research. The aim of the currently used operational diagnostic approach was to reach reliability of diagnoses between different psychiatrists and researchers as high as possible. This should improve the communication between different research groups and better the comparison of study results. The aim of a high reliability has surely been reached, however, the expected striking progress in research and clinical praxis failed to materialize till today. Reliability, which means agreement, does not simultaneously means validity. Modern brain and genetic research requires more homogenous clinical syndromes or 'diseases' to examine them with scientifically based methodologies and technologies. The prerequisite for doing this, however, is going back to clinical and empirical realities and to integrate these realities into the development of a new generation of classification systems that are free of dogmatic thinking.

Disclosure of interest The author declares that he has no competing interest.

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25th European Congress of Psychiatry

Joint Symposia

Joint symposium: How long do we have to wait for the antidepressant effect?

JS001

Joint symposium: How long do we have to wait for the antidepressant effect? Mechanisms of action for delay of onset response to antidepressants

F. Artigas

Institut d'investigacions biomèdiques de Barcelona, Spain



Major depressive disorder (MDD) is a severe psychiatric syndrome with very high prevalence and socioeconomic impact. Monoamine-based antidepressant drugs (AD) display slow onset of action and limited efficacy. Preclinical studies show that ADs trigger a series of slow adaptive mechanisms that limit the clinical response. These mechanisms result from the pharmacological blockade of monoamine transporters (SERT, NET) and involve presynaptic, such as autoreceptor desensitization (e.g., 5-HT_{1A} and 5-HT_{1B} for serotonin neurons) as well as postsynaptic mechanisms, such as increased neurogenesis and expression of trophic factors, increased dendritic complexity, etc.

Given the strong homeostasis of serotonin and noradrenaline neurons, a way to improve antidepressant action is to prevent self-inhibitory presynaptic mechanisms mediated by auto- and heteroreceptors after reuptake blockade. This strategy was used in the past with the non-selective 5-HT_{1A} antagonist pindolol and has been incorporated by two recently developed AD (vilazodone and vortioxetine). Likewise, new molecular strategies using RNA interference (RNAi) show that the modulation of gene expression in serotonin neurons offers a great potential. Hence, local or intranasal administration of small interfering RNA (siRNA) molecules targeting SERT or 5-HT_{1A} autoreceptors evokes rapid and robust antidepressant-like effects in rodents.

Moreover, glutamatergic drugs such as the non-competitive NMDA receptor antagonist ketamine, offer a potential for the development of fast-acting AD due to its rapid and persistent antidepressant effects in treatment-resistant unipolar and bipolar patients after single i.v. infusion, an effect that likely involves the activation of AMPA receptors in ventral areas of the cingulate gyrus and the subsequent fast activation of serotonergic function.

Disclosure of interest F.A. has received consulting honoraria on antidepressant drugs from Lundbeck and he has been PI

of grants from Lundbeck. He is also co-author of the patent WO/2011/131693 for the siRNA and ASO (antisense oligonucleotides) molecules.

<http://dx.doi.org/10.1016/j.eurpsy.2017.01.017>

JS002

What do clinical trials tell us about antidepressant delayed onset of action?

J. Rabinowitz

Bar Ilan University, Israel



Response to antidepressants in major depressive disorder is highly variable and determinants are not well understood. Presentation will provide clinical trial data on time to response and determinants of response to antidepressant treatment. Data is from the Innovative Medicines Initiative funded NEWMEDS collaboration, a large public-private collaboration which assembled the largest dataset of individual patient level information from randomized placebo-controlled trials of antidepressant drugs. Studies were conducted by four large pharmaceutical companies. Dataset includes placebo-controlled trials of citalopram, duloxetine, escitalopram, quetiapine and sertraline in adults with MDD. We examined patient and trial-design-related determinants of outcome as measured by change on Hamilton Depression Scale or Montgomery–Asberg Depression Rating Scale in 34 placebo-controlled trials (drug, $n=8260$; placebo, $n=3957$). While it is conventional for trials to be 6–8 weeks long, data presented will show that drug-placebo differences were observable at week 4 with nearly the same sensitivity and lower dropout rates. Having any of these attributes was significantly associated with greater drug vs. placebo differences on symptom improvement: female, patients being middle aged, increasing proportion of patients on placebo, excluding all patients from centers with high placebo response regardless of active treatment response, using active run in periods and including self-report measures. Proof of concept trials can be shorter and efficiency improved by selecting enriched populations based on clinical and demographic variables, ensuring adequate balance of placebo patients, and carefully selecting and monitoring centers. In addition to improving drug discovery, patient exposure to placebo and experimental treatments can be reduced.

Disclosure of interest I have received research grant(s) support and/or travel support and/or speaker fees and/or consultant fees from Takeda, Minerva, Intra-cellular Therapies, Janssen (J&J), Eli

Lilly, Pfizer, BiolineRx, Roche, Abraham Pharmaceuticals, Pierre Fabre, Minerva and Amgen.

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Joint symposium: The value of treatment for brain and mental disorders

JS003

Closing the treatment gap: The EPA case study of schizophrenia

W. Gaebel

Heinrich-Heine-universität Düsseldorf, Germany

Introduction Schizophrenia still ranks among the first 10 leading causes of disability worldwide. Recent analyses show that there is a considerable treatment gap in schizophrenia in Europe and worldwide.

Objectives To provide evidence-based information and give a concise overview of what is needed to overcome the treatment gap in schizophrenia.

Methods Using a combined approach of systematic review and health economics was used to assess the socioeconomic impact of medical interventions (or the lack of thereof) for schizophrenia.

Conclusions The case study analysis demonstrates socioeconomic impact and health gains of best practices in specific healthcare interventions for schizophrenia in comparison with the cost burden of current care or non-treatment.

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JS004

The cost of non-treatment

M. Knapp

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There are large treatment gaps in relation to schizophrenia across all European countries, either because the illness is not recognised or because the response from treatment and care services is inadequate - not evidence-based. This could be because of resource or other constraints. The consequence can be very damaging indeed for individuals with schizophrenia, their families and for the wider society. In this talk I will set out the economic consequences of not identifying or responding appropriately to schizophrenia. Evidence will be drawn from a number of studies, but will be channelled to show new findings in relation to both England and Czech Republic. These figures add to the argument for earlier and better treatment, to benefit everybody including public and private budgets.

Disclosure of interest The author has not supplied his declaration of competing interest.

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Joint symposium with the Italian psychiatric association: Early intervention in psychotic disorders: Comparing models and experiences

JS005

Assertive interventions for first episode psychoses: The Danish experience

M. Nordentoft*, N. Albert, C. Hjorthoj, H. Jensen, M. Melau
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* Corresponding author.

Early Intervention services with team-based intensive case management and family involvement are superior to standard treatment in reducing psychotic and negative symptoms and comorbid substance abuse and improving social functioning and user satisfaction. The results of the OPUS-trial will be presented together with meta-analyses based on similar trials. The implementation of OPUS all over Denmark will be presented together with the Danish OPUS-fidelity study. Specialized elements are being developed such as inclusion of new methods in CBT for psychotic and negative symptoms, neurocognitive and social cognitive training programs, interventions for supported employment and focus on physical health. Results of long term follow-up studies indicate that the prognosis of first episode psychosis is very diverse with the extremes represented by one group being well functioning and able to quit medication without relapse; and another group having a long term chronic course of illness with a need for support to maintain daily activities. The Danish TAILOR-trial—testing dose reduction versus maintenance therapy will be presented. It will be of immense value to be able to intervene in risk groups identified in the premorbid phase, and there are few examples of ongoing trial for children of parent with schizophrenia and bipolar disorder.

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

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JS006

Assertive interventions for first episode psychoses: The Italian experience

A. Meneghelli

Solari 19, 20144, Milan, Italy

In Italy, despite the favourable conditions created by the 1978 reform law and the community psychiatry, at the end of the past century there were no culture or initiatives oriented to innovative and evidence-based founded interventions in early psychosis. The watershed was the setting up in the MHD of Niguarda (Milan) of Programma 2000, addressed to FEP and HR mostly inspired by the knowledge of existing studies and experiences and with the recommended characteristics of specificity, multicomponentiality, assertiveness and doctrinal orientation. From the very start, one fundamental aim was to disseminate information, training, supervision, and to raise consensus and initiatives throughout Italy, as well as to improve international links. In many ways, the consequences have been extremely positive. In 2005, Angelo Cocchi and Programma 2000 team founded the AIPP (Italian Association for Early Intervention in Psychosis), now named Italian Association for Prevention and Early Intervention in Mental Health. Over the



years, the Association has organized conferences, scientific days, working network, two national surveys on EIS and produced a document to favour their development. The results of the second survey are the more updated and articulated about the number of early interventions services, their characteristics and distribution in the different Italian regions. The survey conclusion is that EI Services implementation in Italy has been proceeding, albeit slowly. Nevertheless, there is still a great variability of therapeutic

strategies and further efforts are then necessary to stimulate resources allocation as well as to assess and address adherence and fidelity to guidelines recommendations.

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25th European Congress of Psychiatry

State of the art

State of the art: Working together for early detection of psychosis

SOA001

Working together for early detection of psychosis

A. Riecher-Rössler

University of Basel psychiatric hospital, CH-4051, Basel, Switzerland



Introduction In the last decades psychiatry has taken an important and overdue step which other medical disciplines had taken much earlier, i.e. recognizing the chances of early detection and intervention—first in the field of emerging psychosis, in the meantime also in other fields.

Objectives To review new developments in the field of early detection of psychosis and to critically discuss the obstacles still depriving many of our patients of an immediate benefit.

Methods Review and discussion.

Results New developments are very promising. Identification of individuals at risk and prediction of transition to psychosis is possible with an excellent accuracy, comparable to other preventive approaches in medicine. And there is growing evidence how this accuracy can even be more improved by using not only clinical assessments but also additional domains such as neurocognition, neurophysiology, or MRI, as well as new methods for analyses such as pattern recognition. Staged intervention according to the degree of risk seems feasible. However, there are still many obstacles to a broad implementation of this new know-how into clinical practice such as lack of communication, political will and finances, or fears, stigma and prejudices.

Conclusions For the benefit of those concerned - patients and their relatives - a great effort to work together is required from all of us: clinicians, researchers from psychiatry and many other fields, industry, politicians, and last, but not least, patients and their relatives.

Disclosure of interest The author has not supplied his declaration of competing interest.

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State of the art: psychotherapies vs. pharmacotherapies vs. combination therapies in depressive and anxiety disorders

SOA002

Psychotherapies vs. pharmacotherapies vs. combination therapies in depressive and anxiety disorders

P. Cuijpers

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Both psychological and pharmacological therapies have been found to be effective in the treatment of adult depression and anxiety disorders. Psychological treatments include cognitive behavior therapy, interpersonal therapy, behavioral activation, exposure therapies, and several other types of therapy. Pharmacological treatments include SSRIs, SNRIs TCAs, MAIOs and several other types. In this presentation the results of meta-analyses of trials directly comparing the effects of psychological and pharmacological treatments will be presented, as well as meta-analyses of combined treatments versus either psychotherapy alone or pharmacotherapy alone. Results show that psychological and pharmacological treatments are probably about equally effective at the short term, and combined treatment is more effective than either psychotherapy or pharmacotherapy alone. In the presentation several other issues related to this group of trials will be discussed, like the influence of conflicts of interest and the (lack of) blinding in psychotherapy trials.

Disclosure of interest The author has not supplied his declaration of competing interest.

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State of the art: identifying and managing mental health needs of homeless individuals

SOA003

Identifying and managing mental health needs of homeless individuals



D. Bhugra

Institute of Psychiatry, Psychology and Ne, London, United Kingdom

The economic downturn worldwide since 2008 has raised many issues, including an increase in homelessness. Individuals who are homeless are visible across the globe. Definitions of homelessness also vary. Living on the streets in all kinds of inclement weather, brings a different set of issues and problems including physical and mental illnesses. Here homelessness is defined as a lack of customary regular access to a conventional dwelling unit. It has been shown in several studies that nearly half were either depressed or had substance use disorders and half had traumatic brain injury. Homelessness is a social issue and the role of the psychiatrist in reaching these vulnerable individuals is a matter of critical importance. In the UK health services are geographically delineated making it more difficult for 'out of area' individuals to get help. The responsibility for looking after people who are homeless, have mental illness or physical co-morbidity, lies with policymakers as well. As clinicians we must advocate for vulnerable patients and psychiatry care needs to be in a joined-up manner. Early interventions and home treatments where and if available are suitable and can be effective but are often linked with secure addresses. Policies must take into account huge variations across cultures and societies and the contributions that unemployment and poverty can play in increasing homelessness. Whether psychiatric disorders lead to homelessness and whether homelessness leads to mental illness is a circular argument and this vicious downward spiral needs to be broken by adequate care and policy support.

Disclosure of interest The author has not supplied his declaration of competing interest.

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State of the art: social media and e-mental health

SOA004

Social media and e-mental health



M. Krausz

Addiction, West Vancouver, Canada

Mental health services worldwide are only able to serve a minority of patients. Expert advice is in most cases not accessible even in developed countries with a functioning mental health care system. Threshold to care are high and the time between first critical developments and symptoms and first professional interventions is long, sometimes several years.

The evolving communication tools through social media and web-based services may provide new and exciting opportunities to change that. Especially young people have a different approach to interact, learn and access services through the Internet. The momentum there is as crucial as it is in education. Our mental health care system in all its components will most likely very different than today. E mental health will be an integrated component contributing to more capacity, higher quality of care and better accessibility.

What is the key in developing new tools and what can today's clinicians and researchers do to be an active partner in this process? What are the major concerns and how should we address them also as professional organization? This may be an opportunity of a lifetime for a paradigm shift. Its success relates to good integration and implementation of these exciting tools to create a new continuum of tools addressing a continuum of needs.

Disclosure of interest The author has not supplied his declaration of competing interest.

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25th European Congress of Psychiatry

Symposia

Symposium: Promoting mental health in the health and non-health sectors

S001

Conceptual aspects of mental health in its intersection with human rights and development

S. Galderisi

University of Campania "Luigi Vanvitelli", Department of Psychiatry, Naples, Italy



Introduction Improving mental health of people is an important goal of the present millennium. Community-based services programs for prevention of mental disorders and promotion of mental health have been implemented in several countries. However, the proportion of people suffering from mental disorders is significantly and persistently high, and psychosocial distress due to migration, natural disasters, and terrorism; in general, feeling of insecurity is unlikely to improve current figures.

Aims To highlight the interrelatedness of mental health, development and human rights, in particular in women and girls.

Methods The presentation will consider conceptual aspects of mental health in its intersection with human rights and development, with particular reference to women and girls.

Results Current definitions of mental health might be misleading and convey the false expectation that mental health coincides with happiness and productivity. An alternative conceptual framework will be presented, in which mental health is a dynamic state of internal equilibrium that enables individuals to use their abilities in harmony with universal values of society. Different factors concur to the dynamic equilibrium, and will be discussed in their intersection with human rights and development, with particular reference to the most frequent violations of human rights (e.g. trafficking, domestic abuse, sexual violence) that contribute to increase the risk of mental disorders in women and girls.

Conclusion Mental health is rooted in personal development and social context in which the person lives. Strategies aimed to address mental health in women and girls will need to consider gender, country and socio-cultural specificities.

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S002

Interventions in the health and non-health sectors aimed at promoting mental health

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The impact of social determinants on women's mental health is becoming clearer worldwide. Poverty, violence and communal insecurity are among the main challenges to women's mental health and the health of their families. Depression is one of the most common mental disorders experienced by women. It typically has an early onset in life and is more frequently found in women made vulnerable by trauma.

Improving mental health for women and girls requires early intervention for depression and other mental disorders; with gender sensitive clinical care and support for recovery in primary health care, and mother, child and reproductive health settings. Early intervention in primary health care and collaboration with patients and family carers encourage integration of mental health with the health care system, in turn protective of human rights.

In addition, gender equity and observance of human rights need to be embedded in policy and practice in health and non-health sectors to ensure that women's mental health is promoted and mental illnesses adequately prevented and treated. Effective promotion of mental health and prevention of mental disorders is possible in countries of all income levels.

Disclosure of interest The author has not supplied his declaration of competing interest.

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S003

The needs of women users of mental health services and their families

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Aim Understand the needs of women users of mental health services and their families and discuss consequences.

Method Non-systematic review of concepts and data regarding the needs of women users of mental health services and their families.

Results inequity and inefficiency of mental health resources affect men and women all around the globe. Some important mental health needs as well as barriers to care are gender-specific. Women have specific needs in specific phases of life, e.g. the perinatal period, as well as specific risk factors, e.g. interpersonal violence and sexual abuse. Developments of women only services as well as the implementation of gender-specific approaches in routine care are underway and need to be evaluated, amended and expanded. Training as well as research requirements are numerous and urgent. Family carers are an essential mental health resource. A majority is female with significant unmet needs. Family advocacy in mental health is prominently supported by female activists as is the psychiatric user movement. Because of the cumulation and the interaction of gender-based and other forms of discrimination, legislations such as those following the UN-Convention on the rights of persons with disabilities include specific provisions for women and girls with psychosocial disabilities.

Conclusions Mental health stigma and discrimination interact with gender inequality and the discrimination of women and girls to their mental health detriment. Clinical and scientific responsibilities in mental health essentially include gender-specific attention to the needs of women and girls and their families.

Disclosure of interest The author has not supplied his declaration of competing interest.

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S004

Women mental health and trafficking

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“Trafficking in persons,” “human trafficking,” and “modern slavery” have been used as umbrella terms for the act of recruiting, harboring, transporting, providing, or obtaining a person for compelled labor or commercial sex acts through the use of force, fraud, or coercion. Trafficking in persons is an insult to human dignity and an assault on freedom, and robbing basic human rights (US Report, 2015). Reliable data on trafficking are difficult to obtain owing to its illegal nature; the range and severity of trafficking activities; and variations in how trafficking is defined. It is supposed that 49 per cent of the victims are women, 21 per cent girls, 18 per cent men and 12 per cent boys. 53 per cent were involved in sexual exploitation and 40 per cent in forced labor (UN, 2014).

Research findings show that the limitations of current methodologies affect what is known about human trafficking and health. Moreover, findings demonstrate an urgent need for representative and non-purposive recruitment strategies in future investigations of trafficking and health as well as research on risk and protective factors related to human trafficking and health, intervention effectiveness, long-term health outcomes. The psychological impact of victimization may be more severe than the physical violence. Victims who have been rescued from sexual slavery, typically present with various psychological symptoms and mental illnesses, including the following: Post-Traumatic Stress Disorder (PTSD), depression, anxiety, panic disorder, suicidal ideation, Stockholm syndrome, and substance abuse. In this talk current findings will be presented and discussed.

Disclosure of interest The author has not supplied his declaration of competing interest.

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Symposium: Improving physical health in patients with severe mental disorders

S005

Comorbidity of mental and physical disorders: A major challenge for medicine in the 21st century

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Demographic changes and successes of medicine in preserving and prolonging life are among the main reasons for the significant increase of comorbidity of mental and physical illness. The simultaneous presence of these disorders leads to a worse prognosis of both types of disorder, significant increases of cost of treatment and heightened mortality.

Although these facts are becoming known among members of the profession and among decision makers in the field of health little is done to provide adequate and timely treatment and care for all the diseases from which a person suffers. The fragmentation of medicine into ever finer and more narrow specialties contributes to the decreasing quality of care for people who have the misfortune of having comorbid mental and physical illnesses as does the stigma of mental illness which decreases the probability of timely help and leads to well documented discrimination of those who have mental illness in health services.

The paper will present some information about comorbidity of mental and physical disorders and suggest reforms of health care that might help to resolve the problems which comorbidity produces.

Disclosure of interest The author has not supplied his declaration of competing interest.

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S006

Exercise Interventions for Improving Mental and Physical Health in Schizophrenia

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Schizophrenia is a severe mental disorder that carries a high personal and socio-economic burden. Especially negative symptoms and cognitive impairments affect the long-term outcome and are the main contributors to disability. An often underestimated aspect of the disease are somatic comorbidities and the very high mortality rates of those with the disorder. The life expectancy is approximately 20 years below that of the general population and there is evidence that persons with schizophrenia may not have seen the same improvement in life expectancy as the general population during the past decades. Among others, lifestyle factors like sedentary behaviour, unhealthy diet, body weight and tobacco smoking are considered modifiable risk factors contributing to this excess mortality. Exercise interventions may be useful not only in attenuating symptoms of the disease but as well in help reducing risk factors for somatic comorbidities.

Disclosure of interest The author has not supplied his declaration of competing interest.

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S007

The impact of the change trial on physical health in people with schizophrenia



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Life expectancy in patients with schizophrenia is reduced by 20 years for men and 15 years for women compared to the general population. About 60% of the excess mortality is due to physical illnesses, with cardiovascular disease being dominant. The aim of this trial was to improve the cardiovascular risk profile.

Methods The CHANGE trial was an investigator-initiated, randomised, parallel-group, superiority, multi-centre trial with blinded outcome assessment. Patients diagnosed with schizophrenia spectrum disorders and increased waist circumference according (>88 cm for women, >102 cm for men), were recruited and centrally randomised 1:1:1 to 12-months of lifestyle coaching plus care coordination versus care coordination alone versus treatment as usual. The primary outcome was 10-year risk of cardiovascular disease assessed post-treatment and standardised to age 60, secondary outcomes included cardiorespiratory fitness and physical activity. ClinicalTrials.gov NCT01585493.

Findings A total of 428 participants were randomly assigned to the CHANGE intervention ($n = 138$); care coordination ($n = 142$); or treatment as usual ($n = 148$). At 12 months, the mean 10 years risk of cardiovascular disease was 8.4% (SD 6.7) in the CHANGE group, 8.5% (SD 7.5) in the care coordination group and 8.0% (SD 6.5) in the treatment as usual group ($P = 0.41$). We found no intervention effects for any secondary or explorative outcomes, including weight, cardiorespiratory fitness, physical activity, diet or smoking.

Interpretation The CHANGE trial did not support individual lifestyle coaching or care coordination as superior compared with treatment as usual in reducing the cardiovascular risk in patients with schizophrenia and increased waist circumference.

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

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Symposium: From prediction errors to disorders of compulsivity: A computational framework

S008

Elucidating the neural circuitry underlying individual differences in response to reward-associated cues



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USA

Stimuli in the environment that have been associated with reward can gain control over behavior and, in some cases, lead to maladaptive behavior. Reward cues acquire inordinate control when they are attributed with incentive salience or transformed into “motivational magnets” (i.e. incentive stimuli). Individuals vary

considerably in the extent to which they attribute incentive motivational value to reward cues, and we can capture this individual variation using an animal model. When rats are exposed to a Pavlovian conditioning paradigm, in which the presentation of a lever-cue is immediately followed by the delivery of a food reward, some rats preferentially approach the lever (sign-trackers, STs) while others approach the food cup (goal-trackers, GTs). Importantly, while the lever is a predictor for both STs and GTs, only for STs does it become an incentive stimulus. Thus, this model allows us to parse the neurobiological mechanisms underlying predictive vs. incentive learning processes. Using this model, we have demonstrated that dopamine is critical for incentive, but not predictive, learning and that the cortico-thalamic-striatal “motive circuit” is engaged only by incentive stimuli. In addition, we have identified the paraventricular nucleus of the thalamus (PVT) as a central node that differentially regulates sign- and goal-tracking behaviors. We have begun to utilize a chemogenetic approach (i.e. DREADDs) in combination with in vivo microdialysis to further elucidate the neural circuitry underlying individual variation in cue-motivated behaviors. Findings suggesting that STs rely primarily on subcortical mechanisms, whereas GTs utilize more “top-down” cortical processes will be presented and discussed.

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S009

A reinforcement-learning account of Tourette syndrome



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Background Tourette syndrome (TS) has long been thought to involve dopaminergic disturbances, given the effectiveness of antipsychotics in diminishing tics. Molecular-imaging studies have, by and large, confirmed that there are specific alterations in the dopaminergic system in TS. In parallel, multiple lines of evidence have implicated the motor cortico-basal ganglia-thalamo-cortical (CBGTC) loop in TS. Finally, several studies demonstrate that patients with TS exhibit exaggerated habit learning. This talk will present a computational theory of TS that ties together these multiple findings.

Methods The computational theory builds on computational reinforcement-learning models, and more specifically on a recent model of the role of the direct and indirect basal-ganglia pathways in learning from positive and negative outcomes, respectively.

Results A model defined by a small set of equations that characterize the role of dopamine in modulating learning and excitability in the direct and indirect pathways explains, in an integrated way: (1) the role of dopamine in the development of tics; (2) the relation between dopaminergic disturbances, involvement of the motor CBGTC loop, and excessive habit learning in TS; (3) the mechanism of action of antipsychotics in TS; and (4) the psychological and neural mechanisms of action of habit-reversal training, the main behavioral therapy for TS.

Conclusions A simple computational model, thoroughly grounded on computational theory and basic-science findings concerning dopamine and the basal ganglia, provides an integrated, rigorous mathematical explanation for a broad range of empirical findings in TS.

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S010

Neurobiological correlates of learning and decision-making in alcohol dependence



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The mesolimbic dopaminergic system has been implicated in two kinds of reward processing, one in reinforcement learning (e.g. prediction error) and another in incentive salience attribution (e.g. cue-reactivity). Both functions have been implicated in alcohol dependence with the former contributing to the persistence of chronic alcohol intake despite severe negative consequences and the latter playing a crucial role in cue-induced craving and relapse. The bicentric study “Learning in alcohol dependence (LeAD)” aims to bridge a gap between these processes by investigating reinforcement learning mechanisms and the influence that Pavlovian cues exert over behavior. We here demonstrate that alcohol dependent subjects show alterations in goal-directed, model-based reinforcement learning (Sebold et al., 2014) and demonstrate that prospective relapsing patients show reductions in the medial prefrontal cortex activation during goal-directed control. Moreover we show that in alcohol dependent patients compared to healthy controls, Pavlovian cues exert pronounced control over behavior (Garbusow et al., 2016). Again, prospective relapsing patients showed increased Nucleus accumbens activation during these cue-induced responses. These findings point to an important role of the mesolimbic dopaminergic system as a predictor of treatment outcome in alcohol dependence.

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Symposium: Assisted suicide: An issue for old age psychiatry?

S011

Euthanasia, physician assisted suicide in the Netherlands in dementia and late life psychiatric illness



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Background Although controversial in many countries, in The Netherlands euthanasia or physician assisted death has increased in patients with early stages of dementia, psychiatric illness and in conditions described as ‘being tired of life’ in the oldest old. There is a strong debate about this practice in the community and among professionals often with exclamation marks ranging from medical murder to providing ultimate care.

Objective To provide figures, describe current practice and debate in The Netherlands with regard to capacity evaluation in older psychiatric patients and end of life questions.

Methods Review of literature, case reports and own experience in the past decade.

Result and conclusion There are few studies on the important issue of capacity making in psychiatric patients. The research that was performed does not show that a high threshold of capacity is required for granting euthanasia. Research on physician-assisted death in early dementia is scarce. With regard to end of life questions the debate in The Netherlands is still ongoing.

Disclosure of interest The author has not supplied his declaration of competing interest.

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S012

Suicide and assisted suicide in Switzerland: Consequences for suicide prevention



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As in other countries, in Switzerland, the rate of suicide is highest in the elderly. Assisted suicide is allowed and mostly exerted by private organizations like EXIT. The number of assisted suicide cases has doubled during the last five years and is expected to increase. It is mainly committed by women. In the age group 80+ y the number is higher than the number of suicides. To reduce the number of suicides by 25% by 2030, the federal authorities have issued a national action plan in November 2016. It includes preventive means like reduction of access to methods (weapons, drugs), construction of bridges and buildings, education of lays and professionals and specific treatment of those who have attempted suicide. There has been a position paper of Swiss public health concerning suicide prevention in the elderly. Both papers will be presented and discussed.

Concerning assisted suicide there is a broad discussion on the control of the state and on the role of physicians in the process. A survey of Swiss physicians showed much ambivalence. Position papers of gerontological and geriatric societies focused on the role loneliness and the provision of adequate psychiatric help, e.g. for depression, and the overestimation of autonomy.

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S013

Mental health and social care providers facing requests of assisted suicide from elderly in nursing homes in Switzerland



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Introduction In some Swiss states, right-to-die associations are allowed to assist older people in nursing homes provided that certain requirements are fulfilled.

Objectives To investigate how health and social care providers and their institutions reacted to and dealt with requests of assisted suicide.

Method An exploratory qualitative study was carried out in the States of Fribourg and Vaud among 40 professionals working in nursing homes, home care services or social welfare agencies.

Results The requests of assisted suicide questioned the professional mission, the quality of accompaniment provided to the older people and both professional and personal values. Health and social

care providers were required to ponder over ethical dilemmas or decisions. Several challenges were reported, such as: taking into account and articulating personal freedom or needs with collective functioning or organizational constraints before, during and after the assisted suicide; reconciling self-determination with protection towards vulnerable people (beneficere, non maleficere).

Conclusions Assisted suicide challenges and changes professional end-of-life practices. Education and support should be provided to health and social care providers faced with it.

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Symposium: Is it possible to prevent Alzheimer's disease?

S014

Setting the scene: The evidence for pre-clinical change, projections of the impact of intervention, and implications for public health



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Alzheimer's disease has long been considered a neurodegenerative disorder of late life for which there is currently no disease-modifying treatment. This view is now being revised as increasing evidence suggests a long pre-clinical phase extending back into mid-life during which there is exposure to multiple potentially reversible risk factors. Further thought is now being given to the possibility of both early life intervention programs and development of new drug treatments focusing on the pre-dementia period. But how can the impact of such treatments be measured at this early stage since overt dementia may not be diagnosed for decades? In the four talks in this symposium, we will discuss evidence for pre-clinical change, theoretical models which have been used to project the possible impact of risk factor modification in mid-life and their integration into a future public health strategies. The development of new statistical risk models to determine the impact of such prevention measures will be outlined. We will consider the possibilities for drug development targeting the pre-clinical period before presenting the PREVENT Project and EPAD (<http://ep-ad.org/>), a multi-million euro IMI-Horizon 2020 funded project for the development of pre-clinical proof of concept trials. Titles of the four presentations: 1. Setting the scene: the evidence for pre-clinical change, projections of the impact of intervention, and implications for public health (TCR) 2. New statistical risk models for determining the impact of prevention measures in the pre-dementia period (GMT) 3. The PREVENT Study: a prospective cohort study to identify mid-life biomarkers of late-onset Alzheimer's disease (KR) 4. The European Prevention of Alzheimer's Dementia (EPAD) Project: developing interventions for the secondary prevention of Alzheimer's dementia (CWR)

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Symposium: Upscaling mental healthcare - Implementing guidance and mental health care recommendations in Europe

S015

How can guidance recommendations contribute to better mental health?



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Introduction In European countries, the quality of mental healthcare services is often limited due to scarce and inequitable distributed resources, and inefficient use of existing resources. Against this background, the EPA Guidance provides recommendations on how to optimize quality of mental healthcare for all European countries.

Objectives Provision of guidance recommendations in order to support optimization and harmonization of mental healthcare services in European countries.

Methods By means of evidence and consensus-based methods EPA guidance papers are developed by experts in psychiatry and related fields [1].

Results As of 2012, five EPA guidance series have been developed and published [2]. They focus on various aspects of mental healthcare and clinical situations that have not been covered by medical guidelines yet but are considered important to deliver high quality mental healthcare. Papers deal amongst others with topics relating to quality assurance of mental health services, as quality of mental health service structures and processes, and building trust in mental health services.

Conclusions EPA guidance recommendations can improve mental healthcare provision and thereby contribute to better mental health of persons receiving mental healthcare. For this purpose, recommendations need to be widely disseminated and implemented in European countries.

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S016

Implementation of EPA guidance - One way for all countries?



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The European Psychiatric Association (EPA) guidance project launched in 2008 has the aim of providing European psychiatry with guidance in topics, which are relevant for European mental health care. Guidance from a European perspective can be favorable against the background of a growing sense of Europe and the desirable associated harmonization on all levels of health care policy.

More precisely, the mission of the EPA guidance is defined as 'to improve quality of mental health care in Europe by disseminating written information based on best evidence and psychiatric practice, to facilitate countries learning from each other'.

In consonance with this need of a wider multinational perspective of European psychiatry, EPA adopted in 2012 through a deep change of its statutes a new membership structure that allows National Psychiatric Societies/Associations (NPAs) in Europe the possibility to become full members of EPA. Up to 40 NPAs corresponding to 37 countries and representing over 80.000 psychiatrists have responded positively to the offer and are now part of the Council of National Psychiatric Societies, the body within EPA that integrates them.

The Council of NPAs has become, in this way, a forum for its members to meet, discuss and work on issues concerning European psychiatry. One of the major issues is about the implementation of European guidance in mental health policy, teaching and learning psychiatry, best clinical practice in different areas, and quality indicators. This presentation provides further details on how participating societies could put these policies and recommendations into practice.

Disclosure of interest The author has not supplied his declaration of competing interest.

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Symposium: The natural history of bipolar disorders: from the age of onset to the long-term course

S017

How long is the interval between the onset and the initial management of bipolar disorder? A meta-analysis



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Objective To evaluate the length of the interval between the onset and the initial management of bipolar disorder (BD).

Method We conducted a meta-analysis using the preferred reporting items for systematic reviews and meta-analyses guidelines. Systematic searches located studies reporting estimates of the age of onset (AOO) and indicators of the age at initial management of BD. We calculated a pooled estimate of the interval between AOO and age at management. Factors influencing between-study heterogeneity were investigated using sensitivity analyses, meta-regression, and multiple meta-regression.

Results Twenty-seven studies, reporting 51 samples and a total of 9415 patients, met the inclusion criteria. The pooled estimate for the interval between the onset of BD and its management was 5–8 years (standardized difference, .53; 95% confidence interval, .45 to .62). There was very high between-sample heterogeneity (I^2 ¼ 92.6; Q ¼ 672). A longer interval was found in studies that defined the onset according to the first episode (compared to onset of symptoms or illness) and defined management as age at diagnosis (rather than first treatment or first hospitalization). A longer interval was reported among more recently published studies, among studies that used a systematic method to establish the chronology of illness, among studies with a smaller proportion of bipolar I patients, and among studies with an earlier mean AOO.

Conclusions There is currently little consistency in the way researchers report the AOO and initial management of BD.

However, the large interval between onset and management of BD presents an opportunity for earlier intervention.

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S018

Cognitive impairment in bipolar: Neurodevelopmental or neuroprogressive?



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Background Bipolar Disorders (BD) are common and complex diseases. Recent findings have provided evidence that impairments in cognition are evident in the various sub-groups of Bipolar Disorder and persist after resolution of acute episodes.

Method An opinion paper based on a narrative review of the field.

Results Quantifiable cognitive deficits are clearly found in Bipolar 1 and Bipolar 2 Disorders. These persist after recovery from acute episodes. The aetiopathogenesis of these phenomena is likely to be multifactorial. It seems clear that these cognitive impairments are not in general neurodevelopmental and for most are related to repeated episodes of illness [1]. However, the issues of sub-groups with differential profiles of impairment and the trajectory of cognitive change remain to be fully established. The effects of putative treatments (e.g., pharmacological, neurostimulation, cognitive remediation) are at an early stage of evaluation.

Conclusions Future efforts should focus on further integrating the current and emerging research findings into a coherent model, which generates testable hypotheses and allows treatment effects to be tested.

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No share holdings in pharmaceutical companies

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S019

Impact of age at onset on the long-term course of bipolar disorder



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Introduction Bipolar disorder (BD) typically starts in adolescence or young adulthood (early-onset; EO-BD), which may have different backgrounds and consequences than late-onset (LO) BD. There are controversies over pre-pubertal age of onset (AoO).

Objectives To give an overview of the various concepts of AoO in BD, the impact of AoO on subsequent illness course, and findings of the Stanley Foundation Bipolar Network (SFBN) with relationship to AoO.

Methods literature review and additional analyses of SFBN database.

Results BD usually begins with a depressive episode. SFBN-data reveal that an earlier AoO is associated with a less favourable prospective illness course (more depression, mood instability and rapid cycling), longer delay to first treatment, past history of suicide attempts, being abused in childhood abuse, more psychiatric and medical comorbidities. Comparison of the US sample with the European sample of SFBN showed an earlier onset in US patients.

Conclusion and early AoF of BD is associated with a poorer long-term outcome, despite adequate current treatment.

Disclosure of interest The author has not supplied his declaration of competing interest.

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S020

Age at the onset of a first episode of psychotic mania: Does it have an impact on outcome?



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Purpose Studies conducted in child psychiatry suggest that patients with earlier onset of psychosis have poorer outcome. Similar findings have been published regarding onset of bipolar disorder. However, few studies have been conducted in youth mental health program where these patients may actually receive treatment. Identification of subgroups with distinct need and outcome among first episode mania patients would facilitate the development of specific treatment strategies better suited to the actual needs of patients.

Methods Sixty-seven patients with a first episode of psychotic mania were followed up over 12 months after recovery from this initial episode. Syndromic and symptomatic outcome were determined with the brief psychiatric rating scale, functional outcome with the quality of life scale and premorbid adjustment scale sub items.

Results While 90% of patients achieved syndromic recovery (disappearance of manic syndrome) at 6 and 12 months, 40% had not recovered symptomatically, still presenting with depression and anxiety. Return to previous level of functioning was achieved only by 34% of patients at 6 months and 39% at 12 months. Age at the time of first manic episode with psychotic features was a significant predictor of recovery of functional level.

Conclusions While manic symptoms reduce quickly in most patients after a first episode of psychotic mania, an important number of patients still display symptoms of depression and anxiety after 12 months and 2/3 do not reach functional recovery. Younger age at first episode predicts risk of poorer functional outcome.

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Symposium: Negative symptoms: phenomenology, clinical aspects and neuroimaging

S021

Clinical psychopathology of negative symptoms: A phenomenological perspective



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Negative symptoms encompass a broad constellation of psycho-behavioral phenomena, including affective flattening, poverty of speech, alogia, avolition, social withdrawal, apathy and anhedonia. These phenomena obviously exert a substantial impact on personal autonomy, quality of life and broad functional outcomes, ultimately being an important challenge for clinical decision-making and therapeutic support. In recent years, the attention to negative symptoms in schizophrenia has revamped, boosting the development of new rating tools as well as a broader conceptualization of derivative constructs (e.g. apathy, amotivation, anhedonia). However, despite its behavioral expressivity, the in-depth phenotypic characterization of negative symptoms remains partly unaddressed. Similarly, their clinical intertwining with other non-productive clinical features (e.g. anomalous subjective experiences, cognitive-perceptual basic symptoms and schizotypal features) is generally overlooked. Therefore, the current presentation specifically offers a stratified overview of the phenomenology of negative symptoms filtered through lens of clinical psychopathology.

Disclosure of interest The author has not supplied his declaration of competing interest.

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S022

The Evolution of negative symptom constructs



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Introduction Negative symptoms represent a separate dimension of schizophrenia psychopathology, distinct from positive symptoms, disorganization and cognitive impairment. It is increasingly acknowledged that negative symptoms are associated with poor functional outcome and represent an unmet need in schizophrenia treatment. Improvement in definition of their phenomenology, assessment instruments and experimental models are needed in order to improve schizophrenia prognosis.

Aims The presentation will review key aspects of the evolution of negative symptom constructs. In particular, findings concerning phenomenology, clinical assessment, association with functional outcome and brain imaging correlates will be presented.

Methods We searched PubMed for English full-text publications with the keywords

Schizophrenia AND "negative symptoms"/"primary negative symptoms"/"deficit schizophrenia"/"persistent negative symptoms"/"affective flattening"/alogia/"expressive deficit"/apathy/asociality/"social withdrawal"/anhedonia/"anticipatory anhedonia"/avolition/neuroimaging.

Results The distinction between secondary negative symptoms (i.e., those due to identifiable factors, such as drug effects, psychotic symptoms or depression), and primary or persistent negative symptoms (i.e., those etiologically related to the core pathophysiology of schizophrenia) is grounded on solid research evidence and might have major implications for both treatment development and clinical care. The evidence that negative symptoms cluster in motivation- and expressive-related domains is founded on large consensus and empirical evidence and will foster pathophysiological modeling. The motivation-related domain is a stronger predictor of functional outcome than the expressive one.

Conclusions An improved definition and assessment of negative symptoms needs to translate in large-scale studies to advance knowledge. In the short-term, the improved identification of treatable causes of secondary negative symptoms can translate into better care for people with schizophrenia.

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S023

Progressive brain changes associated with persistent negative symptoms following a first episode of psychosis



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Early persistent negative symptoms (ePNS) refer to the presence of potentially idiopathic or primary negative symptoms and have been observed following a first episode of psychosis (FEP). There is evidence for cortical changes associated with ePNS and given that a FEP often occurs during a period of ongoing brain development and maturation, neuroanatomical changes may have a specific age related component. The current study examined cortical thickness (CT), hippocampal/amygdala volume and shape as a function of clinical trajectories and age using longitudinal structural imaging in FEP. T1-MRI scans were acquired for early ($n=21$), secondary ($n=30$), non- ($n=44$) PNS patients with a FEP, and controls ($n=44$). Cortical thickness and amygdalar-hippocampal volumes and surface area (SA) metrics were extracted from three time points over a two-year period. Linear mixed models were applied to test for a main effect of group, and age group interactions. Relative to the other groups, ePNS patients showed cortical thinning over time in temporal regions and a thickening with age primarily in prefrontal areas. They also exhibited reduced left amygdalar and right hippocampal volumes. Morphometry revealed decreased surface area in ePNS compared to other groups in left central amygdala. The current study demonstrates that FEP patients with ePNS show significantly different CT trajectories with age. Increased CT may be indicative of disruptions in cortical maturation processes within higher-order brain regions. Amygdalar-hippocampal changes with age are also linked to ePNS with converging results from volumetric and morphometric analyses. Taken together, these results could represent dynamic endophenotypes setting these ePNS patients apart from their non-symptomatic peers.

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

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Symposium: New avenues in the management of bipolar disorder

S024

Mania and depression: What's new?

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Despite the high burden of bipolar disorder and the noticeable progress in its treatment, the disorder still goes frequently mis-

diagnosed, unrecognized, or not optimally treated. To date, no medication has been specifically developed on the basis of a precise understanding of the pathophysiology of the disorder, or based on the unique characteristics of several subtypes of bipolar disorder or on the medication mechanism of action. Lithium remains one of the gold standard treatments for bipolar disorder. Its mood-stabilizing properties are thought to occur via specific cellular signaling pathways, such as inhibition of glycogen synthase kinase 3, which is considered to regulate cellular apoptosis. Divalproex, carbamazepine and several atypical antipsychotics are also approved for bipolar disease. Evidence also suggests that antipsychotics show the ability to treat and prevent mania and/or depression but are often burdened by side effects such as sedation, orthostatic hypotension and weight gain. Hence, while it is clear that there still are several unmet needs especially for what pertains tolerability, efficacy for specific subtypes, and predictability. Novel and more effective treatments are needed and researchers are currently engaging in targeted drug development for bipolar illness, aimed at improving pharmacological strategies with marked and sustained effects. A variety of newer medications are being tested. Some of these drugs target pathways that are similar to those targeted by lithium, while others focus on newer targets, such as opiate receptor and N-methyl-D-aspartate (NMDA) receptors. Newer and older treatment strategies for bipolar disorder will be presented and critically reviewed.

Disclosure of interest Andrea Fagiolini is/has been a consultant and/or a speaker and/or has received research grants from Allergan, Angelini, Astra Zeneca, Boehringer Ingelheim, Pfizer, Eli Lilly, Ferrer, Janssen, Lundbeck, Novartis, Otsuka, Roche.

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S025

The role of long acting antipsychotics in bipolar disorder



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Antipsychotics are widely used for the short and long-term treatment of bipolar disorder. Depot and long-acting injectable formulations (LAIs) can be particularly useful for certain subgroups of patients. This lecture will discuss the available data from randomized controlled trials of LAIs in bipolar disorder. A recently published meta-analysis and individual studies assessing depot medications, as well as modern LAIs such as risperidone, paliperidone and aripiprazole, will be reviewed, looking carefully into the prevention of either pole of illness and tolerability. Potential indications and patient profile, based on data and clinical experience, will be discussed.

Disclosure of interest The author has not supplied his declaration of competing interest.

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S026

Managing cognitive dysfunction in bipolar disorder



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Cognitive dysfunction, including memory and concentration difficulty, is an emerging treatment target in bipolar disorder. However, a key challenge in the management of these cognitive deficits is the lack of treatments with robust effects on cognition. Further, it is unclear how cognitive dysfunction should be assessed and addressed in the clinical treatment of the disorder. This talk will review the evidence for cognitive impairment in bipolar disorder, including its severity, persistence and impact on patients'

functional recovery. It will then discuss when and how to assess cognition and present some new feasible screening tools for cognitive dysfunction. Finally, it will highlight some novel candidate cognition treatments.

Disclosure of interest I have acted as a consultant and received honoraria from Lundbeck and Allergan.

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Symposium: Human based psychiatry: from theory to practice

S027

Evidence-based medicine - A critical review

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Evidence-based medicine is a method to establish best practice recommendations based on graded recommendations for diagnostic and therapeutic issues in health care. In mental healthcare, evidence-based medicine has shown that the therapeutic procedures are efficient and can help to not only ameliorate the symptoms of mental disorders, but also to improve the quality of life of those affected by mental disorders. Evidence-based medicine is not, however, cookbook medicine. While evidence is mostly generated in larger group trials and should be applicable to the majority of cases, aspects of the personal situation, social support systems and legal boundaries all affect mental healthcare and may modulate the interpretation of the findings of evidence-based medicine. A human-based psychiatry will therefore need to use the methods of evidence-based medicine as a basis for diagnostic and therapeutic recommendations, but will also need to extend into the acknowledgements of personal accounts, traditions and the cultural framework, in which mental healthcare is provided. This presentation will highlight some of the issues associated with the questions of the roles of evidence-based medicine in mental healthcare, and in a human-based approach towards mental healthcare.

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S028

Theoretical background of human based psychiatry

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Every medical intervention is embedded in the prevailing spirit of its particular time. The world of modern medicine that is still shaped by positivism is often revered as a world of rational calculation and reason, a world in which mathematical calculation and so-called objectivity are prized above all else. Indeed, today's modern medicine in general and its battlewagon evidence-based medicine is a world of sober number games, reduction and fragmentation, of demystification and de-subjectification. As important and indispensable the achievements of EbM are, it nevertheless

needs to be expanded by a medicine, which focuses not just on illness and its treatment but which places the concrete individual with all his or her sufferings and potentials. Such a human-based medicine (HbM) is no longer indebted to modern positivism, but seeks its foundations in the maxims of post-modernism. Moving away from classical "indication-based medicine" toward a medicine based on human sufferings and potentials necessarily requires a fundamental change in diagnostics and treatment.

Disclosure of interest The author has not supplied his declaration of competing interest.

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S029

Human based psychiatry in clinical practice

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World Psychiatric Association

Human based medicine and human based psychiatry are contemporary approaches to the theory and practice of medicine and psychiatry. It is a post-modern way of re-thinking psychiatry enriched by humanities, especially philosophy. In questioning the current research and praxis of psychiatry, it shares the statement by Wittgenstein, "what a curious attitude scientists have": 'We still don't know that; but it is knowable and it is only a matter of time before we get to know it as if that went without saying. So, here, our problematic is not only 'what and how much we do' but also 'how and why we do'. The clinician's main challenge is harmonizing the current available 'scientific universal knowledge' and the 'uniqueness' of that specific person in need of help. In achieving this task, the importance of the synthesis of the clinician's perspective and patient's perspective will be elaborated using depression as a case example. It will be stated that an empathetic understanding of depression, through a subjective, experiential and narrative-centered approach must become a primary concern by building a joint, ongoing, re-construction process of clinical assessment, formulation and treatment. There is no meta-theory explaining "the clinical truth". From the perspective of a human based psychiatric practice, in fact, we do not need such a meta-theory, but instead, we need multi-level/multi-dimensional approaches, also taking the narrative into consideration. We suggest the clinicians to be modest, honest and respectful towards "the clinical truth".

Disclosure of interest The author has not supplied his declaration of competing interest.

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S030

Current hot topics in working with service users and family carers towards a human based psychiatry

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Context The significant role of family as a resource for mental health, psychiatric care and recovery and rehabilitation is well documented. However, despite ongoing family advocacy the situation in most settings is still characterized by significant unmet needs and lack of resources and expertise in working with families.

Key messages This presentation will highlight pertinent issues and present data, concepts and experiences towards an improvement of partnership work with users of services and their families in a human based context.

Topics will include the needs of specific types of relatives, such as siblings, children, partners, grandparents, members of the peer group of friends as well as the need for support for families without patient consent. Recent developments with regard to individual

and group therapy as well as multilevel interventions to further family advocacy and the fight against stigma and discrimination will be presented and discussed.

Special attention will be given to new roles and responsibilities arising from the historical challenge of the UN-Convention on the Rights of persons with disabilities for mental health professionals, users of services as well as relatives and friends including changes in national guardianship laws, new rights to patient autonomy as well as new entitlements for support for living in the community including the right to family life, reasonable accommodation and supported decision-making.

Conclusion Current developments with regard to needs and rights of users of services and their families and friends urgently warrant attention and common efforts in Trialogue and other participatory approaches.

Disclosure of interest The author has not supplied his declaration of competing interest.

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Symposium: When forensic-psychiatric care becomes a matter of culture: Challenges of trans-cultural psychiatry in forensic settings

S031

Working with traumatized immigrants with a PTSD diagnosis

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Graef-Calliess Iris (Germany).

Germany has always been an important host country for asylum seekers. Although recently an increasing number of investigations about mental health of specific migrant groups have been published in Germany, there is a paucity of research concerning mental health of traumatized asylum seekers. The aim of the presentation is to present study results which describe socio-demographics, types and frequency of traumatic experiences, psychiatric diagnoses, suicidality and time to access to mental health care in traumatized asylum seekers who applied to an outpatient department of a clinical center with high expertise in transcultural psychiatry and psychotherapy in Hannover, Germany. The study shows that most of the traumatized asylum seekers had experienced multiple pre-migratory traumatic events, had unfavorable post-migratory conditions, had PTSD and depressive disorders as diagnoses, and had high suicidality and late access to mental health care. This is indicative of the mental health situation of asylum seekers in Germany in general. Ways of dealing with this challenge for the mental health care system and options for clinical management will be presented.

Disclosure of interest The author has not supplied his declaration of competing interest.

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S032

Pathways to violent extremism and risk assessment of terror detainees

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Introduction Violent extremism has become an important challenge for forensic professionals in prisons. In Belgium, cities like Brussels and Antwerp saw the rise of recruitment hotspots for violent extremism and foreign fighters. Prisons are well-known places

where radicalization occurs. Belgium has the most foreign fighters that left to fight in Syria in Europe. Subsequently, incarcerations of radicalized men and women rose for joining terrorists groups. These events have triggered a need to train psychosocial services in prisons into understanding radicalization and the risk assessment of terror detainees. Mental illness in contrast, is known to be rare amongst violent extremists, and risk assessment as well as advising on reintegration will need specific tools for psychosocial services to advise on reintegration.

Aims The current presentation aims at showing insight into pathways towards violent extremism and introduce risk assessment of terror detainees.

Methods We assembled literature on follow-up and pathways that lead to radicalization and even to violence extremism. Radicalization is not new, whether it stems from religious, political or other motives. This resulted in important literature on different trajectories towards radicalization.

Results We will give an overview of the pathways towards violent extremism (Dean, Moghaddan, Bjorgo) and on risk assessment tools (VERA-2, Pressman)

Conclusions Radicalization happens stepwise in different ways and leads to different types of violent extremists. Pivotal points follow a cognitive opening in the minds of people that might push and pull people towards radicalization and violence. Cases will be used to describe the different types and pathways.

Disclosure of interest The author has not supplied his declaration of competing interest.

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S033

Role of detention in the process of radicalization

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Role of detention in the process of radicalization and opinions about detention regime and approach for the prevention of radicalization in jail.

Following the terrorist attacks in Paris and Brussels, more attention is being paid to the factors, which play a role in the radicalization process of some Western youth. It was found that a large number of radicalized youth have a history of detention and that often this period of detention played a key role in radicalization. As a psychiatrist working in a prison with a high security department where many suspects of terrorism are incarcerated stay, I was asked to advise on the detention regime and on the way of dealing with difficult inmates. In this presentation I would like to elaborate on the elements during detention which determine the process of radicalization of certain prisoners, based on the current knowledge about the radicalization process and on the knowledge about the background of radicalized individuals in combination with own observations and findings about the detention regime in prisons.

Disclosure of interest Nils Verbeeck.

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Symposium: The role of the telomere-telomerase system in psychiatric disorders and treatments: Underlying mechanisms linking mental illness with cellular aging

S034

Telomere length and depressive and anxiety disorders: Longitudinal associations and underlying mechanisms

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Many psychiatric disorders have been associated with increased risk of mortality and various aging-related somatic diseases. In addition to unhealthy lifestyles, also various stress-related physiological processes likely play a role in explaining these detrimental health consequences of psychiatric disorders. The impact could be visible at the cellular level, with psychiatric patients presenting more signals of physiological aging for instance as determined by measuring telomere length. In this talk we will first highlight the current state-of-the-art evidence that various psychiatric conditions, including e.g. depression, anxiety and PTSD, are associated with shorter telomere length. Second, we will provide results from the Netherlands Study of depression and anxiety ($n = 2981$) that tested longitudinal associations using 6 year data on psychiatric status and telomere length. These results indicate that the association between depressive and anxiety disorders with telomere length is stable over time, and doesn't show many dynamic associations. Finally, in the same study we have also tested to what extent lifestyle and dysregulations of physiological stress systems such as the immune, HPA-axis and autonomic nervous systems are partly responsible for the observed shorter telomere length in depressed or anxious patients. Results indicate that especially smoking behavior and systemic inflammation partly contribute to the shorter telomere length, but can't completely explain found associations.

In sum, this talk will highlight the current state-of-evidence for an association between various psychiatric conditions with shorter telomere length, and will provide insights into its dynamics and its contributing mechanisms.

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

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S035

The role of telomeres and telomerase in the clinical effect and mechanism of action of psychopharmacological interventions

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Originally studied in relation to aging and cancer research, telomeres and telomerase are now also investigated in relation to psychiatric disorders and treatments. Based on findings emerging from clinical and preclinical data, we hypothesize that the telomere-telomerase system represents a novel element mediating the mechanism of action of certain psychopharmacological interventions.

In this symposium I'll present the preliminary evidence on the complex translational relationships between specific psychiatric

medications (i.e. antidepressants, lithium and antipsychotics), the telomere-telomerase system and clinical outcomes. The modulation of intracellular Wnt/b-catenin or PI3 K/Akt signaling pathways, the interaction with BDNF and 5-HT, and the antioxidant properties could represent possible mechanisms by which the different types of psychiatric medications could modulate telomere length and telomerase activity. The potential of the telomere-telomerase system in promoting cellular survival and/or function in the brain and in the periphery could, in turn, represent a neurobiological substrate through which these molecules can mediate the therapeutic effect of such interventions.

Further, in the present symposium I'll show data from our research team on telomere length and telomerase activity in leukocytes predicting clinical response to serotonin-specific reuptake inhibitors (SSRIs) in subjects with major depressive disorder.

Disclosure of interest The author has not supplied his declaration of competing interest.

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S036

Can reducing psychological distress slow down the rate of telomere attrition?

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Specific types of cognitions and mental processes may lead to greater stress arousal and may subsequently impact cell longevity. The study of telomeres and telomere-related molecular systems may provide a pathway for exploring the link between psychological domains and cell physiology. Based on findings emerging from clinical and preclinical data, we hypothesize that the telomere-telomerase system contributes to explain certain biological underpinnings of psychological interventions.

In this symposium we'll present the preliminary evidence on the complex translational relationships between specific psychological domains (i.e. childhood adversities, stressful life events, mindfulness-based interventions and perceived distress), the telomere-telomerase system and clinical outcomes. Further, we'll discuss preliminary data on the effect of mindfulness- and meditation-based interventions on cellular ageing and disease-associated molecular phenotypes.

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

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S037

Evidence of accelerated biological ageing in post-traumatic stress disorder

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Post-traumatic stress disorder (PTSD) is a common and debilitating condition, affecting between 10–20% of soldiers returning from combat zones, and with even higher prevalence rates in Veterans Affairs healthcare settings. PTSD is associated with an increased risk for various medical illnesses, many of which are commonly seen with older age. This raises the possibility that PTSD is associated with accelerated biological aging at the cellular level. Accelerated biological aging occurs when biological age outpaces chronological age, and this process is driven by a number of biological mechanisms including immune activation, oxidative stress, and mitochondrial dysfunction.

In this workshop I will present data from our research group and others pertaining to the biological mechanisms underlying accelerated cellular aging in PTSD. Most, but not all, studies have found that PTSD is associated with shorter mean leukocyte telomere length, an indicator of accelerated cellular aging. Mitochondrial dysfunction has been implicated in PTSD and our research group found evidence of a “u-shaped” relationship between PTSD symptom severity and mitochondrial DNA copy number. For what concerns immunity, we have recently found that PTSD subjects have increased blood levels of pro-inflammatory markers, a more senescent and dysfunctional profile of NK cells and impaired synthesis of nitric oxide. Finally, I will discuss the possibility of accelerated *epigenetic* aging in combat-exposed individuals with and without PTSD, using DNA methylation data.

Disclosure of interest The author has not supplied his declaration of competing interest.

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Symposium: How to Integrate Stress - (Epi) Genetics and Imaging and What Does It Tell Us

S038

Stress Hormone System and Epigenetics in Depression



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Background Exposure to early life adversity (ELA) has been identified as a major risk factor in the development of major depressive disorder (MDD). It is hypothesized that a mediating mechanism may be environmentally induced alterations in gene function. In our REDEEM (Research in depression: endocrinology, epigenetics and neuroimaging) project we are examining possible epigenetic difference in some previously investigated target genes relevant to depression. To this end, methylation of the following genes were measured: NR3C1 (HPA axis), SLC6A4 (serotonin neurotransmitter function), and CD3ε (T cell receptor gene). We also looked at possible trans-generational transmission of epigenetic markers in a mother-baby sample.

Methods DNA was isolated from depressed patients and controls and babies and a portion of the above genes, encompassing our regions of interest, were amplified by PCR. Percentage methylation levels were measured by pyrosequencing. mRNA was also measured for some gene products to see if function was related to methylation. HPA axis function was measured with serial saliva samples throughout the day.

Results to date: Methylation was increased in the CD3ε promoter in depressed subjects relative to controls. In the total group, those exposed to ELA had significantly increased methylation at this site. Levels of CD3ε mRNA levels were inversely related to methylation. There were some relationships between maternal ELA and baby methylation at the sites examined.

Conclusions Consistent with an allostatic model of ELA damage, our findings suggest an alteration in epigenetic function in acquired

immunity and the HPA axis, mediated by ELA. Findings will be discussed.

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

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S039

Stress and the serotonergic system, observations from pet imaging



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Introduction Stress response and the neuroendocrinologic factors through which it is mediated are disturbed in anxiety and in affective disorders. While acute stress is thought to result in hypothalamus-pituitary-adrenal- (HPA) axis hyperactivity (Varghese 2001), chronic stress may result in decreased HPA-response (Booij 2013). Antidepressant treatment, on the other hand, is thought to realign HPA-axis activity (Schüle 2007).

On the other hand, dysregulation within the serotonergic neurotransmitter system is understood as a central moderator in the pathophysiology of affective and anxiety disorders. Serotonergic transmission both regulates- and is regulated by- glucocorticoids. Cortisol results in an increase in serotonin synthesis and release while serotonergic transmission is thought to downregulate HPA-axis activity (Lanfume, 2008). Positron emission tomography (PET) studies have demonstrated the link between the serotonergic system and the HPA-axis in humans in vivo. For example, a negative correlation between cortisol and 5HT_{1A} receptor levels in various brain regions has been shown (Lanzenberger, 2010). SERT expression, on the other hand, was shown using PET to be positively related to HPA-axis reactivity (Frokjaer 2013).

Methods n.a.

Aims Available literature on interactions between the HPA-axis and the serotonergic system will be discussed with a focus on data acquired via PET studies.

Results n.a.

Conclusions The interaction between the serotonergic system and the HPA-axis is likely bilateral and may be understood as a neurobiological link by which stress may foster the development of depression and anxiety.

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S040

Association of stress hormone system, epigenetics and imaging



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Introduction Major depressive disorder (MDD) is a common psychiatric condition, affecting up to 350 million people worldwide. Its pathogenesis seems to involve dysregulation of the hypothalamic-pituitary (HPA) axis and inflammation as key elements of the condition. Stressful life events and in particular early life adversity seem to play an important role as risk factors for MDD. Epigenetic, which has been found to impact in the transcription of genes, seem to be associated with brain structure and function. Aim of the research was to provide an overview about neuroimaging (epi)-genetics in MDD.

Methods Functional MRI, epigenetic and genetic information was obtained in a cohort of patients with MDD and healthy controls. Associations between, early life adversity, methylation of FKBP5 and SLC6A4, genetic variants and brain function and connectivity have been analysed.

Results Higher methylation of SLC6A4 gene was associated with higher BOLD response during emotion processing and lower BOLD response during higher order cognitive processes. Healthy participants with higher SLC6A4 methylation involved prefrontal cortical regions to a greater extent than the participants with lower SLC6A4 methylation, when trying to switch attention away from negative emotional stimuli (Frodl et al., 2015). Moreover, FKBP5 methylation was association with HPA axis functioning and amygdala brain function in patients with MDD. FKBP5 methylation also was related to grey matter volume.

Conclusions Our study provides further support to the hypothesis that DNA methylation plays a role. Particular peripheral DNA methylation states of MDD candidate genes are associated with brain function during emotion processing in patients with MDD.

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

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S041

Disadvantage of social sensitivity: interaction of oxytocin receptor genotype and child maltreatment on brain structure

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Background Oxytocin has received much attention as a pro-social and anxiolytic neuropeptide. In human studies, the G-allele of a common variant (rs53576) in the oxytocin receptor gene (*OXTR*) has been associated with protective properties such as reduced stress response and higher receptiveness for social support. In contrast, recent studies suggest a detrimental role of the rs53576 G-allele in the context of childhood maltreatment. To further elucidate the role of *OXTR*, gene by maltreatment (G×E) interactions on brain structure and function were investigated.

Methods *n*=309 healthy participants genotyped for *OXTR* rs53576 underwent structural as well as functional MRI during a common emotional face-matching task. Childhood maltreatment was assessed with the Childhood Trauma Questionnaire (CTQ). Gray matter volumes were investigated by means of voxel-based morphometry (VBM) across the entire brain.

Results Structural MRI data revealed a strong interaction of rs53576 genotype and CTQ-scores, mapping specifically to the bilateral ventral striatum. GG homozygotes but not A-allele carriers showed strong gray matter reduction with increasing CTQ-scores. In turn, lower ventral striatum gray matter volumes were associated with lower reward dependence, a pro-social trait. Furthermore, the G-allele was associated with increased amygdala responsiveness to emotional facial expressions.

Conclusions The findings suggest that the G-allele constitutes a vulnerability factor for specific alterations of limbic brain structure in individuals with adverse childhood experiences, complemented by increased limbic responsiveness to emotional interpersonal

stimuli. While oxytocinergic signalling facilitates attachment and bonding in supportive social environments, this attunement for social cues may turn disadvantageous under early adverse conditions.

Disclosure of interest The author has not supplied his declaration of competing interest.

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Symposium: using technology to respond to the mental health needs of refugees in europe: mobile devices, telemedicine, and outcomes management

S042

The use of a telemedicine model and its logistics to reach as many european refugees as possible

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The little Prince psychiatry centre, Copenhagen, Denmark

Current refugee crisis challenges mental health care systems all over the Europe. There is a number of research describing difficulties in dealing with cross-cultural patients. Access to relevant care as well as its availability are often limited due to: a) lack of respective qualified resources b) linguistically, cultural and even racial barriers in addressing of mental health care needs of cross-cultural patient population. By use of various e-Mental health applications, primarily videoconference, we may improve assessment and/or treatment of refugees and asylum seekers on distance e.g. Arabic speaking psychiatrist located in Sweden would be able to assess and/or treat refugees from Syria located in Germany). Specialized centers for treatment of refugees would also be able to get second-opinion service from remote experts and use it in order to confirm or re-consider diagnosis as well as the treatment options. Establishment of international network of cross-cultural experts enables to:

- Improve the mental health care across national boundaries by providing psychiatric consultations to other countries within EU
- Conduct International Treatment Team with Select Skills (e.g. Sign Language and Many Foreign Languages Staff)
- Provide Distance Supervision and Staff Consultation
- Provide Psycho Education of caregivers
- Improve Distance Learning via Case Conferencing and Best Practice Demonstration Across the National Boundaries
- Create Data Base over cross-cultural and other select skills professionals within EU

Disclosure of interest The author has not supplied his declaration of competing interest.

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S043

Preliminary results of USA-European field trial on the use of patient-reported measures in a mobile application and potential uses in refugee populations

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Introduction The use of patient-reported outcome measures in psychiatric practices in the United States is still in its beginning phases. More research is needed to determine the usefulness of such measures and the optimal methods to present them to patients and practitioners in routine care settings.

Objectives This presentation will describe the research plan for testing a group of patient-reported outcome measures using digital applications. Potential opportunities for use in underserved refugee populations will be presented.

Methods The outcome measures were selected from those recommended in DSM-5 Section III, including cross-cutting symptom and disability measures. A user-friendly digital application was developed for data collection, synthesis, and presentation. The research plan has three phases: focus groups with patients and clinicians, piloting of methods, and the main study, a pragmatic trial comparing treatment outcomes using outcome measurement versus usual care.

Results Results of the focus group sessions will be presented, along with changes made to the measures and the digital application in response to these results. Current status of the research project will be discussed.

Conclusions The results of this research project will bring greater clarity to questions on the role of outcome measurements in improving quality of care and patient outcomes. With ever greater use of smart phones, tablets, and personal computers, digital technology has the potential to facilitate psychiatric assessment and treatment for underserved, difficult-to-reach populations such as refugees.

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

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Symposium: psychiatric care in Europe for people with intellectual disabilities: how to prevent abusive practices

S044

Mental health and social care regulation in Ireland: New ethical perspectives

P. Dodd

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This talk will outline the regulatory framework (both mental health and social care) currently in place in Ireland for people with intellectual disability (I.D.) and mental health problems, in the context of the varied nature of available mental health services. As not all aspects of service are currently under the regulatory system, potential ethical issues arise, and will be discussed.

In addition new legislation regarding the support of people with vulnerable decision making capacity will be outlined (Assisted Decision Making (Capacity) Act, 2015); potential ethical issues that are currently arising from this legislation will be explored and discussed.

Disclosure of interest The author has not supplied his declaration of competing interest.

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S045

Can positive community practice models help prevent abuse?

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All different types of abuse can happen to people with intellectual disabilities living in community setting. This can include physical abuse, including the use of restrictive practices, financial abuse by strangers but also by family and carers. They can also be victim to sexual abuse. Neglect is a relatively common concern, which is perhaps more likely in the community compared to institutional settings.

In this presentation we will discuss the fundamental balancing act between paternalism and autonomy that is so often an issue when supporting people with intellectual disabilities in the community, and how to decide where to draw the line in individual cases. We will consider a range of examples to illustrate this, including unlawful deprivation of liberty, people choosing life partners that others regard as unsuitable, why families might restrict access to services, and whether giving people more control over their care through direct payments and individual budgets can lead to financial exploitation.

Finally we will discuss potential solutions to preventing abuse including robust Safeguarding procedures, integrated working between health and social services, a program of Positive Behavioral Support, maximizing communication, promoting access to health and the recognition of mental health problems, how to disseminate training, and the importance of advocacy and regular review.

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

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Symposium: impulsivity, compulsivity, and behavioural addictions

S046

Common neural networks between ocd and behavioural addictions: Is ocd a behavioral addiction?

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The stereotypical portrait of an obsessive-compulsive patient is an excessively self-controlled, risk averse individual that acts in order to avoid potential loss or punishments. Although this portrait fits well with several clinical studies showing increased harm-avoidance in obsessive-compulsive disorder (OCD), more recent clinical, neuropsychological and neuroimaging studies challenged this idea and described a different portrait of OCD, showing several commonalities between OCD and addictions such as impulsivity, reward dysfunction and impaired decision-making. The results of these studies conflict with the stereotypical OCD portrait of doubtfulness and risk-aversiveness. In fact, these findings are prototypical for addiction and have led some authors in the last years to view OCD as a behavioral addiction. In our recently published article, we investigated the behavioral addiction model of



obsessive (OCD), by assessing three core dimensions of addiction in patients with OCD and healthy participants. Similar to the common findings in addiction, OCD patients demonstrated increased impulsivity, risky decision-making, and biased probabilistic reasoning compared to healthy controls. During the presentation we will discuss the behavioral addiction model of OCD by focusing on common neuropsychological and neurobiological circuitries.

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

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S047

Pharmacological management of impulsivity and compulsivity

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Increasingly patients present themselves to psychiatrists and other care providers with a specific request for treatment of one or more behavioral addictions. From a pathogenic point of view impulsivity and compulsivity are important drivers of these behavioral disorders, and as such may represent a target of pharmacological and broader neurobiological, e.g. Neuro-stimulation, treatment. Although currently treatment as usual has a focus on psychosocial and cognitive behavioral interventions, interest is growing toward the pharmacological interventions. In the presentation a state of the art will be presented regarding the pharmacological treatment of behavioral addictions, with a focus on Gambling Disorder and Gaming Disorder.

Disclosure of interest Member Advisory Board Lundbeck - Belgium.

Received funding from Belgian LOTTO for research into Cognitive Behavioral Therapy for Gambling Disorder.

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Symposium: New IT (information technology) applications in mental health: how we can improve outcomes?

S048

Results of the implementation of a Spanish computerized guideline for depression in primary care

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A new computerized CPG for Major Depression (e-CPG-MD) was integrated in electronic medical records of primary care in a 7 million population in Catalonia (Spain). An integrated design allows precise access in each patient visit, improving diagnosis, treatment and follow-up. It facilitates an evaluation of suicide risk in depressed patients.



Objective To evaluate the effects of a multifactor process of implementation of the e-CPG MD, analyzing its use and the key clinical outcomes.

Methods A cluster randomized clinical trial was performed in 10 primary care centers (PCC) in Barcelona. In five of ten centers a multifaceted implementation process of the e-CPG-MD was developed during 6 month. The others five PCCs received only an usual diffusion. The multifaceted process includes an establishment of local implementation teams, an interactive training program, regular feedback audits, educational outreach visits and periodic reminders.

Results At six month, a greater proportion of new MD patients from active PCCs were included in the e- CPG-DEP (4.1%+ 3.1% vs. 52.7%+ 7.3%, $p < 0.001$); the incidence of MD diagnostics of Major Depression increased significantly (rate quotient= 1.56, $p < 0.001$) and the proportion of cases with moderate and severe MD too (13.6% vs 41.1%, $p = 0.002$).

Conclusions A multifaceted implementation method of an e-CPG-MD increased significantly its uses, the registered incidence of MD and improved the capacity of recognizing severity. Further analysis is necessary in order to determine the impact on clinical outcomes.

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

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S049

Internet based interventions and patient generated bio- and self-monitoring data: How to use them for self-management in affective disorders

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Even in developed countries only a small minority of patients with depression and bipolar disorders receives treatment according to guidelines and the treatment gaps are especially pronounced concerning psychotherapy.

A variety of digital and internet based interventions have been developed mainly building on the principles of Cognitive Behavioral Therapy (CBT). A quite consistent finding is superiority compared to control groups with largest effect sizes when compared to waiting list controls, however the evidence provided by such studies is questionable. More support for efficacy is provided by studies showing a comparable efficacy compared to face-to-face CBT, however sufficiently powered non-inferiority studies compared to antidepressants or face-to-face therapy are needed. Such studies are necessary for deciding whether digital intervention should be integrated in the health care system mainly as a self-management tool or as an alternative to regular treatment with psychotherapy or pharmacotherapy.

A dynamic new area of research explores the value for self-management and treatment decision of longitudinal data generated by the patient via self-ratings, wearables and other biosensors as well as the pattern of smartphone use. Within the BMBF-funded study STEADY a platform will be developed which allows the individual patient to securely store and integrate these data and to analyze them using analytic tools involving time series analyses. An overview will be given of similar approaches started in the last years within mental health.

Disclosure of interest Within the last three years, Prof. Hegerl was an advisory board member for Lundbeck, Takeda Pharmaceuticals, Servier and Otsuka Pharma a consultant for Bayer Pharma and a speaker for Medice Arzneimittel, Novartis and Roche Pharma.



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S050

The NYMPHA-MD project: Next generation mobile platforms for health, in mental disorders



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Bipolar Disorder is a common and complex mental disorder with a prevalence of 1-2% and accounts as one of the most important causes of disability at age 15-44 years worldwide.

Electronic versions of self-monitoring tools and symptom registration using computers, personal digital assistants (PDAs), text messages, and web interfaces have been described in the literature and a large number of commercial Smartphone applications for patients with bipolar disorder are available.

The Next Generation Mobile Platforms for Health, in Mental Disorders project (the NYMPHA-MD project), funded by the European Union's Seventh Framework program for research, technological development and demonstration, focuses on the implementation of a Pre-Commercial Procurement of mobile e-health service for supporting physicians and patients in the treatment of bipolar disorder through continuous patients monitoring in order to dynamically support illness management and potentially identify early warning signs.

The NYMPHA-MD project will define the framework of a Pre-Commercial Procurement for the provisioning of next generation services advocated for mental health treatment with a special focus on bipolar disorder based on the use of new technologies, open standards and open platforms.

The NYMPHA-MD project will focus on identifying requirements involved in the structuring of mental health services with a focus on bipolar disorder treatment including medical, technological, patients, legal, ethical, policy, risk management and business-orientation needs in order to construct a reference model of service provisioning useful in different European contexts.

Disclosure of interest The author has not supplied his declaration of competing interest.

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S051

Neuropersonaltrainer-mh: A new computerized platform for the cognitive remediation in schizophrenia and bipolar disorders



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Schizophrenia and mood disorders -including unipolar depression and bipolar disorder-, are severe mental diseases with a highly heterogeneous symptomatology, among which cognitive dysfunction has progressively emerged as a key cornerstone. Patients suffering from these illnesses show significant deficits in different neurocognitive and social cognition domains. These deficits are evident during acute episodes, and in a high percentage of patients persist in periods of recovery, playing a decisive role on functional and clinical outcome. Nowadays, different pharmacological therapies have been tested, obtaining non-conclusive results. In this context, non-pharmacological strategies, such as neurocognitive remediation, have emerged as promising therapeutic intervention. Neurocognitive remediation comprises a program to rehabilitate cognitively impaired subjects, aiming either to restore their

cognitive functioning or to compensate them in specific cognitive domains. One evolving approach, beginning to receive attention for its initial promising results, is computerized cognitive training. This technique employs tasks or games that exercise a particular brain function which target specific neural networks in order to improve cognitive functioning through neuroplasticity in a given neural circuit. In this scenario, we report our recent results with neuropersonaltrainer[®]-MH; a module for neurocognitive remediation consisting in a computerized telerehabilitation platform that enables cognitive remediation programs to be carried out in an intensive and personalized manner. Our group has applied NPTMH[®] in a pilot study treating patients with early onset psychotic disorder with positive and promising results, involving an improvement in functionality, neurocognition, and social cognition performance. Furthermore, new trials in bipolar disorder and major depressive disorder have been recently started.

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

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Symposium: shame and guilt in clinical practice

S052

Shame & guilt: Definitions, antecedents and structure of experience



F. Oyebo

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Aims In this lecture I will define and distinguish between shame and guilt. I will then discuss the potential causes of shame and guilt and how these emotions manifest in behavioral and phenomenal terms. I will conclude by introducing a classification that deals with the varieties and nature of the pathologies of shame and guilt that are evident in clinical practice. I will rely on concepts developed by Karl Jaspers, Hans Jonas and Bernhard Schlink. In doing this I will be exploring the role of moral and juridical principles upon the experience of shame and guilt including the place of the imperatives of responsibility upon the experience of shame and guilt. I will argue further that shame and guilt are as important as other secondary emotions such as envy and jealousy but are not as examined and studied in clinical practice. I will make a case for the centrality of these emotions to an understanding of and response to particular clinical conditions in daily practice.

Methods N/A.

Results N/A.

Conclusions Shame and Guilt are both important emotions that are central to our understanding of and response to particular conditions in daily practice. Their antecedents and structure provide a basis for distinguishing between them.

Disclosure of interest The author has not supplied his declaration of competing interest.

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S053

Shame and guilt in mental disorders - diagnostics and treatment



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Guilt and shame are important human emotions, which have been studied by several different disciplines. Seminal and recent inputs in Psychology (particularly Psychoanalysis) and Psychiatry are

briefly reviewed including cross-cultural considerations and developmental psychology studies on these emotions. Yet this keynote focuses in the phenomenology and epistemology of guilt and shame as complex emotions. This includes considering that guilt is experienced in two moments (decompressed into a moment of negligence and another of guilt) while shame only in one moment (prolonged in a “frozen now”). All the inputs have suggested an operationalization of epistemic and phenomenonic differences considering their context, formal object, particular object and action tendency. Lastly it refers to the relation of these experiences with psychopathology and nosology concerning their adaptive and maladaptive nature, their relation with empathy as well as their presence in several disorders such as anxious, depressive and obsessive compulsive sorts.

Disclosure of interest The author has not supplied his declaration of competing interest.

<http://dx.doi.org/10.1016/j.eurpsy.2017.01.127>

S054

Shame and guilt inducing drugs

G. DiPetra



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The Author in this presentation examines the role of two complex human experiences, the Guilt and the Shame, in the field of the substances addiction. The population of abuser can be divided between users of sedatives and users of stimulants. Sedative drugs and stimulant drug belong to two different way of being-in-the-world. Sedative drugs are able to medicate the internal pain, which is constitutive of the guilt. Stimulant drugs are able to medicate the dysphoria, which is constitutive of the shame. In the realm of psychopathology Tellenbach with the concept of premelancholic personality in the guilty man and Kohut with the concept of narcissism in the tragic man have put the bases for a different typification. In both cases, the common final result, from a psychopathological point of view, is a severe crisis of the temporalization.

Disclosure of interest The author has not supplied his declaration of competing interest.

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Symposium: Challenges in Europe: refugees and asylum seeker patients in mental health

S055

Suicidal behaviour among asylum seekers in the Netherlands; prevalence, background and prevention

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Background Problems of asylum seekers are multiple and complex. Having experienced pre migration adversities, they face multiple post-migration living problems in the host country. In clinical practice suicidal ideations and suicidal behavior often occurs.

Objectives/aims To increase knowledge and give directions for preventive measures related to suicidal behavior among asylum seekers.

Method Literature, related to the subject, is summarized.

Results In this presentation the context of the reception of asylum seekers is explained. Data will be shown on suicides and suicidal

attempts among asylum seekers, in comparison with the Dutch population and with international data. Moreover an overview of qualitative and quantitative research findings will be shown on the many risk factors asylum seekers experience: traumatic experiences, loss, mental health problems, poor living conditions, fear to be expelled, uncertain future and post migration living problems. Attention will be given to the situation of imprisoned undocumented migrants in The Netherlands. Hobfoll's theory of the Conservation of Resources will be used to explain the increased risk for suicidal behavior and suicide among asylum seekers and undocumented migrants. Prevention strategies contain cooperation to decrease the risk factors, enhance the protective factors, early detection of signals, and good access to mental health care.

Conclusion Asylum seekers encounter many risk factors for suicidal behavior and suicide. The impossibility to get control over their lives and the lack of resources of resilience needs to be recognized as important risk factors. There is a need for cooperation between all professionals and volunteers to change this situation.

Disclosure of interest The author has not supplied his declaration of competing interest.

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S056

How to deal with growing racism and discrimination against refugees and asylum seekers in Europe?



L. Küey

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The growing number of refugees and asylum seekers pouring in Europe due to wars and armed conflicts constitute a great challenge for psychiatry and the mental health field. This challenge also includes the growing racism and discrimination against refugees and asylum seekers. Discrimination could be defined as the attitudes and behavior based on the group differences. Any group acknowledged and proclaimed as ‘the other’ by prevailing *zeitgeist* and dominant social powers, and further dehumanized may become the subject of discrimination. In a spectrum from dislike and micro-aggression to overt violence towards the other, it exists almost in all societies in varying degrees and forms; all forms involving some practices of exclusion and rejection. Hence, almost all the same specific human physical and psychosocial characteristics that constitute the bases for in-group identities and reference systems could also become the foundations of discrimination towards the humans identified as out-groups. Added to this, othering, rising from imagined and generalized differences and used to distinguish groups of people as separate from the norm reinforces and maintains discrimination.

Albeit the widespread exercise of discrimination against refugees and asylum seekers, peoples and mental health professionals also have a long history of aiming and practicing more inclusive ways of solving conflicts of interests between in-groups and out-groups. This presentation will mainly focus on the psychosocial aspects of the anti-discriminative efforts and search an agenda for the European Psychiatry in this regard.

Disclosure of interest The author has not supplied his declaration of competing interest.

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S057

Action plan of the WPA: Action plan which follows the objectives of the association relating to refugees and asylum seekers



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Recent mass movement of human beings in various parts of the world has brought several challenges. Not only refugees from Syria and Libya to Europe but also refugees, migrants and asylum seekers in Latin America bring specific set of issues with them. It is critical that clinicians are aware of both the vulnerability of individuals to mental ill health as a result of migratory experiences but equally importantly their resilience. The impact on the mental health of those who may be involved directly or indirectly in delivering care along with those new communities who receive these groups need to be taken into account when planning and delivering psychiatric services. It is essential to recognize that experiences of being a refugee or asylum seeker are heterogeneous. Being an asylum seeker carries with it legal definitions and legal imperatives agreed at international levels.

Policymakers and clinicians need to be aware of differential rates of psychiatric disorders in these vulnerable individuals and specific needs related to language, religious values and other cultural factors. Mental health problems may be related to experiencing cultural bereavement where individuals feel that they have lost their cultures, relationships and cultural values. Judicious and careful use of trained culture brokers and mediators should be encouraged as these individuals can inform the team about community needs and inform the community about the team functioning and its principles so that community expectations can be managed appropriately. Such approaches may also help reduce stigma against mental illness.

Disclosure of interest The author has not supplied his declaration of competing interest.

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Symposium: Child maltreatment and unfavourable clinical outcome

S058

Prevalence and consequences of bullying: What could healthcare services do for intervention?

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Bullying is the systematic abuse of power and defined as aggressive behavior or *intentional harm doing* by peers that is carried out repeatedly, and involves an imbalance of power between the victim and the bully. One in 3 children report having been bullied at some point in their lives, and 10 - 14% experience chronic bullying lasting for more than six months.

Longitudinal research indicates that children who were victims of bullying are at higher risk for common somatic problems, internalizing problems and anxiety or depression disorder, psychotic symptoms and are at highly increased risk to self-harm or think about suicide in adolescence [1]. The mental health problems of victims and bully/victims remain in adulthood. Indeed, we showed that peer bullying in childhood has more adverse effects on diagnosed anxiety and depression disorders than being physically or sexually abused or neglected by parents. Victims also report to have more trouble with making or keeping friends in adulthood and were less likely to live with a partner and have social support. In contrast, bullies had no increased risk for any mental or general health problems, were healthier than their peers, emotionally and physically.

Sadly, many bullied children suffer in silence. To prevent dropping out of school, violence against oneself (e.g. self-harm) and reduce

mental and somatic health problems, it is imperative for health practitioners, families and schools to address bullying.

Disclosure of interest The author has not supplied his declaration of competing interest.

Reference

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<http://dx.doi.org/10.1016/j.eurpsy.2017.01.132>

S059

Adolescent mental health outcomes of early adversities: Not a simple story



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Introduction Living creatures are shaped by their experiences in a constant process of adaptation. These experiences accumulate and so their relative weight diminishes across the lifespan. In children, the relative weight of new experience is high, and children's developing brains are programmed to learn like in no other life phase. Early adversities can thus have a major impact on later mental and physical health outcomes. However, the nature of impact of exposure to adversities early in life on further development is less straightforward than it may seem at first sight.

Objectives In this presentation, I will address and illustrate a couple of issues that manifest the complexity of this association.

Methods The data will come from TRAILS (Tracking Adolescents' Individual Lives Survey), a longitudinal study on the development of mental health from preadolescence into young adulthood, with bi- or triennial assessments from age 11 onwards, for a period of over fifteen years.

Results Results from various analyses indicate that early adversities do not lead to unfavorable outcomes in every person, and that the consequences of early adversities depend on their timing.

Conclusions The experiences that individuals encounter during development are incorporated in a continuous process of adaptation that shapes them and keeps on doing throughout life. Considering the complexity and individuality of these processes, it is inevitable that research findings are often heterogeneous, and effect sizes small.

Disclosure of interest The author has not supplied his declaration of competing interest.

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Symposium: gaming, gambling, behavioural addictions: challenges in diagnosis and treatment

S060

Pathological gambling, impulse control disorder or behavioural addiction: What do the data indicate?



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Objective The reclassification of PG as an addictive disorder is under debate for ICD-11. Data on psychiatric comorbidity and family history might provide the basis for a well-informed decision.

Methods We compared 515 male pathological gamblers from inpatient treatment units with 269 matched controls. Patients were diagnosed by experienced clinicians. In a random sample of 58 patients clinical diagnoses were validated through SKID 1 interviews [1].

Results 88% had a comorbid diagnosis of substance dependence (nicotine dependence 80%, alcohol dependence 28%). Only 1% of the gamblers had an impulse control disorder diagnosis. Compared with controls first degree relatives were more likely to suffer from alcohol dependence (27.0% vs. 7.4%), PG (8.3% vs. 0.7%) and suicide attempts (2.7% vs. 0.4%).

Conclusions In addition to recent papers on the neurobiology (Fauth-Bühler et al., 2016) and genetics of gambling [2,3], our findings support the classification of PG as behavioural addiction in the ICD-11 [4].

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

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S061

Neurobiological mechanisms of problem gambling and treatment

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Background and aims In the past decade, neurobiological research on pathological gambling has flourished. Based on neurobiological similarities between pathological gambling and substance use disorders and similarities in genetics, diagnostic criteria, and effective treatments, pathological gambling was the first behavioral addiction to be included in the DSM-5 within the revised category Substance-related and addictive disorders.

In this presentation novel findings from gambling research in our research group focusing on the role of impulsivity, anticipation towards monetary outcomes, and the interaction between stress and cue reactivity will be presented, with a focus on new functional MRI results. An overview will be given on the concepts of impulsivity and compulsivity in pathological gambling and relevant neurocognitive and neuroimaging findings. Implications of neurobiological research for novel intervention research, such as in neuromodulation studies and personalized medicine will be highlighted.

Keywords pathological gambling; gambling disorder; impulsivity; compulsivity; neuroimaging; craving

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

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S062

Internet addiction and the virtual self-image

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Background Internet gaming disorder appears to be associated with self-concept deficits and increased identification with one's avatar. For increased social network use, the few existing studies suggest striatal-related positive social feedback as an underlying factor. Furthermore, few study findings indicate that internet addicts generally have problems in emotional inhibitory control processing.

Methods Pathological and addicted internet gamers as well as social network users were compared with healthy controls regarding psychometric and neurobiological measures of self-concept-related characteristics, avatar identification and emotional inhibitory control processing.

Results and conclusion Psychometric results indicated that both subgroups showed higher self-concept deficits compared to healthy controls. Neurobiologically, different brain activation patterns were observed in the subgroups during self-knowledge retrieval and inhibition of emotional stimuli. Furthermore, addicted internet gamers showed a higher identification with the own avatar, mirrored in an increased left angular gyrus activation, a region functionally associated with identification processing and feelings of empathy.

These findings provide a starting point for the deduction of specific psychotherapeutic treatment approaches for addicted internet gamers and social network users.

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

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S063

Mobile phone addiction: Evidence from empirical research

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Introduction Recent technological innovations have led to a proliferation of mobile and smartphones, which have become the cornerstone of modern societies in the 21st Century in terms of communication, notifications and entertainment. Latest research however suggests that with the advantages offered by mobile technologies, smartphone use today may have a significant impact on mental health and well being. Overuse has been associated with stress, anxiety, depression and addiction.

Objectives This talk aims to highlight results of current mobile phone addiction research.

Aims To replicate and extend earlier research with regards to psychopathology (depression, anxiety and stress), mobile phone use and age on problematic mobile phone use and addiction.

Methods Individuals aged 16 and above participated in an online study that contained a pool of validated psychometric measures. Data were analyzed using Structural Equation Modeling.

Results Calls per day, time spent on the phone and using social media significantly predicted prohibited and dependent mobile phone use, whereas stress predicted dependent use only. Anxiety and depression did not significantly predict problematic mobile phone use. Findings also revealed that problematic mobile phone use is prevalent across all ages and both genders.

Conclusions The current results have implications for addiction to using mobile phones, and suggest teachers, parents and affected individuals may benefit from awareness and prevention efforts, respectively.

This talk is based on Kuss, D.J. et al. (2016). Problematic mobile phone use and addiction: The roles of psychopathology, mobile phone use and age. Under review, and was funded by the British Academy and NTU.

Disclosure of interest The author has not supplied his declaration of competing interest.

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Symposium: Early detection and early intervention for psychosis—the European status and perspectives

S064

The current European status

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In the last two decades, both early detection (ED) and early intervention (EI) programs and services have gradually become important and innovative components of contemporary mental health care. However, it is unclear whether ED/EI programs have consistently been implemented throughout Europe.

Here, we report results of the EPA Survey on ED/EI Programs in Europe in 2016.

A 16 item questionnaire was sent to representatives (presidents and secretariats) of 40 EPA National Societies/Associations (NPAs), representing 37 countries. The representatives were also invited to recommend a person for additional information about ED/EI services/programs in the country.

The response rate was 59.4% (22 NPAs). Fifteen out of 28 NPAs were from developed, and 7 out of 8 from economies in transition. ED/EI services have been implemented in 54.5% of the included countries, mean duration 10.0 ± 4.9 yrs. Mostly, neither ED were separated from EI, not the adults from adolescents. National plans to develop ED/EI were reported in four countries. Although national guidelines for schizophrenia exist in most of the countries (73.9%), specific chapters focusing on ED/EI and/or at-risk mental states were not included in the majority of them. Duration of untreated psychosis was unknown in 63.6%. In those who gave the estimation it was 12–100 weeks (median in weeks: 33 developed economies; 44 economies in transition).

The fields of ED/EI have been unequally developed across Europe. Still, many NPAs are without the development plans. EPA and its Sections should address the identified gaps and suggest how to harmonize services for the full range of assessments and interventions.

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

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S065

Diagnostic procedures for prediction of psychosis - Achievements and challenges

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Individualized prognostic predictions in people at clinical high risk are crucial to tailor suitable interventions and personalized prevention. Furthermore, in recent years, the synergy between fast-pace technical sophistication in neuroscience (e.g. neuroimaging and neurophysiological) and novel bio-statistical tools (e.g. machine learning algorithms) has accelerated the development of more inclusive predictive models and magnified the potential for such individualized risk stratification enriching classical psychopathological tools. However, the clinical translation of such research insights is still circumscribed and, despite incremental optimization of assessment tools, increasingly accepted criteria to characterize at risk mental states and tumultuous advance in the field, the prediction of psychosis at such individual level remains a not fully accomplished target.

Disclosure of interest The author has not supplied his declaration of competing interest.

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S066

Intervention in clinical high risk states - Current status and future perspectives

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Introduction During the last twenty years, international efforts advanced the prevention of psychosis considerably. However, improved predictions as well as well-tolerated and needs-tailored interventions are still required.

Objectives Prediction and Prevention of Psychosis

Aims Presenting the current state and new developments, including the European Union funded multi-center project PRONIA with regard to prediction (www.pronia.eu, 7th Framework Programme grant agreement n° 602152) and the German multi-center trial ESPRIT funded by the Federal Ministry of Education and Research (BMBF grants 01EE1407C and 01EE1407I) with regard to prevention.

Methods Results of meta-analyses will be presented and discussed with regard to achievements and challenges. Possible advances by current projects will be discussed.

Results Pharmacological as well as psychological prevention has been shown to reduce the incidence rate of psychosis in the respective samples considerably. However, particularly social and role functioning, which are prognostically most important, are still an unsolved challenge. Furthermore, new interventions providing an improved tolerability and acceptance by the patients are required. On the level of prediction, a further improvement of predictive validity, particularly with regard to individualized risk estimation is desired.

Conclusions The achievements in the field of prevention of psychosis are impressive, but further progress is needed. This should be achieved by studies like PRONIA, which aims at improving risk estimation by an advanced assessment concept as well as a sophisticated data analysis, and ESPRIT, which compares the effects of N-Acetylcysteine with an innovative, modular psychological



prevention program focusing not only stress and symptom management, but also social cognitive domains.

Disclosure of interest Consultant to Boehringer Ingelheim lecture fees by Boehringer Ingelheim, Otsuka travel grant by Servier.

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S067

Intervention in early psychosis - Current status and future perspectives



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Introduction The delay between psychosis onset and initiation of treatment (duration of untreated psychosis, DUP) is associated with a poorer treatment response and overall functional outcome. In Europe several early detection and intervention programs have been developed to reduce the DUP and promote Phase-specific Treatments (PsTs).

Aims To review the evidence of a) the effectiveness of European Early Interventions (EELs) in reducing DUP; b) an impact of PsTs on clinical and social outcomes; and c) EELs cost-effectiveness.

Methods A literature search in PubMed, PsychInfo, Cochrane and individual journals through cross-referencing was performed. All European Randomized Controlled Trials (RCTs) designed to reduce DUP and/or to implement PsTs for people with first-episode psychosis were included in the review.

Results Studies examining early detection programs compared with Standard Care (SC) reported discrepant findings as to their impact on the DUP. PsTs generally reduce hospitalizations and improve service engagement when compared with SC; their impact on other clinical variables, e.g. symptomatology and social functioning, is unclear. Studies assessing EELs cost-effectiveness in comparison with SC consistently report an advantage for EELs in the long run.

Conclusions EELs, as compared to SC, show several advantages that seem to result in an overall reduction in the cost of care. Therefore, the development of EEI is recommended.

On the other hand, some inconsistencies in the reported results suggest that EELs should include psychosocial interventions targeting unmet needs of schizophrenia patients, such as cognitive dysfunction and negative symptoms.

Disclosure of interest SG received honoraria or Advisory board/consulting fees from the following companies: Lundbeck, Janssen Pharmaceuticals, Hoffman-La Roche, Angelini-Acrif, Otsuka, Pierre Fabre and Gedeon-Richter. All other authors have declared.

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Symposium: Childhood trauma across psychopathology: mediators and outcome in clinical samples and molecular mechanistic correlates

S068

Childhood trauma in bipolar disorders: Familial and individual mediators for predicting occurrence and outcome



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Childhood trauma is highly prevalent in patients with bipolar disorder (BD) and has been associated to a more severe/complex expression of the disorder. Little is known about the familial and individual factors that can mediate the occurrence of trauma within families but also influence the outcomes of BD. We will present data from two independent samples of patients with BD in order to identify the potential mediators for occurrence and severity/complexity. In a first sample of 371 patients with BD, 256 relatives and 157 healthy controls, we will show that there is a familial resemblance for emotional and physical abuses. Patients' level of physical abuse was associated with their parental levels of physical abuse, but also with their father's history of alcohol misuse ($p < 0.05$). Second, in a sub-sample of 270 normothymic patients, we have performed a path-analysis to demonstrate that emotional and physical abuses interacted with cannabis misuse to increase the frequency of psychotic features and delusional beliefs. Finally, in an independent sample of 485 euthymic patients from the FACE-BD cohort we used path-analytic models to show that emotional abuse increased all the assessed affective/impulsive dimensions ($p < 0.001$). In turn, affect intensity and attitudinal hostility were associated with high risk for suicide attempts ($p < 0.001$), whereas impulsivity was associated with a higher risk for presence of substance misuse ($p < 0.001$). These results illustrate that childhood trauma might derive from parental characteristics (own childhood trauma and psychopathology) and increase the severity/complexity of BD through individual dimensions of psychopathology.

Disclosure of interest The author has not supplied his declaration of competing interest.

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S069

Childhood trauma and structural and functional brain mechanisms linked to psychopathology



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Background Childhood trauma increases the risk of a range of mental disorders including psychosis. Whereas the mechanisms are unclear, previous evidence has implicated atypical processing of emotions among the core cognitive models, in particular suggesting altered attentional allocation towards negative stimuli and an increased negativity bias. Here we tested if childhood trauma was associated with differentiation in brain responses to negative and positive stimuli. We also tested if trauma was associated with emotional ratings of negative and positive faces.

Methods We included 101 patients with a DSM schizophrenia spectrum or bipolar spectrum diagnosis. History of childhood trauma was obtained using the Childhood Trauma Questionnaire (CTQ). Brain activation was measured with functional MRI during presentation of faces with negative or positive emotional expressions. After the scanner session, patients performed emotional ratings of the same faces. Structural MRI was also measured.

Results Higher levels of childhood trauma were associated with stronger differentiation in brain responses to negative compared to positive faces in clusters comprising the right angular gyrus, supramarginal gyrus, middle temporal gyrus, and the lateral occipital cortex (Cohen's $d = 0.72-0.77$). In patients with schizophrenia, childhood trauma was associated with reporting negative faces as more negative, and positive faces as less positive (Cohen's $d > 0.8$).
Conclusions Along with the observed negativity bias in the assessment of emotional valence of faces, our data suggest stronger differentiation in brain responses between negative and positive faces in patients with childhood trauma.

Disclosure of interest The author has not supplied his declaration of competing interest.

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S070

Identification of a long lasting stress signatures associated with enhanced vulnerability for depression by using 'omics and cross species approaches

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Depression results from the interplay of vulnerability genes with environmental factors, a phenomenon named as 'gene-environment (GxE) interaction'. To date, GxE interaction studies have been limited to hypothesis-based candidate genes, since genome-wide (GWAS)-based GxE interaction studies would require enormous datasets with genetics, environmental and clinical variables. We used a novel, cross-species and cross-tissues "omics" approaches to identify genes predicting depression in response to stress in GxE interactions. We integrated the transcriptome and miRNome profiles from the hippocampus of adult rats exposed to prenatal stress (PNS) with transcriptome data obtained from blood mRNA of adult humans exposed to early life trauma, using a stringent statistical analyses pathway. Network analysis of the integrated gene lists identified the Forkhead box protein O1 (FOXO1), Alpha-2-Macroglobulin (A2M) and Transforming Growth Factor Beta 1 (TGFβ1) as candidates to be tested for GxE interactions, in two GWAS samples of adults either with a range of childhood traumatic experiences (Grady Study Project, Atlanta, USA) or with childhood emotional abuse only (Helsinki Birth Cohort Study, Finland). Six FOXO1 SNPs showed significant GxE interactions with emotional abuse in the Grady Study that survived stringent permutation analyses and were all replicated in the Helsinki study. In addition, other SNPs in all the three genes showed significant GxE interactions with emotional, physical and sexual abuse in the Grady Study. We therefore provide a successful 'hypothesis-free' approach for the identification and prioritization of candidate genes for GxE interaction studies that can be investigated in GWAS datasets.

Disclosure of interest The author has not supplied his declaration of competing interest.

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S071

Epigenetic signatures of early life adversities in animal models: A role for psychopathology vulnerability

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Stressful experiences early in life (ELS) represent one of the most relevant factors for the vulnerability to psychopathologies. Epigenetic changes, such as DNA methylation, have emerged as a major mechanism through which ELS can alter adult behaviour leading to persistent changes of gene regulation.

We performed DNA methylation analyses in the hippocampus and prefrontal cortex of adult rats exposed to stress during gestation (PNS), a model that is associated with persistent behavioral alterations relevant for psychiatric disorders.

Using an epigenome-wide analysis, an overlap of 893 differentially methylated genes was observed between hippocampus and prefrontal cortex of adult male and female rats exposed to PNS. The list includes several genes previously associated with schizophrenia and other psychiatric conditions, such as calcium and potassium

voltage operated channels as well as GABA and glutamate receptor subunits. By restricting the overlap to genes that were modulated in the same direction, we identified miR-30a as being less methylated in PNS rats. Interestingly one of the targets for this miRNA is the neurotrophin BDNF, whose expression was indeed reduced as a consequence of the prenatal manipulation. Interestingly chronic treatment of PNS rats with the multi-receptor modulator lurasidone during adolescence was able to prevent the changes in miR30a and BDNF expression.

These results highlight the importance for the identification of methylation signatures through which stress exposure early in life could engrave on the outcome of the adult phenotype, and may allow the identification of novel genes and pathways that are affected as a consequence of ELS.

Disclosure of interest M.A.R. has received compensation as speaker/consultant from Lundbeck, Otsuka, Sumitomo Dainippon Pharma and Sunovion. He has received research grants from Lundbeck, Sumitomo Dainippon Pharma and Sunovion.

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Symposium: Intergenerational transmission of parenting: Epigenetic, genetic, and psychological mechanisms

S072

Intergenerational transmission of well being—genetic and epigenetic mechanisms



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Introduction Maternal mental well being influences offspring development. Research suggests that an interplay between genetic and environmental factors underlies this familial transmission of mental disorders.

Objectives To explore an interaction between genetic and environmental factors to predict trajectories of maternal mental well being, and to examine whether these trajectories are associated with epigenetic modifications in mothers and their offspring.

Method We assessed maternal childhood trauma and rearing experiences, prenatal and postnatal symptoms of depression and stress experience from 6 to 72 months postpartum, and genetic and epigenetic variation in a longitudinal birth-cohort study ($n = 262$) (Maternal adversity, vulnerability and neurodevelopment project). We used latent class modeling to describe trajectories in maternal depressive symptoms, parenting stress, marital stress and general stress, taking polygenetic risk for major depressive disorder (MDD),

a composite score for maternal early life adversities, and prenatal depressive symptoms into account.

Results Genetic risk for MDD associated with trajectories of maternal well being in the postpartum, conditional on the experience of early life adversities and prenatal symptoms of depression. We will explore whether these trajectories are also linked to DNA methylation patterns in mothers and their offspring. Preliminary analyses suggest that maternal early life adversities associate with offspring DNA methylation age estimates, which is mediated through maternal mental well being and maternal DNA methylation age estimates.

Conclusion We found relevant gene-environment interactions associated with trajectories of maternal well being. Our findings inform research on mechanisms underlying familial transmission of vulnerability for psychopathology and might thus be relevant to prevention and early intervention programs.

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

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S073

Once and again: Intergenerational transmission of parenting



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Introduction Animal and human studies suggest that individual differences in maternal parenting behaviour are transmitted from one generation to the next.

Objective This study aimed to examine potential psychosocial mechanisms underlying an intergenerational transmission of conceptualization of parenting, including affect, cognition, and parental support.

Methods In a subsample of 201 first-time mothers participating in the Maternal Adversity, Vulnerability and Neurodevelopment (MAVAN) project, we assessed maternal childhood rearing experiences, using the Parental Bonding Instrument and the Childhood Trauma Questionnaire. At 6 months postpartum, mothers completed questionnaires on parenting stress, symptoms of depression, internalization of maternal care regulation and current relationship with mother and father.

Results We found significant direct associations of maltreatment and rearing by the grandmother with parenting stress at 6 months. These associations were mediated through distinct psychosocial pathways: the association of maltreatment on higher parenting stress was fully mediated through more maternal symptoms of depression ($z = 2.297$; $P = 0.022$). The association between sub-optimal rearing provided by the mother and higher parenting stress was mediated through lower internalization of maternal care regulation ($z = -2.155$; $P = 0.031$) and to a lesser degree through more symptoms of depression ($z = -1.842$; $P = 0.065$). Finally, higher quality rearing by the grandfather was indirectly related to lower parenting stress through positive current relationship with the father ($z = -2.617$; $P = 0.009$).

Conclusions There are distinct pathways by which early experiences manifest in parenting stress. By understanding the structure of dysregulated parenting, clinicians will have practical information to specifically target maternal motivation, social supports, and

depressed mood to disrupt maladaptive parenting cognitions and practices.

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

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S074

Early adversity, symptoms of depression and breastfeeding



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Background There is considerable variation in the prevalence of breastfeeding, which allows for investigation of factors that influence the initiation and duration of breastfeeding and its association with well being of the mother infant dyad.

Aims To better understand factors that influence (1) maternal breastfeeding status and (2) the "effects" of breastfeeding on mothers and infants.

Methods Participants ($n = 170$) derive from a longitudinal Canadian study "Maternal Adversity, Vulnerability and Neurodevelopment (MAVAN)", a project designed to understand the pre- and postnatal influences on maternal health and child social-emotional development. Mothers provided data on breastfeeding status, early life adversity, oxytocin gene and oxytocin gene receptor polymorphisms, depression/anxiety, infant temperament and maternal sensitivity.

Results Early life adversity associated with a shorter breastfeeding duration and higher maternal depression levels. The relation between mothers' early adversity and the duration of breastfeeding was mediated by mothers' depression level, but only in women carrying one variant of the oxytocin rs2740210 gene marker (CC genotype). Mothers who breastfeed at 3 months acted more sensitively towards their infants when they were 6 months old and they in turn had infants who at 18 months showed reduced negative affectivity.

Conclusion Women who have been exposed to early adversity are "living with the past" and they are, to certain extent, protected or more vulnerable to depression, depending on their genotype. Breastfeeding associated with higher maternal sensitivity, which associated with decreased negative emotionality in the infant at 18 months. Our results help to clarify associations between early life experiences, breastfeeding, and the mother-infant relationship.

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

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S075

Perinatal stress, anxiety, and depression: Effects of a MBPCP intervention on mother-infant interaction



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Introduction Transition into parenthood is a demanding phase in life and exposes the becoming parents to vulnerability for depression, anxiety and stress. Perinatal mental health problems are a major public health issue and many women suffering from depression during their first year after delivery. High levels of stress during pregnancy are associated with adverse psychological and physiological outcomes for the infant and parents. There seems to be an intergenerational transmission of mental health from parent to infant. The current study evaluated the effectiveness of mindfulness intervention during pregnancy in reducing depression symptoms, anxiety and perceived stress in parents-to-be.

Objectives Assess whether the mindfulness will improve interaction between mother-infant at 12 months.

Methods Perceived stress scale and Edinburgh postnatal depression scale used to measure stress and depression during pregnancy. Parent child early relational assessment assessed mother-infant interaction.

Results Inhibited parent-infant relationships were more common in the control group comparing to the mindfulness intervention group. This is in line with previous research on perinatal depression, anxiety, and stress, showing more dysfunctional dyads. A depressed mother has reduced capability to be alert to her baby's signals, which is necessary for appropriate parent-infant relationship to occur. The cumulative effect of impaired parent-infant relationship is a "depressed dyad" of mother and infant.

Conclusion Mindfulness intervention reduced depressive symptoms, anxiety, and perceived stress in pregnant women. At 12 months mother-infant relationship assessment, the mindfulness intervention group dyads showed a more attuned mother-infant interaction.

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

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Symposium: ICD-11 Classification of mental and behavioural disorders—Recent developments

S076

ICD-11: Example of psychotic disorders

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The revision of the current classification criteria for disorders issued by the World Health Organization (WHO) (International Classification of Disorders, ICD-10) is underway and will also include a revision of the classification criteria of the mental and behavioural disorders. Working groups for specific groups of mental disorders had produced suggestions for revised diagnostic criteria and included a working group on schizophrenia and other primary psychotic disorders. This presentation will focus on this group of mental disorders. Major changes suggested were an introduction of symptom and course specifiers, the inclusion of cognitive symptoms and a de-emphasising of the so-called first rank symptoms of schizophrenia, a cross-sectional approach towards the classification of schizoaffective disorder and a reorganization of the acute psychotic disorders. Initial internet-based field trials showed some incremental improvements of diagnostic reliability, but more

crucial for an adjustment of the revised classification criteria will be the expected results of the upcoming clinic-based field trials.

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S077

SM-5, ICD-11, RDoC and the future of psychiatric classification

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The publication of the DSM-III in 1980 was intended to be a reaction to the evidence of the embarrassingly low reliability of psychiatric diagnoses, which was perceived as a major threat to the credibility of the psychiatric profession. The aims of the DSM-III project were actually two. First, the reliable definition of the diagnostic categories was expected to lead to the collection of research data that would validate those diagnostic entities and in particular elucidate their etiopathogenetic underpinnings. Second, there was an expectation that, by increasing reliability, communication among clinicians would be improved and clinical decisions made more rational. Today, one could say that the first aim of the project has not been achieved, while the fulfilment of the second aim has never been tested appropriately. The crisis of confidence in the DSM paradigm, clearly emerging from the debate following the publication of the DSM-5, has led on the one hand to a renewed emphasis on clinical utility, which is featuring prominently in the ongoing process of development of the ICD-11. On the other hand, it has led to a radical attempt to reform psychiatric nosology starting from neurobiological and behavioural phenotypes. This attempt does have its weaknesses, but may also represent a stimulus to reconceptualize some psychopathological constructs, especially in the area of psychoses, in order to reduce the gap between the level of neuroscience and that of clinical phenomenology.

Disclosure of interest The author has not supplied his declaration of competing interest.

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Symposium: Tobacco dependence and smoking cessation in people with mental illness

S078

PA Guidance paper on tobacco dependence and smoking cessation

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Tobacco dependence is the most common substance use disorder in adults with mental illness. The prevalence rates for tobacco dependence are two to four times higher in these patients than in the general population. Smoking has a strong, negative influence on the life expectancy and quality of life of mental health patients, and remains the leading preventable cause of death in this group. Despite these statistics, in some countries smokers

with mental illness are disadvantaged in receiving intervention and support for their tobacco dependence, which is often overlooked or even tolerated. This statement from the European Psychiatric Association (EPA) systematically reviews the current evidence on tobacco dependence and withdrawal in patients with mental illness and their treatment. It provides seven recommendations for the core components of diagnostics and treatment in this patient group. These recommendations concern: (1) the recording process, (2) the timing of the intervention, (3) counselling specificities, (4) proposed treatments, (5) frequency of contact after stopping, (6) follow-up visits and (7) relapse prevention. They aim to help clinicians improve the care, health and well being of patients suffering from mental illness.

Disclosure of interest In the last three years, HJM received honoraria for lectures or for advisory activities by the following pharmaceutical companies: Lilly, Lundbeck, Servier, Schwabe and Bayer.

He was president or in the Executive Board of the following organisations: CINP, ECNP, WFSBP, EPA and chairman of the WPA-section on Pharmacopsychiatry.

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S079

Smoking cessation and soft signs of mental disorders

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Smoking is associated with major depression, schizophrenia, anxiety and compulsive disorders, personality disorders, or substance abuse disorders [1,2]. More than that, smokers often report higher levels of novelty seeking, anxiety or depressive symptoms without fulfilling full diagnostic criteria for a psychiatric disorder.

In a former study, Batra et al. [3] had shown that smokers reporting higher levels of novelty seeking/hyperactivity, depressivity, and nicotine dependence evince higher relapse rates after completion of a six-weeks behavioural treatment program than smokers reporting low scores on self-report psychological symptom measures.

Another study [4] showed that a modified smoking cessation program matched to at-risk smokers' needs with $n = 268$ adult smokers leads to higher long-term abstinence rates.

All at-risk smokers had been randomly assigned to receive either a standard or modified treatment. Best results were shown for smokers with mild depressive symptoms. The talk reports results of former and recent studies and focuses on the German treatment guidelines for tobacco related disorders.

These [5] recommend to assess tobacco use among patients with mental disorders and should be offered smoking cessation support under consideration of the acuteness and the particularities of the mental disorder using the same psychotherapeutic and pharmaceutical measures as for smokers without additional mental disorders.

Disclosure of interest Financial support by Pfizer, Parexel, SKB, Novartis for smoking cessation studies.

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S080

Smoking: A risk factor for suicide

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First demonstrated in 1976, the robust association between smoking and suicide mortality has been established and is dose-dependent, with an estimated increase in suicidal deaths risk of 24% for each increment of 10 cigarettes smoked per day. The statistical association has been shown to exist very soon after smoking initiation, during adolescence, and to withstand adjustments for confounding factors, such as demographics, socio-economic status, somatic and psychiatric comorbidity, and substance use. As the underlying mechanism of the greater suicide risk in smokers is not currently elucidated, we will briefly recapitulate the main hypotheses proposed to date: the toxic effects of nicotine, hypoxemia, monoamine oxidase activity inhibition, the high prevalence of psychiatric comorbidity and consequent suicide risk, and smoking-induced serious physical illness with pain and disability resulting in negative mood response. Smoking could also be an inadequate self-medication for psychological symptoms, themselves causing suicide, and finally the association could be due to a third underlying factor associated with both smoking and suicide.

Disclosure of interest Henri-Jean Aubin was member of advisory boards for Pfizer, D&A Pharma, Ethypharm, and Lundbeck, and has received sponsorship to attend scientific meetings, speaker honoraria and consultancy fees from Bioprojet, D&A Pharma, Ethypharm, Lundbeck, Merck-Serono, Novartis, and Pfizer.

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S081

Is it feasible and effective to help patients with severe mental disorders to quit smoking?

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Despite the proven association between smoking and high rates of medical morbidity and reduced life expectancy in people with severe mental disorders (SMD), their smoking rates do not decline as they do in the general population. We carried out a non-randomized, open-label, prospective, 9-month follow-up multicentre trial to investigate the clinical efficacy, safety and tolerability of a smoking cessation programme designed for the treatment of patients with SMD in the community under real-world clinical conditions. A total of 82 patients were enrolled. Short-term efficacy: The 12-week 7-day smoking cessation (self-reported cigarettes per day = 0 and breath CO levels ≤ 9 ppm) prevalence was 49.3%, with no statistically significant differences between medications (transdermal nicotine patches 50.0% vs. varenicline 48.6%, chi-square = 0.015, $P = 1.000$). Long-term efficacy: At weeks, 24 and 36, 41.3 and 37.3% of patients were abstinent, with no statistically significant differences between treatments. Safety and tolerability: No patients made suicide attempts or required hospitalization. There was no worsening of the scores on the psychometric scales. In both groups, patients significantly increased weight, without significant changes in vital signs or laboratory results, with the exception of significant decreases in ALP y LDL-cholesterol levels in the varenicline group. Patients under varenicline more frequently presented nausea/vomiting ($P < 0.0005$), patients under TNP experienced skin reactions more frequently ($P = 0.002$). Three patients under varenicline had elevated liver enzymes. In conclusion, we have demonstrated that in real-world clinical settings it is feasible and safe to help patients with stabilized severe mental disorders to quit smoking.

Disclosure of interest This work was partly supported by the Spanish Ministry of Science and Innovation, Instituto de Salud Carlos III (FIS PI10/01758) and Fondos Europeos de Desarrollo Regional

(FEDER). The Health Services of the Principado de Asturias, Spain, donated part of the medication used in this study.

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Symposium: Modifying outcomes of ADHD across the lifespan

S082

Continuity of ADHD across the lifespan

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Introduction For many years ADHD was thought to be a childhood onset disorder that has limited impact on adult psychopathology. However, the symptoms and impairments that define ADHD often affect the adult population, with similar responses to drugs such as methylphenidate, dexamphetamine and atomoxetine to those seen in children and adolescents. As a result, there has been a rapidly increasing awareness of ADHD in adults and an emergence of new clinical practice across the world. Despite this, treatment of adult ADHD in Europe and many other regions of the world is not yet common practice and diagnostic services are often unavailable or restricted to a few specialist centres.

Objective Here we address some of the key conceptual issues surrounding the continuity of ADHD across the lifespan, with a focus relevant to practicing health care professionals working with adult populations.

Conclusions We conclude that ADHD should be recognised within adult mental health in the same way as other common adult mental health disorders. Failure to recognise and treat ADHD will be detrimental to the well being of many patients seeking help for common mental health problems.

Disclosure of interest The author declares that he has no competing interest.

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S083

Non-Pharmacological treatment of ADHD across the lifespan

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Attention Deficit Hyperactivity Disorder (ADHD) is a serious risk factor for co-occurring psychiatric disorders and negative psychosocial consequences over the lifespan. Given this background, there is a need for an effective treatment of ADHD patients.

In the lecture, evidence-based psychosocial interventions for ADHD will be presented.

Disclosure of interest Books and articles on ADHD. Ad Boards, Phase-III Studies on ADHD in the last five years.

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Symposium: Non-Invasive brain stimulation: From mechanisms to applications

S084

Does transcranial electrical stimulation induce changes in peripheral physiology?

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Transcranial electrical stimulation (tES) is a non-invasive brain stimulation method that has evoked increasing interest during the past years. The most common form of tES, transcranial direct current stimulation (tDCS), is considered to modulate neuronal resting potentials. For example, anodal stimulation over motor cortex appears to lead to increased neuronal excitability under the stimulation electrodes. However, some recent findings suggest that the effects of tDCS extend beyond the cortical areas under the electrodes, to deeper brain structures such as the midbrain. The brain also actively regulates peripheral physiology. Thus, changes in brain activity following tES may lead to modulation of peripheral physiology. For example, tDCS targeting primary motor cortex has been observed to induce changes in peripheral glucose metabolism. Furthermore, stimulation of dorsolateral prefrontal cortex has been shown to lead to alterations in cortisol secretion and the activity of the autonomic nervous system. Unpublished findings from our group corroborate with the above observations. Nevertheless, the evidence regarding peripheral effects of tES remains limited. Investigating such possible effects may be relevant especially from the point of view of tES safety and potential therapeutic discoveries.

Disclosure of interest The author has not supplied his declaration of competing interest.

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S085

The effect of prefrontal transcranial direct current stimulation on resting state functional connectivity

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Transcranial direct current stimulation (tDCS) of the prefrontal cortex (PFC) is currently investigated as therapeutic non-invasive brain stimulation (NIBS) approach in major depressive (MDD) and other neuropsychiatric disorders. In both conditions, different sub regions of the PFC (e.g. the dorsolateral prefrontal cortex, the dorsomedial prefrontal cortex and others) are critically involved in their respective pathophysiology. Although the neurophysiological properties of tDCS have been extensively investigated at the motor cortex level, the action of PFC tDCS on resting state and functional MRI connectivity of neural networks is largely unexplored. Beyond motor cortex paradigms, we aim to establish a model for PFC tDCS modulating functional connectivity in different conditions to provide tailored tDCS protocols for clinical efficacy studies in major psychiatric disorders such as MDD and schizophrenia. One major obstacle in brain research is that patients represent themselves as individuals not as groups. Recent research has shown that the individual human brain functional MRI connectivity shows different within-variability than the variability found between subjects. Several neuroimaging methods may be useful to find a classifier that can be reliably used to predict NIBS effects. These neuroimaging methods include individual brain properties as well as the evaluation of state-dependency. Anatomical targeted analyses of rTMS

and tDCS in neuropsychiatric patients and healthy subjects have found promising results.

By combining neuroimaging and NIBS new functional models can be developed and compared in different health and pathology states, e.g. in the development of any given psychiatric disorder.

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S086

Cognitive enhancement in young healthy subjects using non-invasive brain stimulation and cognitive training

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Transcranial electrical stimulation (tES) is being widely investigated to understand and modulate human brain function. The interest in using tES to enhance cognitive abilities not only in patient populations but also in healthy individuals has grown in recent years. Specifically in combination with cognitive training tES has shown success in enhancing cognition. However, to date, we still know little about the impact of interindividual differences on intervention outcomes. A variety of tES techniques and their effects in combination with cognitive training, interactive effects of tES with baseline cognitive abilities and neurophysiological traits will be presented and following ramifications with regards to the development of individualised stimulation protocols will be discussed.

Disclosure of interest The author has not supplied his declaration of competing interest.

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S087

Corticospinal excitability predicts antidepressant response to rTMS

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Repetitive transcranial magnetic stimulation (rTMS) targeting the left dorsolateral prefrontal cortex (DLPFC) is a treatment option for patients with medication-resistant major depressive disorder (MDD). However, antidepressant response is variable and there are currently no response predictors with sufficient accuracy for clinical use. Here we report on results of an observational open-label study to determine whether the modulatory effect of 10 Hz motor cortex (MC) rTMS is predictive of the antidepressant effect of 10 Hz DLPFC rTMS. Fifty-one medication-resistant MDD patients were enrolled for a 10-day treatment course of DLPFC rTMS and antidepressant response was assessed according to post-treatment reduction of the 17-item Hamilton Rating Scale for Depression score. Prior to treatment, we assessed the modulation of motor evoked potential (MEP) amplitude by MC rTMS. We measured MEP's to single pulse TMS using surface electromyography, before and after MC rTMS, and calculated MEP modulation as the change of mean MEP amplitude after MC rTMS. MEP modulation proved to be a robust predictor of reduction of clinician-rated depression severity following the course of DLPFC rTMS: larger MC rTMS-induced increase of corticospinal excitability anticipated a better antidepressant response. These findings suggest that MC rTMS-induced

modulation of corticospinal excitability warrants further evaluation as a potential predictive biomarker of antidepressant response to left DLPFC 10 Hz rTMS, and could inform future developments of rTMS to treat depression.

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

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Symposium: Staging of psychiatric disorders: Integrating neurobiological findings

S088

Staging in bipolar disorder: Clinical, biochemical, and functional correlates

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In the field of bipolar disorder, some proposals of a staging model have been suggested considering the progressive features of the disorder. The staging model regards special features of the patients and further draws a route to define the prognosis and treatment as well as the neurobiological background of the disorder. The aim of this model is to identify rational therapeutic targets and provide the most effective and less toxic intervention in a time-sensitive manner. Advocating for a model of staging in bipolar disorder that can group the patients according to quantitative cut-offs of common practice clinical variables as well as defining a biochemical correlation seems to be a further step towards an operative and valid model of staging in bipolar disorder.

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S089

Staging & profiling in addiction, can we cross the gap from bench to bedside?

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Addictive behaviours are highly common (prevalence worldwide about 10%), with major impact on the individual and society (contributing to 5% of overall DALYs and mortality) [1,2]. Though a number of evidence-based treatments are available, relapse rates remain high, up to 50% within one year of treatment [3,4]. Staging of addictive behaviors might contribute to improve this prognosis by indicating which patient could benefit most from which treatment modality.

In DSM-5 clinical staging of addictive disorders is limited to grading the severity of the disorder, based on criterion counts [5]. However, addictive disorders are highly heterogeneous, with distinct clinical profiles and neurobiological underpinnings of the disorder. Reward-processing deficits are considered a hallmark of addiction. Several additional neurobiological deficits have been identified in addicted individuals, such as dysfunction of brain stress systems, anterior cingulate cortex and habenula.

These neurobiological deficits may identify clinical subgroups of patients with distinct pathophysiology (profiling), or be related to progression of the disorder (staging). This presentation will focus

on clinical staging and profiling of addictive behaviors combining neurobiological findings and clinical practice [6].

Disclosure of interest The author has not supplied his declaration of competing interest.

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S090

Clinical staging of psychotic disorders: From dimensions to neurobiology



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The clinical staging model is an approach used in medicine to define the extent of disease. In psychiatry, this model has recently been applied to psychotic disorders to distinguish the earlier, non-specific features of illness (e.g. ultra-high risk [UHR]; at-risk mental state [ARMS]), from later, more severe features associated with chronic illness. A key element of the staging model is to identify and classify the neurobiological processes underlying the disorder and to define potential interventions in the different stages. With the premise that dysfunctional neural mechanisms underlie symptomatology, the integration of categorical phenotypic classifications (class of disorder) with dimensional criteria (domains of dysfunction) becomes crucial. This approach aims to better classify trans-diagnostic dimensions of disease and discrete symptom-specific subgroup populations within biological frameworks, which may lead to the detection of new biomarkers and the development of more effective treatment and prevention strategies.

Disclosure of interest The author has not supplied his declaration of competing interest.

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Symposium: Mental health care in refugees and asylum seekers

S091

Providing care for migrants and refugees



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With growing globalisation and an increasing number of people on the move across boundaries, it has become vital that service providers, policy makers and mental health professionals are aware of the different needs of the patients they are responsible. One of the most fundamental barriers for migrants, refugees and asylum seekers in accessing health services are inadequate legal entitlement and, mechanisms for ensuring that they are well known and respected in practice. Access to the healthcare system is impeded by language and cultural communication problems. Qualified language and cultural mediators are not widely available, and moreover, are not regularly asked to attend. This can lead to misunderstandings, misdiagnosis and incorrect treatment, with serious consequences for the afflicted. The language barrier represents one of the main barriers to access to the healthcare system for

people who do not speak the local language; indeed, language is the main working tool of psychiatry and psychotherapy, without which successful communication is impossible. Additionally, the lack of health literacy among the staff of institutions, which provide care for refugees and asylum seekers means that there is a lack of knowledge about the main symptoms of common mental health problems among these groups. The healthcare services, which are currently available, are not well prepared for these increasing specific groups. In dealing with ethnic minorities, including asylum seekers and refugees, mental healthcare professionals need to be culturally competent.

In this talk, main models for providing mental health care for migrants and refugees will be presented and discussed.

Disclosure of interest The author has not supplied his declaration of competing interest.

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S092

Cultural competence training and mental health care in refugees and asylum seekers



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Recent mass movement of human beings in various parts of the world has brought several challenges. Not only refugees from Syria and Libya to Europe but also refugees, migrants and asylum seekers in Latin America bring specific set of issues with them. It is critical that clinicians are aware of both the vulnerability of individuals to mental ill health as a result of migratory experiences but equally importantly their resilience. The impact on the mental health of those who may be involved directly or indirectly in delivering care along with those new communities who receive these groups need to be taken into account when planning and delivering psychiatric services. It is essential to recognise that experiences of being a refugee or asylum seeker are heterogeneous. Being an asylum seeker carries with it legal definitions and legal imperatives agreed at international levels.

Policymakers and clinicians need to be aware of differential rates of psychiatric disorders in these vulnerable individuals and specific needs related to language, religious values and other cultural factors. Mental health problems may be related to experiencing cultural bereavement where individuals feel that they have lost their cultures, relationships and cultural values. Judicious and careful use of trained culture brokers and mediators should be encouraged as these individuals can inform the team about community needs and inform the community about the team functioning and its principles so that community expectations can be managed appropriately. Such approaches may also help reduce stigma against mental illness.

Disclosure of interest The author has not supplied his declaration of competing interest.

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S093

Suicide risk in refugees and asylum seekers



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Increasing numbers of individuals forced to leave their home countries in areas of war, conflict, human rights violations and persecution pose a challenge for host countries to meet the mental-health care needs of these individuals. Refugees and asylum-seekers may face unique risk factors for mental disorder before, during, and after their migration leading to suicidality.

Experiences of family withdrawal, integration difficulties, and perceived lack of care may contribute to suicide within the refugee populations. Identifying effective treatments and support to minimize the risk especially once the individuals arrive in their new country is key to providing appropriate care. Barriers to mental-health care including lack of knowledge about available resources, communication or language barriers, cultural beliefs about origins and treatment of mental disease, as well as a lack of trust in authority, pose a challenge for health care providers and policy makers. Research has been inconsistent in the findings for the prevalence of mental disorders, suicidal behaviours, and suicide ideation among refugees and asylum seekers. Thus far, research has been limited to small scale, non-randomised, often qualitative analysis. Several studies have found higher rates of mental disorder, whereas others have found a similar prevalence as in the general population, although, Post-Traumatic Stress Disorder has more consistently been found to have a higher prevalence among migrants. The lack of early and thorough exploration of suicidal intent in this population requires large-scale quantitative studies to evaluate the effectiveness and feasibility of current practices in mental-health care and suicide prevention.

Disclosure of interest The author has not supplied his declaration of competing interest.

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Symposium: Reward processes in anorexia and bulimia nervosa: a new pathogenetic model and future perspectives for treatment of eating disorders

S094

Functional connectivity of reward circuits in eating disorders

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Objective Anorexia nervosa display alterations of reward systems and some authors hypothesize the presence of a “starvation addiction”. The aim of the study is to explore the resting-state functional connectivity of dorsal and ventral striatal nuclei.

Method 51 subjects with lifetime anorexia nervosa (AN) (35 acute and 16 recovered) and 34 healthy controls underwent high resolution and resting-state functional magnetic resonance imaging.

Results The AN group showed a reduced functional connectivity of the putamen in comparison to healthy women and this reduction appeared to be stronger in patients with lifetime binge eating or purging. Both acute and recovered AN groups showed larger left accumbens area in comparison to healthy women. Moreover, the functional connectivity of bilateral nucleus accumbens and putamen showed significant negative correlations with the number of obstetric complications in the AN group.

Discussion the present study supports the hypothesis that AN is associated with structural and functional alterations of striatal networks and unveils a possible role of obstetric complications in the pathogenesis of striatal dysfunction.

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

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S095

Emotional eating in eating disorders and obesity: Sensorial, hormonal and brain factors involved

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Obesity (OB) and eating disorders (ED) are two complex weight/eating conditions that share phenotypic traits, including psychopathological variables, specific environmental risk factors and biological vulnerabilities. Both OB and ED are associated with maladaptive eating styles that may be relevant to their development and maintenance. In abnormal/excessive eating behavior, a complex interplay among physiological, sensorial, psychological, social and genetic factors influence appetite, meal timing, and the quantity of food intake and food preferences. Neurobiological functioning has also been found to be altered in extreme weight conditions, namely with regards to reward processing, emotion regulation and decision making. In this presentation we will discuss the relevance of such components as well their interaction using findings from cross-sectional and longitudinal studies conducted in extreme eating/weight conditions, when compared with healthy controls. The development of innovative treatments considering neurobiological factors will also be covered.

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S096

Eating disorders and sexuality: A complex relationship

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Introduction The relationships between Eating Disorders (EDs) and sexuality are complex, and of interest for researchers and clinicians.

Objective To identify psychopathological and clinical factors associated with restoration of regular menses and sexual function in EDs patients.

Aims To evaluate the role of sexuality as a moderator of the recovery process after an individual Cognitive Behavioural Therapy (CBT).

Methods 39 Anorexia Nervosa (AN) and 40 Bulimia Nervosa (BN) female patients were evaluated by means of a face-to-face interview, self-reported questionnaires, including Eating Disorder Examination Questionnaire and Female Sexual Function Index, and blood sample for hormonal levels and biomarkers. The assessments were repeated at baseline, at one year follow up, and at three years follow up.

Results After CBT, both AN and BN patients showed a significant improvement of sexual functioning, which was associated with a reduction of core psychopathology. AN patients who recovered regular menses demonstrated a better improvement across time of psychopathological and clinical features, and were more likely to maintain these improvements at follow up. Recovery of regular menses and improvement of sexuality at the end of CBT were



associated with a higher probability to have a full recovery at three years follow up.

Conclusions These results challenge a concept of recovery in EDs exclusively based on weight restoration or behavioral changes. An assessment including sexual functioning and core psychopathology might identify the residual pathological conditions, and it is able to provide information regarding the long term recovery process.

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

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S097

Oxytocin as a treatment enhancer in anorexia nervosa



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Introduction Nutritional rehabilitation in anorexia nervosa (AN) is impeded by fear of food, eating and change leading to treatment resistance. Oxytocin exerts prosocial effects on anxiety, fear modulation, trust and brain plasticity.

Objective A placebo-controlled RCT examined the effects of self-administered intranasal oxytocin (IN-OT) in AN patients.

Aim To ascertain whether single and repeated doses of IN-OT enhance treatment in AN.

Methods Female AN patients self-administered twice daily 18IU IN-OT ($n=21$) or placebo ($n=21$) for 4–6 weeks during hospital treatment. Weight and BMI were measured at baseline and after treatment. The Eating Disorders Examination (EDE) was the primary outcome measure. Cognitive rigidity was compared between groups after four weeks repeated dosing. The effects of the first and last doses of IN-OT versus placebo, on salivary cortisol before a high-energy afternoon snack, were compared.

Results Weight gain was similar in IN-OT and placebo groups. Only the EDE eating concern subscale score was significantly lower after 4–6 weeks (mean 35 days) of IN-OT ($p=0.006$). Anticipatory levels of salivary cortisol fell from baseline after the initial dose in contrast to the placebo group where levels increased. After four weeks IN-OT, salivary cortisol was significantly lower ($p=0.023$) overall with little anticipatory increase compared to placebo. There were no differences in anxiety scores. Cognitive rigidity was significantly lower in the IN-OT group ($p=0.043$)

Conclusions Self-administered IN-OT might enhance nutritional rehabilitation in AN by reducing eating concern and cognitive rigidity. Lower salivary cortisol before a high-energy snack, suggests reduction of fear rather than anxiety.

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

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Symposium: Role of psychiatry in dementia care

S098

Psychiatrists and legal issues in dementia care



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During more than half a century, Psychiatry has extensively accepted a biomedical model studying mental disorders (including schizophrenia, affective disorders and the large group of stress-related disorders, including anxiety disorder. Thus, the classical dichotomy between functional and organic psychiatric disorders is obsolete and from a theoretical point of view there should be no obstacle for Psychiatry to deal with the study of dementias from gene to clinical levels using empirical methods, including neurotransmitters and scanning techniques. However, in many European countries, the dementias have been claimed as belonging primarily to Neurology, leaving the role of psychiatrists to treat psychotic symptoms and bizarre behavioral disturbances.

However, psychiatrists have a long tradition of detailed psychopathological description and great skill in coping with the many psychological, ethical and social problems that are such important features of mental disorders and particularly the dementias, and so, the specific skills of psychiatrists will certainly be warranted in managing the many significant psychological and social problems of the patient both within the family and in society. The discussion must overcome the sterile debate between specialties to focus on the skills needed to adequately address the needs of patients with dementia and their caregivers.

Disclosure of interest The author has not supplied his declaration of competing interest.

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S099

Role of psychiatrists in memory clinics



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Memory clinics (MCs) are multidisciplinary teams involved with early diagnosis and treatment of people with dementia. In this presentation, we will discuss several trends of the role of psychiatrists over the last twenty years, on the basis of five questionnaires that were sent to MCs every 5 years in the Netherlands.

MCs have developed in Europe using a range of service models but providing similar functions, which include assessment, information, treatment monitoring, education, training and research. MCs may vary among each other, and across countries. Psychiatrists used to play a coordinating role in most MCs, but there is now a tendency that MCs are more frequently led by other specialists, notably neurologists. In 1998 in the Netherlands, only a small minority of the MCs had a structural cooperation with local service providers, but 10 years later, most of them were collaborating with other regional care organizations. In most cases, the collaborating partner was a community mental health team or a long-term care facility.

Disclosure of interest The author has not supplied his declaration of competing interest.

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Symposium: Children of parents with mental disorders: needs assessment and model interventions

S100

The needs of children who have parents suffering from severe mental disorders

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Abstract

Objective Mental illness in parents is a biological and environmental risk factor to which young people are exposed. Living with a parent suffering from a mental disorder may have a variety of detrimental consequences, including: (a) the reversal of caregiving ("parentification"); (b) the exposure to an adverse environment, where developmental needs of the child (emotional and practical) might be repeatedly neglected (lack of communication, high expressed emotion, etc.); (c) stigma and discrimination. We will provide a review of needs of these children and of possible interventions.

Methods Systematic searches located studies reporting and assessing met and unmet needs of these children.

Results Young people living in such families often have problems of internalizing and externalizing symptoms, cognitions of shame, guilt, and loneliness, perceptions of lacking social support and social acceptance. Children who have mentally ill parents are up to two and a half times more likely to experience poorer mental health outcomes than their peers. Compared to peers, children of parents with mental disorders are also at risk of poorer intellectual and social outcomes, of affect dysregulation, of behavioral problems, of impaired attention and reduced overall adaptive functioning, of higher rates of substance abuse and multiple diagnosis and finally of low occupational status, health risk behaviour and antisocial behavior.

Conclusions Given the high toll paid by children having parents suffering from severe mental disorders, it is urgent to develop, test and implement structured programmes to help these children cope with stressful circumstances and improve their resilience.

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

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S101

Identifying and supporting children of mentally ill parents within adult mental health services



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Background Studies have shown that implementing a change of practice in adult mental health care to identify and support children of mentally ill parents is challenging, even though the risk of transgenerational transmission of socioemotional problems and psychopathology has been thoroughly demonstrated the last decade.

Aims The current presentation describes the existing practice of identifying and supporting children of mentally ill parents within adult mental health services. The study was conducted after Norwegian health legislation had been changed to make these tasks

mandatory. The effort included implementation of two interventions; Family Assessment, an intervention for practitioners to increase identification of patients who are also parents and their children, and child talks, an intervention designed to provide support for parents and children within the participating hospital.

Method The sample included mental health professionals in a large university hospital in Northern Norway, who responded to a web-based survey on the routines of the services, attitudes within the workforce capacity, worker's knowledge on the impact of parental mental illness on children, knowledge on legislation concerning children of patients, and demographic variables. Register data from the Electronic Patient Journals (EPJ) was analyzed to assess whether or not the self-reported routines match the reality in the clinic.

Discussion The prospects of clinical change will be discussed in general, as well as to which extent the two implemented interventions have contributed to changes in the clinical practice, workforce knowledge and attitudes in the participating hospital.

Disclosure of interest The author has not supplied his declaration of competing interest.

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S102

Dutch intervention programmes for children of mentally ill parents



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This presentation reports on the outcomes of a practice-based and science-based enterprise in the Netherlands to develop a comprehensive national prevention program focused on children of parents with a mental illness. An outline of the multicomponent program is presented which includes a wide set of interventions that address evidence-based risk factors and protective factors in multiple domains, including children in different age groups, parents and families, social networks, professionals and the community as a whole.

The 20-year history of this program illustrates the importance of long-term collaborative investments that are required of practitioners, policymakers and scientists to develop and implement a nationwide, comprehensive approach for addressing the prevalent transmission of psychiatric problems from parent to child. The results of recently undertaken controlled efficacy studies of various preventive interventions are presented, as well as findings from process evaluations. Also, strengths and weaknesses of the current program are discussed and recommendations will be offered for the main challenges ahead in terms of program innovation, implementation and research.

Disclosure of interest The author has not supplied his declaration of competing interest.

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S103

Toward the development of new strategies to assess the needs of children and adolescents with severely mentally ill parents



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Up to 10% of mothers and 5% of fathers in Europe have mental illness. Family, educational and social lives of children and adolescents with parental with mental illness (CAPRI) are disrupted by deprivation & repeated hospitalization. This is an urgent politi-

cal & public health concern: The European Union's CAMHEE report recommends better information on CAPRI risks and resilience and to enable interventions to target the highest risk. This is important because although large numbers of children are in the riskset, most remain resilient. Research needs to support delivery of the CAMHEE initiative by understanding who is at risk and how we can target them early before their life trajectories are fatally disrupted.

To do this, we aim to create groundbreaking cross-national datasets providing robust data on CAPRI prevalence & life trajectories needed to plan future services.

But epidemiology alone cannot expose how risk creates effects at the individual level. We need to know which CAPRI to target with potentially expensive, time-consuming specialist services

Powerful neuroscience techniques such as functional near infrared spectroscopy are now available with which we can link epidemiological risk to elucidate effects of exposure within individual infant brain. This unique interdisciplinary approach yokes robust epidemiological evidence to cutting-edge optical imaging that can be undertaken in very young infants.

This allows us to target developments in clinical interventions for CAPRI to those in greatest need and potentially to those most vulnerable with the future aim to identify early biomarkers of abnormality for targeting intervention in CAPRI.

Disclosure of interest The author declares that he has no competing interest.

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Symposium: diagnostic tools and medical device technologies in psychiatry

S104

Big data market analysis of e-health in medical neuroscience

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Depression is associated with more than 100,000 patent applications for its diagnosis and prognosis, the highest number among mental disorders. This is followed by schizophrenia with 47,000, bipolar disorder with 32,110 and hypomania with 11,377. Among diagnostic tools, magnetic resonance imaging is associated with more than 31,000 patent applications. Among recent technologies, biomarkers are associated with more than 12,000 epigenetics with about 970 metabolomics with 515 genome-wide association study (GWAS) with 486 and bionics with 497 patent applications. The patent applications related to diagnosis and prognosis of psychiatric diseases peaked in 2008 and was overall decreasing until 2016, with a local peak in 2013. This trend has been observed despite the value addition of recent technologies like machine learning, big data and internet of things. However, more conservative diagnostic tools from the last decade like magnetic resonance imaging, epigenetics, bionics and neuro-psychological testing are improved by the recent technologies. For example, bionics is improved by sensors of internet of things to collect the data from patients around the world and use the big data analytics to efficiently diagnose the psychiatric diseases. The Regents of the University of California and Human Genome Sciences Incorporation are the respective academic and non-academic institutions leading the innovations related to diagnosis and prognosis of psychiatric diseases.

Disclosure of interest The authors declare that they have no competing interest.

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S105

The ethics of mobile health technology

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Introduction Mobile health (m-health) technology has been growing rapidly in the last decades. The use of this technology represents an advantage, especially for reaching patients who otherwise would have no access to healthcare. However, many ethical issues arise from the use of m-health. Health equity, privacy policies, adequate informed consent and a competent, safe and high quality healthcare need to be guaranteed; professional standards and quality of doctor-patient relationship in the digital setting should not be lower than those set for in-person practice.

Aims To assess advantages and threats that may arise from the wide use of m-health technologies, in order to guarantee the application of the best medical practices, resulting in the highest quality healthcare.

Methods A literature search has been conducted to highlight the most pressing ethical issues emerging from the spreading of m-health technologies.

Results Few ethical guidelines on the appropriate use of m-health have been developed to help clinicians adopt a professional conduct within digital settings. They focus on the need for professional associations to define ethical guidelines and for physicians to take care of their education and online behavior when using m-health technologies.

Conclusions The rapid spreading of m-health technologies urges us to evaluate all ethical issues related to its use. It would be advisable to produce an ethical code for the use of these new technologies, to guarantee health equity, privacy protection, high quality doctor-patient relationships and to ensure that m-health is not chosen over traditional care for merely economic purposes.

Disclosure of interest SG received honoraria or Advisory board/consulting fees from the following companies: Lundbeck, Janssen Pharmaceuticals, Hoffman-La Roche, Angelini-Acraf, Otsuka, Pierre Fabre and Gedeon-Richter. All other authors have declared.

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Symposium: Social cognition in schizophrenia: pathophysiology, functional implications and treatment options

S106

Disorganization and social cognition: Data from the italian network of research on psychoses

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Social cognition (SC) refers broadly to the domains of cognitive functions that are employed in socially relevant situations. These disturbances have been found to be strongly related to disorganized and negative symptoms in schizophrenia. Each of the disorganization symptoms suggests a diminishment or absence of organization. There seems to be a loss of the ability to be directed toward or committed to a particular focal topic or goal. Such conditions are likely to impact patients' drives or motivations to initiate goal-directed activities that could yield pleasurable opportunities. Moreover, it has been suggested that disorganized



symptoms are an integral link in cognitive pathways, with connections between cognitive processes weakening as disorganized symptoms increase. Thus, it seems that when disorganized symptoms are present, people with schizophrenia are no longer able to effectively utilize the neurocognitive abilities necessary for performing social cognitive or metacognitive tasks. It is also in line with models of disorganization in schizophrenia (Bleuler, 1911) that a “loosening of associations”—similar to current conceptualizations of disorganized symptoms—is at the core of these cognitive disruptions. Previous research has linked disorganization to cognition (neurocognition and SC) and cognition to social functioning, although in separate studies. The present study was conducted to explore a model, where disorganization predicted social functioning both directly both through indirect effects on other determinants (neurocognition, SC and negative symptoms) in a large, and well-characterized sample of patients with schizophrenia recruited in the context of a multi-center study of the Italian Network for Research on Psychoses (NIRP).

Disclosure of interest The author declares that he has no competing interest.

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S107

Neurobiological correlates of the treatment of emotion processing in schizophrenia



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Introduction Mentalizing ability is impaired in patients with schizophrenia. Most studies in schizophrenia report hypoactivation of the core-mentalizing network including the medial prefrontal cortex (mPFC) and bilateral temporoparietal junction (TPJ). In our study, in patients with first episode schizophrenia treatment as usual with atypical antipsychotics (TAU) was compared to the add-on effect of a mentalization-based treatment program (MBT) on the mentalizing network in the brain.

Method 12 patients diagnosed with schizophrenia according to DSM-IV-TR criteria participated in the study (6 males, mean age: 30.43, SD = 9.35 years, years of education 13.23, SD = 2.45). A modified treatment program for psychoses was used based on the mentalization-based therapy developed by Bateman and Fonagy (2009). Before and after the treatment fMRI analyses (fixed effects analyses) were carried out (3 Tesla, 5 blocks on/off, 36s, TR = 3.62, SPM) using the n-back task.

Results Preliminary results show single analyses due to the small sample size. Comparing the fMRI scans before and after treatment, increases in the activation patterns were found in first episode patients treated with MBT. In patients with TAU a reduction in the activation patterns was demonstrated (mean changes in the activation clusters in the MBT group was 5.53, SD 12.79, in the TAU group -5.80, SD 6.91).

Discussion Mentalization-based treatment is a promising approach in the treatment of schizophrenia and can have an impact on social networks in the brain. Further studies are needed for a better understanding of social cognition and the related neural mechanisms in schizophrenia.

Disclosure of interest The authors declare that they have no competing interest.

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S108

Neurocognitive predictors of social cognition in subjects with schizophrenia and their first-degree relatives



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Introduction Social cognition is a complex construct that refers to the functions required to understand other people's mental states and behavior. In people with schizophrenia, social cognition deficits account for a proportion of variance in functional outcome, independent of symptomatology. However, the relationships among social cognition, neurocognitive functioning and functional outcome are still unclear. Previous investigations had several limitations including small sample size, heterogeneous and limited measures of social cognition and neurocognitive functions.

Aims Within the study of the Italian Network for Research on Psychoses, we investigated factors influencing outcome in patients with schizophrenia and their unaffected relatives. Psychopathology, including depression, neurocognition, social cognition and outcome were assessed using instruments designed to overcome some of the previous limitations.

Methods Structural equation modeling was used to test direct and indirect effects of neurocognition, social cognition and functional capacity on vocational and interpersonal functioning. Tests of facial emotion recognition, emotional intelligence and theory of mind were included to assess social cognition. The MATRICS Consensus Cognitive Battery (MCCB) was used to investigate neurocognition.

Results In both subjects with schizophrenia and their first-degree relatives, social cognition was found to be independent of negative symptoms and to have a direct impact on outcome. Neurocognition was a predictor of functional capacity and social cognition, which both mediated its impact on outcome. Social cognition was independent of functional capacity and negative symptoms.

Conclusions Better understanding of how neurocognitive dysfunction and social cognition deficits relate to one another may guide efforts toward targeted treatment approaches.

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S109

Differential neural correlates of dimensions of negative symptoms in Schizophrenia during social-emotional appraisal and effects of treatment



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Factor analyses of large datasets have established two dimensions of negative symptoms: expressive deficits and a motivation. This distinction is of relevance as the dimensions differ in their cognitive and clinical correlates (e.g. with regard to functional outcome). Using functional MRI, we examined the neural correlates of the two negative symptom dimensions with brain activation during social-emotional evaluation. Patients with schizophrenia ($n=38$) and healthy controls ($n=20$) performed the Wall of Faces task during fMRI, which measures emotional ambiguity in a social context by presenting an array of faces with varying degrees of consistency in emotional expressions. More specifically, appraisal of facial expressions under uncertainty. We found severity of expressive deficits to be negatively correlated with activation in thalamic, prefrontal, precentral, parietal and temporal brain areas during emotional ambiguity (appraisal of facial expressions in an equivocal versus an unequivocal condition). No association was found for a motivation with these neural correlates, in contrast to a previous fMRI study in which we found a motivation to be associated with neural correlates of executive (planning) performance. We also evaluated the effects of medication and neurostimulation (rTMS treatment over the lateral prefrontal cortex) on activation during the social-emotional ambiguity task. The medication comparison concerned an RCT of aripiprazole versus risperidone. Compared to risperidone, aripiprazole showed differential involvement of frontotemporal and frontostriatal circuits in social-emotional ambiguity. We conclude that deconstruction of negative symptoms into more homogeneous components and investigating underlying neurocognitive mechanisms can potentially shed more light on their nature and may ultimately yield clues for targeted treatment.

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Symposium: Clinical Management and Treatment of Suicidal Patients

S110

Clinical Use of Biomarkers in Suicidal Behaviors



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The epidemiology, risk factors, and biological basis of suicidal behaviors have been the object of an ever-increasing research in the last three decades. During this period, researchers all over the world have identified potential biomarkers of risk and developed several theories about the mechanisms leading to suicidal behavior. However, the lack of common terminology, instruments, and cooperation has been a major deterrent. Today, the community has established the bases for this collaboration and evidence coming from neuroscientific studies can already be applied to the field of suicidology. We present here a potential semiology based on current evidence coming from biological, clinical, and neuroimaging studies.

Disclosure of interest The author declares that he has no competing interest.

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S111

The Patient is Suicidal: What Should I Do as a Clinician?



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Suicidal behaviour is the most common psychiatric emergency. A large proportion of suicidal behaviour can be prevented, particularly in cases associated with mental disorders. Early recognition of suicidality and reliable evaluation of suicide risk are crucial for the clinical prevention of suicide. Evaluation of suicidal risk involves assessment of suicidal intent, previous suicide attempts, underlying psychiatric disorders, the patients' personality, the social network, and suicide in the family or among acquaintances as well as other well-known risk factors. Suicide risk assessment should take place on several levels and relate to the patient, the family and social network but also to the availability of treatment, rehabilitation and prevention resources in the community. As suicide risk fluctuates within a short period of time, it is important to repeat the suicide risk assessment over time in an emphatic and not mechanistic way. The suicidal person may mislead both family members and hospital staff, giving a false sense of independence and of being able to manage without the help of others. Although extreme ambivalence to living or dying is often strongly expressed by the suicidal individual, it is not seldom missed by others. If observed in the diagnostic and treatment process, dialogue and reflection on such ambivalence can be used to motivate the patient for treatment and to prevent suicide. If ambivalence and suicidal communications go undiscovered, the treatment process and the life of the patient can be endangered. Today, several measurement tools of suicide risk exist, including psychometric and biological measurements. Some of these tools have been extensively studied and measures of their sensitivity and specificity have been estimated. This allows for the formulation of an approximate probability that a suicidal event might happen in the future. However, the low precision of the predictions make these tools insufficient from the clinical perspective and they contribute very little information that is not already gained in a standard clinical interview. Psychiatrists and other mental health professionals have always longed for reliable and precise tools to predict suicidal behavior, which could support their clinical practice, allow them to concentrate resources on patients that really need them, and backup their clinical judgement, in case of eventual legal problems. In order to be useful, however, the approximate probability that a suicidal event might happen in the future is not sufficient to significantly change clinical routines and practices. These should rely on the available evidence base and always consider the safety of the patient as paramount.

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S112

Diagnosing and treating suicidal adolescents



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Suicide is the second leading cause of death in Europe among 15–29 year olds. Adolescence is a sensitive period during development with several age specific factors, which can increase suicidal risk.

As it is in all cases, the first step of the diagnostic procedure of suicidal adolescents is creating an appropriate environment for the evaluation and rapport building.

More than 90% of suicidal adolescents has ongoing and usually untreated psychiatric disorder/s and about three-quarters of them has at least one subthreshold diagnosis. Potential common risk factors of adolescence suicide include both internalizing and externalizing disorders, such as major depressive episode, substance use and conduct disorder. The comorbidity of psychiatric disorders—both subthreshold and threshold - has been associated with increased risk for suicide. The careful assessment of subthreshold and full psychiatric disorders of suicidal adolescent is important in suicide prevention and the treatment of suicidal adolescents. The diagnostic procedure includes both clinical assessment and using validated (semi) structured diagnostic interviews. Rating scales can provide information on the severity of the patient's symptoms. Next to the assessment of the symptoms it is important to take the history and to get know about adolescents' possible life events. Clinicians should carefully screen potential suicidal behavior itself, which includes both clinical assessment and validated interviews and tests. Complex treatment of suicidal adolescents can include, if it is necessary hospitalization due to the management of acute suicide risk and the appropriate treatment of subthreshold and threshold psychiatric disorders with the consideration of possible life events.

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S113

When your patient dies by suicide; aftermath and implications

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Over fifty percent of psychiatrists will have at least one patient die by suicide while in treatment and some will have more than one patient suicide during the course of their career. The impact of patient suicide on the personal and professional lives of those psychiatrists can be profound. Personally, many suffer a grief reaction than can progress to depression in some cases. Almost all experience a sense of shock upon first learning of the event. Feelings of guilt are also common. Professionally, many fear disapproval from peers and may never again treat a suicidal patient. Some psychiatrists leave the field completely or go into administration so that they never have to treat patients again.

Surveys of training programs have found that most provide training in the assessment of suicide risk and in the management of the suicidal patient but there is minimal training in how to deal with the aftermath of a patient suicide. There is a need to teach and to help practicing psychiatrists, at whatever stage in their career, cope with the stress that occurs when one of their patients dies by suicide during the course of therapy. Important issues are how and when to contact family members and other survivors, whether or not to attend a funeral or memorial service and what and what not to do regarding discussing the case with others. The risk of litigation also is influenced by how psychiatrists behave after patient suicide occurs. The case of Ernest Hemingway is used as an example to illustrate some of these concepts.

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Symposium: E-Mental Health in Psychiatry—Future Perspectives of an Emerging Field

S114

From Telepsychiatry to eMental Health—Experiences and Prospects in Europe



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What started with telepsychiatry (videoconference) has been turned into e-Mental Health (eMH) due to rapid development of IT technology, decreased prices and increased user experiences. Access to mental health care is one of the identified problems within EU mental health services. Increased migration into and within EU cause the increased demands for clinicians with selected skills. Telepsychiatry is the oldest and most common eMH application. The first international telepsychiatry collaboration established between Sweden and Denmark back in 2006 was a success. This model might be used as collaboration prototype while speaking about current refugee crisis in Europe and treatment of mentally ill migrants. The experiences from this pioneer international transcultural telepsychiatry service in combination with various eMH applications may be used as an inspiration for conducting of larger international eMH service capable to provide mental health care toward diversity of patient populations underserved on their mother tongue within EU.

eMH applications could improve quality of care and access to mental health care in rural, remote and under-served as well as in metropolitan areas all around EU.

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S115

E-Mental health for mental disorders—focus on psychotic disorders and PTSD



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Introduction E- mental health technologies have developed rapidly over the past years and may support finding solutions to challenges like scarce resources or the treatment gap in psychiatry.

Objectives Provision of guidance on eMental health technologies in the treatment of post traumatic stress disorder and psychotic disorders.

Methods Two evidence- and consensus-based EPA Guidance papers on eMental health technologies for the treatment of post-traumatic stress disorder and psychotic disorders were developed.

Conclusions The evidence on the efficacy of e-mental health interventions for the treatment of PTSD and psychotic disorders is promising. However, more research is needed in the field.

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S116

E-Mental health interventions for the treatment of gambling

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Gambling Disorder (GD) is a complex psychopathological phenomenon, characterized by the interaction of multiple etiological factors and a very heterogeneous symptomatological expression. Currently many questions remain concerning the best way of treating GD. Indeed, the traditional used (cognitive) behavioral interventions have at best a modest effect size. In addition, there remains a large treatment gap, i.e. less than 10% of pathological gamblers ever seek help and enter treatment. E-health interventions could potentially help to close this gap. Cognitive bias modification (CBM) refers to a class of cognitive training paradigms that target specific automatic attentional, behavioral or evaluative biases triggered by addiction-related cues. These biases have repeatedly been shown to play an important role in addiction. Recently a number of studies have shown that modifying these biases has been effective in the treatment of different types of addictions, e.g. alcohol use disorders. An online Approach Bias Modification program, testing both Attention Bias Modification (ABM) and Approach Bias Modification (AppBM), is currently tested with Belgian and Dutch problem and disordered gamblers. Personalized motivational feedback has been added to the training program, to increase training adherence and prevent dropout. The same research group is also launching a second web-based study combining online AppBM with an online standard, protocolled, cognitive behavioral Therapy (CBT) program with guidance of a trained therapist. Participants receive nine CBT sessions through online chat with the therapist and, concurrently, nine sessions of AppBM. Preliminary results will be discussed.

Disclosure of interest Member Advisory board Lundbeck-Belgium.

Received grant from LOTTO- Belgium to conduct behavioural study that will be discussed in presentation

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S117

E-Mental health in health care systems—a global perspective



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eMental Health is the use of information technology (ICT) to support and improve mental health; it includes online resources, social media and smartphone applications, as well as videotelephony.

It used to be the new frontier, ungoverned but time has led to a maturity such that the novel is now commonplace and what was once Tomorrow's World is here today. From the experience of the networked Scandinavian countries, to the populations that novel techniques are reaching out to; QR codes in the UK, teens in Australia; from determining levels of Internet Addiction in Poland, to the use of that medium to treat anxiety disorders.

An innovation from Law Enforcement has massive implications for patients recording consultations. Other experiments with risk management led to the failure of 'Radar', but paved the way for social care providers to develop safer systems that can care for large populations with few therapists.

It is this use of Artificial Intelligence that may be the most challenging. Over 90 companies are developing the use of AI in diagnostics and related fields, with 14 US and Canadian hospitals involved

with IBM's Watson. Will Drs become unnecessary? However the most innovative aspect of ICT in medicine is in research whether to greatly accelerate the process, or to ensure that educational tools genuinely answer patients' questions.

eHealth is an expanding field, that holds new promise, and opens question about who we are, what is our role, who do we care for and how; that today, 'No man is an Island', everyone should be connected.

Disclosure of interest The author declares that he has no competing interest.

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Symposium: European Perspective on Challenges and Opportunities of the Transition from Child & Adolescent to Adult Psychiatric Services

S118

Developing Joint Approaches to Transition Strategy Between Child and Adolescent Psychiatrists and Adult Psychiatrists in the UK



B. Jacobs

United Kingdom

Transition for young people from Child and Adolescent Mental Health Services (CAMHS) to Adult Mental Health Services often creates considerable disquiet for young people and their families in the United Kingdom. There are examples of good services. However, this is a longstanding problem. Professionals know what to do but solutions have been difficult to implement. There is no single solution because services differ across the country. The question becomes how to understand the difficulties of establishing good transition services. What needs to change to achieve this? This presentation will try to address some of these issues.

Disclosure of interest The author declares that he has no competing interest.

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Symposium: Dissecting heterogeneity in psychiatric disorders using imaging and genetic markers

S119

Association of inter-individual differences in imaging markers with schizophrenia phenotypes

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Introduction Neuroimaging studies have identified several candidate biomarkers of schizophrenia. However, it is unclear whether

the considerable variability in these neurobiological correlates between patients can be translated into the clinical setting.

Objectives We aimed to identify neuroimaging predictors of clinical course in patients with schizophrenia. Combined with the identification of genetically determined markers of schizophrenia risk, our studies aimed to elucidate the biological basis and the clinical relevance of inter-individual variability between patients.

Methods We included over 150 patients with schizophrenia and 279 healthy volunteers across five neuroimaging centers in the framework of the IMAGEMEND project [1]. We performed multiple studies on MRI scans using random forests and ROC curves to predict clinical course. Data from healthy controls served to normalize the data from the clinical population and to provide a benchmark for the findings.

Results We identified ensembles of neuroimaging markers and of genetic variants predictive of clinical course. Results highlight that (i) brain imaging carries significant clinical information, (ii) clinical information at baseline can considerably increase prediction accuracy.

Conclusion The methodological challenges and the results will be discussed in the context of recent findings from other multi-site studies. We conclude that brain imaging data on their own right are relevant to stratify patients in terms of clinical course; however, complementing these data with other modalities such as genetics and clinical information is necessary to further develop the field towards clinical application of the predictions.

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Reference

[1] Frangou S, Schwarz E, et al. World Psychiatry 2016, doi: 10.1002/wps.20334.

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S120

Neuroimaging findings in ADHD and the role of genetics



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ADHD is frequently diagnosed in children and adults. The disorder is highly heritable. However, the genetic architecture of ADHD is complex, with multiple genetic variants of individually small effect size contributing to disease in most patients.

In our own studies as well as in the large mega-analyses of the ENIGMA ADHD Working Group, we have investigated the brain substrates of ADHD. We find the disorder to be characterized by delayed sub-cortical and cortical growth of gray matter in childhood, which gradually normalizes in adulthood: sub-cortical volumes as well as cortical thickness and surface area are smaller in children with ADHD, but become indistinguishable from healthy individuals in adulthood. The situation looks different for white matter connectivity: both in childhood and adulthood, widespread differences in the major white matter tracts are found. The pattern of findings suggests that alterations in myelination might lie at the basis of such case-control differences. Since the disorder and many brain structural measures affected in ADHD are highly heritable, we investigated the overlap of genetic risk factors for ADHD with genetic factors involved in brain volume. This resulted in the identification of several genetic variants contributing to disease risk as well as ADHD-related brain phenotype.

In conclusion, we find ADHD to be a disorder of delayed brain maturation in terms of gray matter, but of persistently altered white matter connectivity across the lifespan. Genetic factors influencing both disease risk and brain measures might improve our understanding of disease etiology and persistence.

Disclosure of interest The author declares that he has no competing interest.

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S121

Cortical and Sub-cortical volumetric abnormalities in bipolar disorder



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Previous MRI studies of bipolar disorder (BD) are often limited by small sample sizes and heterogeneity exists with regard to neuroimaging markers. To address these limitations, the ENIGMA Bipolar Disorder Working Group collected the largest BD neuroimaging data set ever studied ($n=6,500$). Here, we review findings from sub-cortical volume and cortical thickness and area analyses.

ENIGMA harmonized analysis methods were applied to 28 international pooled study samples of MRI data and involved sub-cortical and cortical imaging analyses. We assessed differences between BD and healthy controls (HC) using both mega and meta-analytic multiple linear regression models, adjusting for standard covariates (age, sex, etc.), and correcting for multiple comparisons.

Sub-cortical volume analysis revealed we found consistent volumetric reductions in BD patients for hippocampus and thalamus and enlarged lateral ventricles in patients. In BD, cortical gray matter was thinner in frontal, temporal and parietal regions of both brain hemispheres. BD had large general effects on mean gray matter thickness in both left and right brain hemispheres. Further we found that psychopharmacological treatment showed significant associations with cortical thickness and surface area.

The ENIGMA pipeline allows for identification of brain MRI abnormalities in BD in the largest analysis ever conducted. The results suggest a pattern of brain structure abnormalities, which provide novel insight in pathophysiology of BD, and potential effects of mood stabilizing agents.

Disclosure of interest Received speaker's honorarium from Lundbeck, Lilly, Otsuka

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Symposium: Schizophrenia and clinical psychopathology: From research to clinical practice

S122

Are deficits in social cognition differentiating between schizophrenia and affective disorders



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Over the last decades, in matters of the assessment of psychopathology and its clinical consequences, there has been an increased interest in neurocognitive function including non-social and social cognition.

Classic psychopathology –as represented e.g. by the standardized AMDP system– focuses on pathognomonic signs for the categorization of syndromes [1] and differentiates between disturbances

of perception, concentration, memory retention and long-term memory. A recent short screen for cognitive impairment in psychiatry (SCIP) has addressed five domains of cognitive function: verbal learning–immediate, working memory, verbal fluency, verbal learning–delayed and processing speed [2].

Using the SCIP in admissions from a defined catchment area in the southwest of Vienna we confirm the presence of cognitive deficits in schizophrenic patients and to a lesser degree in bipolar patients. The deficits were present in all five domains and no discriminatory pathognomonic signs could be found between schizophrenia and bipolar disorder.

Recently, possibly selective deficits in social cognition have been described in schizophrenic patients [3]. We review the evidence on the specificity of social impairment to schizophrenia.

Disclosure of interest The authors declare that they have no competing interest.

Reference

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S123

From (Psycho) pathology to diagnosis: psychiatry nosology beyond dichotomy



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As in all medical disciplines, diagnosis in clinical psychiatry should be reached in a step-wise approach: after assessing the chief complaint of the patient, a careful examination of the psychopathology follows e.g. by using the AMDP system [1] to preliminarily conclude the process with a syndromal classification [2]. This syndromal classification is of great importance as it guides the initiation of therapy in daily life practice. After gaining additional information (e.g. investigation in the course of the disease, brain imaging, thorough assessment of cognitive function, exclusion of organic causes) a final diagnosis is possible. Unfortunately, a premature jumping to diagnosis is not uncommon (with the potential consequence of incorrect therapies).

In addition to these difficulties, recent neurobiological research has shown that nosologic assignments through conventional diagnostic classifications are far less specific than assumed, revealing a large overlap between diagnostic categories [3,4], e.g. between Schizophrenia and affective disorders. Consequences of this finding are discussed both for the construction of future classification systems and for therapy.

Disclosure of interest The authors declare that they have no competing interest.

Reference

- [1] Guy W, Ban TA (Eds.). The AMDP-System. New York: Springer, Berlin Heidelberg; 1982.
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- [3] Cross-Disorder Group of the Psychiatric Genomics Consortium. Genetic relationship between five psychiatric disorders

estimated from genome-wide SNPs. *Nature genetics* 45.9 2013:984–99.

- [4] The Network and Pathway Analysis Subgroup of the Psychiatric Genomics Consortium. Psychiatric genome-wide association study analyses implicate neuronal, immune and histone pathways. *Nature neuroscience* 18.2 2015:199–209.

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Symposium: Autism spectrum disorders: From the neurobiology to interventions

S124

Psychosis and autism spectrum disorders



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Autism spectrum disorders (ASD) and schizophrenia were separated into different diagnostic categories in the late 1970's (DSM-III) having previously been considered as related diagnostic entities. Since then, several lines of evidence have indicated that these disorders show clinical and cognitive overlaps as well as some common neurobiological characteristics. Furthermore, there is a group of patients presenting with ASD and psychotic experiences who pose particular diagnostic and management challenges and may represent a subgroup of ASD more closely linked to psychosis. Evidence from a study of the first empirically derived classification of children with ASD in relation to psychosis based on three underlying symptom dimensions, anxiety, social deficits and thought disorder, will be presented. Further phenomenological, genetic and neuroimaging research on the clinical boundaries and overlapping pathophysiology of ASD and psychosis may help better define their relationship and lead to more effective interventions. Understanding this relationship will also provide a framework of working with patients with mixed clinical presentations.

Disclosure of interest The author declares that he has no competing interest.

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S125

Neurobiology of autism spectrum disorders



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Autism Spectrum Disorders (ASD) is a group of neurodevelopmental disorders with heterogeneous etiology characterized by deficits in social cognition, communication, and behavioral flexibility. Disturbances on molecular and cellular level in early brain development incl. intercellular communication, an unbalanced ratio between certain neuronal populations and maturation/differentiation process, oxidative stress, happening in embryonal stages, might be promising candidates to explain the development of autistic symptoms.

In order to get a deeper understanding of these processes, valid “disease models” are pivotal. A new cutting edge technique, named brain organoids, has been highlighted as a promising candidate for obtaining a better “disease model”.

Brain organoids derived from patients induced pluripotent stem cells (iPSC) follow in vivo timeline development; they also have the ability to recreate the right complexity of the brains, developmental stages. On the cellular and gene expression level, organoids demonstrate a high similarity to the developing brain in vivo and can therefore recapitulate early stages of the neurogenesis. To date organoids are the most relevant cellular in vitro platform for the understanding of the mechanisms behind ADS pathology. Investigations of “mini brains” at different time points in their development will give a wider and more detailed picture of the disease dynamic and thus the development of therapeutic and prevention strategies. It is a tool that can be used for effective high throughput screening of chemical compounds as potential drugs (“in sphero” drug testing). Organoids are a good modeling system for elucidating the role of epigenetic and environmental factors for development of ASD.

Disclosure of interest The authors declare that they have no competing interest.

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Symposium: Clinical and neurobiological impact of physical exercise interventions in Schizophrenia

S126

The impact of endurance training on brain structure and function in multi-episode Schizophrenia

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Structural and functional brain alterations as well as cognitive deficits are well-documented findings in schizophrenia patients. Cognitive impairments affect the long-term outcome of schizophrenia and are the main contributors to disability. Despite their clinical impact, however, no effective options are available to treat them sufficiently. Aerobic endurance training has been shown to have effects on brain plasticity, gray and white matter volume as well as functional connectivity measures and on cognitive functioning in animal models and healthy humans. However, effects of physical exercise in combination with cognitive remediation are unknown in Schizophrenia. 21 chronic schizophrenia patients and 21 age and gender-matched healthy controls underwent 3 months of aerobic exercise (endurance training, 30 min, 3 times per week). 21 additionally recruited schizophrenia patients played table soccer (known as “foosball” in the USA) over the same period. After 6 weeks of endurance training or table soccer, all participants commenced standardized cognitive training with a computer-assisted training program. We could show that a 3-month endurance-training program combined with CR therapy had positive effects on everyday functioning in multi-episode Schizophrenia patients. Deficits improved from medium to mild as assessed with the GAF. Negative symptoms, short and long-term verbal memory and cognitive flexibility also improved with training. We could demonstrate grey matter volume increase in the left temporal lobe in schizophrenia patients undergoing endurance training. A non-endurance and coordinative training stimulus like

playing table soccer led to a clearly distinct pattern of grey matter alterations in Schizophrenia patients.

Disclosure of interest The author declares that he has no competing interest.

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Symposium: Current evidence for pharmacological and psychological interventions in the treatment of borderline personality disorder—Findings from two-updated Cochrane reviews

S127

Short-term psychological interventions for borderline personality disorder—What Works?



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Introduction Borderline personality disorder (BPD) is a common and disabling personality disorder associated with difficulties in controlling emotions and impulses, self-injury, feelings of emptiness and abandonment. It is associated with problems in many areas of life, most notably relationships. Psychotherapy is the first-line treatment for people with borderline personality disorder widely used; however, the evidence is not thoroughly investigated. In addition, several specific short-term interventions have been developed during the last decades.

Objectives We are currently updating this cochrane collaboration review on psychological interventions for BPD. First findings on the up-to-date evidence relating to short-term psychological interventions will be presented.

Methods We conducted a cochrane systematic review and meta-analysis of randomized controlled trials (RCTs). Any randomized comparisons of psychological interventions versus unspecific control interventions, waitlist or specific psychotherapeutic interventions in adult BPD patients were eligible. Primary outcomes were BPD core pathology as depicted by DSM criteria. Secondary outcomes included depression, anxiety, general psychopathology, dropouts and adverse events. Two independent researchers selected trials, assessed quality and extracted data independently.

Results The current evidence of short-term psychological interventions in general and the different types of interventions for which RCT evidence is currently available will be evaluated.

Disclosure of interest The authors declare that they have no competing interest.

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S128

Are treatment gains maintained? Long-term psychological interventions for borderline personality disorder



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Introduction Many new approaches have been developed to treat borderline personality disorder (BPD) by means of psychotherapy. Though there is a clear research trend towards short-interventions, the evidence from randomised controlled trials (RCT) on longer-term programmes still accumulates. On the one hand, well-established treatments like Dialectical Behavior Therapy (DBT) or Mentalisation-Based Treatment (MBT) are now subject to real-world effectiveness studies; on the other hand, new dynamic approaches have been studied, lasting longer than 6 months.

Objectives We are currently updating the cochrane Collaboration review on psychological interventions for BPD. First findings on the effects of longer-term psychotherapies will be presented.

Methods We conducted a systematic review and meta-analysis of randomized controlled trials (RCTs) according to cochrane collaboration standards. Any randomized comparisons of psychological interventions versus unspecific control interventions, waitlist or specific psychotherapeutic interventions in adult BPD patients were eligible. Primary outcomes were BPD core pathology as depicted by DSM criteria. Secondary outcomes included associated pathology, i.e., depression and anxiety, general psychopathology severity and functioning as well as tolerability and safety. Two researchers selected trials, assessed quality and extracted data independently.

Results The current evidence of longer-term psychological interventions in general, and the types of interventions for which RCT evidence is available will be evaluated and critically discussed.

Disclosure of interest The authors declare that they have no competing interest.

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S129

Do mood stabilizers help in borderline personality disorder?



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Background Despite the relatively weak evidence base, individuals with borderline personality disorder are often treated with pharmacological interventions. Amongst the drugs, which have

shown most promise, are mood stabilizers, which were one of the two drug classes with the most beneficial effects in a previous cochrane review though the robustness of findings was described as low (Stoffers et al., 2010). Here we present data on the latest evidence for mood stabilizers based on an updated cochrane review currently underway.

Methods A systematic review and meta-analysis of randomized controlled trials was conducted. All randomized comparisons of drug vs. placebo, drug vs. drug, or drug vs. a combination of drugs in adult BPD patients were eligible for inclusion. Outcomes comprised BPD core pathology as depicted by DSM criteria, associated pathology, i.e., depression and anxiety, general measures of overall psychopathology severity, tolerability, and adverse effects. Two researchers selected trials, assessed quality and extracted data independently.

Results Only a limited number of additional trials using mood stabilizers was identified since the publication of the last cochrane review, mainly utilizing Sodium Valproate. This added to the evidence base for mood stabilizers though the overall evidence remains very limited.

Conclusion Mood stabilizers show some initial evidence for their effectiveness in borderline personality disorder. However, these have to be replicated before wider conclusions can be drawn for clinical practice.

Disclosure of interest The authors declare that they have no competing interest.

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S130

Effectiveness of antipsychotic medication in the treatment of BPD



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Introduction Though prescription is off-label, “atypical” or “second-generation” antipsychotics (SGAs) are prevalently given to borderline personality disorder (BPD) patients. They have also been the focus of research on pharmacological agents in BPD in recent years, as the previous version of the relating cochrane systematic review shows.

Objectives We are currently updating this cochrane systematic review on pharmacological interventions for BPD. First findings on the up-to-date evidence relating to SGAs will be presented.

Methods We conducted a systematic review and meta-analysis of randomized controlled trials (RCTs) according to cochrane collaboration standards. Any randomized comparisons of drug vs. placebo, drug vs. drug, or drug vs. a combination of drugs in adult BPD patients were eligible. Primary outcomes were BPD core pathology as depicted by DSM criteria. Secondary outcomes included associated pathology, i.e., depression and anxiety, general psychopathology severity and functioning as well as tolerability and safety. Two researchers selected trials, assessed quality and extracted data independently.

Results The current RCT evidence on SGAs in BPD will be presented, and their use in everyday clinical care settings will critically be discussed.

Disclosure of interest The authors declare that they have no competing interest.

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Symposium: Cognitive remediation and integrated treatments in the psychoses: Clinical effects and biological correlates

S131

Cognitive dysfunctions in the psychoses and their impact on patients' social functioning

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Introduction Impairment of neurocognitive functions, such as attention, memory or executive functions, as well as of social cognition, particularly of affect recognition and theory of mind, are frequently observed in people with Schizophrenia or other psychotic disorders. These dysfunctions are associated with poor real-life functioning. Social cognition deficits mediate in part the impact of neurocognitive dysfunction on functional outcome.

Aims To review literature findings on prevalence, severity and association with functional outcome of neurocognitive and social cognitive deficits in schizophrenia and other psychotic disorders. **Methods** We searched PubMed for English/Italian or French full-text publications with the keywords.

schizophr*/psychosis/psychot*/AND neurocognitive/cognitive/neuropsychological/memory/attention/"executive function"/learning/"social cognition"/"theory of mind"/"affect recognition"/"social emotion recognition"/"emotional intelligence"/"emot* recognition". Furthermore, we manually searched the reference lists of relevant papers, systematic reviews and meta-analyses.

Results In people with schizophrenia, schizoaffective disorder or bipolar disorder with psychotic features, neurocognitive and social cognition deficits were observed in all phases of the disorders, even after symptom remission. Some of these deficits were observed in subjects at high-risk to develop schizophrenia before psychotic onset. In all these subjects, cognitive deficits are associated with worse psychosocial functioning and poor quality of life. Pharmacological treatments do not alleviate cognitive deficits, which can also limit the benefit of other psychological or psychosocial interventions.

Conclusions Neurocognitive and social cognition deficits need to be targeted by specific interventions to improve real-life functioning and quality of life of people with schizophrenia or psychotic disorders.

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S132

Biological correlates of the effects of cognitive remediation in the psychoses

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Cognitive Remediation Therapy (CRT) deals with the cognitive impairment, which is one of the most disabling symptoms of schizophrenia. Unfortunately, the understanding of its neurobiological correlates is far from complete. Neuroimaging studies have shown that CRT is able to induce neurobiological changes although the results have not always been enough replicated. The most commonly reported changes were those that involved the prefrontal and thalamic regions. Additionally, structural changes were described in both the grey and white matter, suggesting a neuroprotective effect of cognitive remediation. Neuroimaging studies of cognitive remediation in patients with schizophrenia suggest a positive effect on brain functioning in terms of the functional reorganisation of neural networks. From a different perspective, some changes in serum levels of Brain derived neurotrophic factor (BDNF) have been described. However, our replication of this trial has not been able to find any significant differences. So, nowadays the status of BDNF as a biomarker of cognitive recovery is possibly premature. One possible explanation can be the role of genetics and their different polymorphisms. COMT and BDNF polymorphisms could be accounting for the different outcomes of CRT. Moreover, some studies suggested a role of genes affecting dopamine modulation on outcomes of cognitive remediation.

Disclosure of interest The author declares that he has no competing interest.

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S133

Impact of Cognitive remediation on the use of psychiatric services and patterns of care of patients with psychoses

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Cognitive remediation (CR) has proved to be effective in improving cognition, symptoms and psychosocial functioning in schizophrenia and other psychoses, but its impact on the use of psychiatric services and patterns of care of patients suffering from these diseases is still scarcely known. In fact, it would be particularly relevant to know if such intervention may have any modifying effect on use of services and costs of treatments. There is preliminary evidence that such an impact does exist, with possible reduction of number and duration of hospitalizations and of long-term residential stays and consequent reduced costs of inpatient treatment. On the other hand, community treatment costs could be increased as an effect of a shift of psychiatric and psychosocial interventions from inpatient to outpatient activities. A critical review of the existing literature on the issue will be provided, together with a discussion of the impact of this shift towards the attainment of increased functional and social recovery in the individual patient.

Disclosure of interest The author declares that he has no competing interest.

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Symposium: Social science and biological findings informing research in suicidal behavior

S134

Electrodermal reactivity and suicide

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Electrodermal Activity (EDA) refers to changes in electrical conductance of the skin. Electrodermal hyporeactive individuals are those who show an unusual rapid habituation to identical non-significant stimuli. Previous findings suggested that electrodermal hyporeactivity has a high sensitivity and a high negative predictive value for suicide. The aim of the present study is to test the effectiveness and the usefulness of the EDOR[®] (ElectroDermal Orienting Reactivity) Test as a support in the suicide risk assessment of depressed patients.

One thousand five hundred and seventy three patients with a primary diagnosis of depression, whether currently depressed or in remission, have been recruited at 15 centres in 9 different European countries. Depressive symptomatology was evaluated through the Montgomery-Asberg Depression Scale. Previous suicide attempts were registered and the suicide intent of the worst attempt was rated according to the first eight items of the Beck Suicide Intent Scale. The suicide risk was also assessed. During the EDOR[®] Test two fingers are put on gold electrodes and a moderately strong tone is presented through headphones now and then during the test. The EDOR[®] Test is able to register the electrodermal responses to those tones, along with the blood volume in the fingers. Each patient is followed up for one year in order to assess the occurrence of suicidal behaviors.

Expected results would be that patients realizing a suicide attempt with a strong intent or committing suicide should be electrodermally hyporeactive in most cases and non-hyporeactive patients should show only few indications of death intent or suicides. Preliminary findings will be presented.

Disclosure of interest The participating centres received funding for this study by EMOTRA AB, Sweden.

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S135

Neural patterns in ecological momentary assessment of social stressors

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Background Suicidal behaviors result from a complex interaction between social stressors and individual vulnerability. Ecological Momentary Assessment (EMA) provides the opportunity to investigate the relationship between social stressors in daily life and the occurrence of negative thoughts leading to suicidal ideation. fMRI showed that a neural network supports the sensitivity to social stressors in suicide attempters.

Objective A joint fMRI/EMA study investigated whether individual differences in brain reactivity to scanner-based social rejection was related to social rejection during real-world social interactions.

Method Sixty women were included: euthymic women with a history of depression with or without suicidal behavior and healthy controls. The Cyberball Game was used as a social exclusion paradigm. Following the fMRI, subjects used EMA for seven

days, providing data on environmental, contextual and emotional factors.

Results In the fMRI study, in comparison to patients without any history of suicide attempt and healthy controls, suicide attempters showed decreased activation in the posterior cingulate cortex, insula and superior temporal gyrus during the exclusion vs. inclusion condition. In the EMA study, social stressors were specific predictors of suicidal ideation in suicide attempters. We will examine here if individuals who show greater activity in specific brain regions during scanner-based social rejection reported a greater social distress during their daily social interactions.

Conclusions this study used a combined technique to assess whether neural reactivity to experimental social rejection in the scanner is related to real-world social experience, and if it may help to understand the sensitivity to social stress in suicidal behavior.

Disclosure of interest The authors declare that they have no competing interest.

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S136

A review of advances in social sciences and their application for research in suicidal behavior

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Suicidal behavior and its prevention constitute a major public health issue, and the moderating effect of sociodemographic factors has been studied for more than a century. In the last years it has become evident that the relationship between social factors and suicidal behavior is complex and highly dependent on the context. For instance, minorities suffering marginalization, such as the Inuit in Canada or the aborigines in Australia, present high rates of suicide. However, other minorities, such as immigrants arriving to tightened communities, can be protected from suicide compared to the social majority. Other contradictory effects have been reported concerning income per capita and the evolution of the economy. Unfortunately, the interplay of social factors in suicidal behavior and the social consequences of suicide attempts are rarely represented in theoretical models of suicidal behavior, despite their importance to adapt suicide prevention policies to social groups at risk. In this presentation, recent advances and new and integrative avenues for future research in the social aspects of suicidal behavior will be summarized.

Disclosure of interest The author declares that he has no competing interest.

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S137

MicroRNA profiling in postmortem brain and plasma exosomes: Biomarker perspective of suicidality

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Introduction Suicide is a leading cause of death. Although research on the biological aspects of suicide is accumulating, there is no testable biomarker to assess suicidality. miRNAs, small non-coding RNAs, have been implicated in synaptic plasticity, genetic susceptibility to stress and coping to stress response. Because of the presence of microRNAs in circulating body fluids, miRNAs can not only be used as regulators of disease pathologies but also in prognosis and treatment response.

Objectives Whether miRNAs can be used as biomarker for suicidality.

Aims To examine miRNA expression in brain of suicide victims and in plasma exosomes of suicidal individuals.

Methods microRNA expression was studied in prefrontal cortex of depressed suicide subjects and healthy normal controls. Role of microRNAs in synaptic plasticity was studied by examining total and synaptosomes. microRNA expression was also studied in plasma exosomes of depressed non-suicide and depressed suicide subjects and healthy normal controls.

Results We found a global down-regulation of miRNAs in depressed subjects (21 miRNAs significantly down-regulated). Many of them were synaptically enriched and encoded at nearby chromosomal loci, shared motifs within the 5'-seeds, and shared putative mRNA targets. In addition, we found a dramatic reorganization of microRNAs in a coordinated and cohesive fashion in depressed subjects. We also detected changes in miRNAs in plasma exosomes of depressed suicide subjects that corresponded to microRNA changes in prefrontal cortex.

Conclusion Our study provides critical evidence that microRNAs play a major role in suicide pathophysiology and that these microRNAs can be reliably used as peripheral biomarker.

Disclosure of interest The author declares that he has no competing interest.

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Symposium: Driving ability and psychotropic drugs

S138

Driving ability and psychotropic drugs: Introduction, epidemiology and general aspects

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Psychiatric illness, psychotropic drugs and driving ability. For most people driving is an important activity in daily life affecting physical, social, and economic well-being. Driving mobility is also an important part of one's self-identity that may influence health status. It could be demonstrated that 67% of psychiatric patients reported to have a valid driver's license and 77% of them referred to regularly use their cars. Closer inspection of data reveals, that road mobility is largely linked to psycho-functional status. In this context a significant issue is the impact of medical conditions and/or psychoactive medicines on road safety. Psychiatric patients, considered as a group, seem to have a moderately elevated risk of being involved in a road traffic accident with high-risk rates especially for organic mental disorders. With respect to pharmacotherapy, within psychotropic medicines an increased road traffic crash risk for benzodiazepines, z-hypnotics and some antidepressants has been well documented. The combination of psychoactive drugs additionally increases risk that is highest when combined with alcohol. However, therapeutic drug use may also lower risk, as the illness itself constitutes a higher risk of road traffic accidents. As many studies did not adequately control for confounding factors, results of epidemiological studies must be interpreted cautiously.

Disclosure of interest The author declares that he has no competing interest.

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S139

Antipsychotics and driving ability

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Driving a vehicle is an important everyday life skill associated to a psychiatric patient's autonomy and identity. Nevertheless, the right to drive is not a right at all, it is a privilege granted and regulated by rules and restrictions from the States that have also the duty to pull this privilege and deny the ability to legally drive in potentially unsafe drivers. The decision about for whom and when to forbid driving is a difficult matter of judgment that must remain a clinical and professional judgment within the medical encounter. Both antipsychotics as the psychiatric disorders target of these psychoactive drugs produce changes of psychomotor performance that can interfere with the ability to drive safely. Moreover, it is really hard to distinguish between the effects of the disease itself as opposed to the effects of the medication when studying the interaction between antipsychotics and driving ability. Previous results of our research in the field indicate that psychiatric patients who improved clinically after drug treatment also showed improvements in driving ability. So, adequate psychotropic treatment causes a positive effect on driving performance that outweighs the possible deleterious effect of medication. However, it remains essential to supply mental health professionals with new information, which is quantitatively and qualitatively valid, on the role of antipsychotics in driving ability. The purpose of the present lecture is to review research undertaken to-date on the effects of antipsychotic medications on driving ability. A search of various databases, including Medline, Embase and PsycInfo, will be conducted.

Disclosure of interest The author declares that he has no competing interest.

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S140

Antidepressants and driving ability

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Depression is a mental disorder that is likely to affect daily functions, including driving ability. However, driving performance of depressed patients remains poorly investigated. We will present 2 studies designed to assess driving performance of patients receiving long-term antidepressant treatment. The first study compared driving performance of untreated depressed patients, depressed patients receiving SSRI or SNRI treatment for 6–52 weeks and matched healthy controls. The second study compared driving performance of long-term users of sedative antidepressants to that of matched healthy controls. A standardized on-the-road driving test was used to assess standard deviation of lateral position (SDLP), a measure of weaving. In the first study, mean SDLP of untreated and treated patients were significantly higher as compared to SDLP of matched controls. Driving impairment in the treated group was significantly less as compared to the untreated group. SDLP was positively correlated to severity of depression across both groups of patients. In the second study, SDLP of patients receiving sedative antidepressants (e.g. mirtazapine) during 0.5–3 yrs was significantly higher as compared to matched controls. Driving performance of patients receiving sedative antidepressants for more than 3 yrs did not differ from matched controls. Severity of depression in these patients groups was low. It is concluded that symptoms of depression are a major cause of driving impairment. Reductions in severity of depression through antidepressant treatment reduce severity of driving impairment. Sedative antidepressants such as mirtazapine however can still induce driving impairment in patients with remission for up to 3 yrs of use.

Disclosure of interest The work presented was funded by the Dutch ministry of Infrastructure and transport and the European Committee.

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S141

Driving ability and psychotropic drugs: Legal framework, forensic aspects

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Although the rate of victims of road traffic accidents is already relatively low in Switzerland compared to other western countries, still 253 people died in 2015. The Swiss parliament therefore issued in 2012 already a program called “Via segura” to increase road traffic security by means of a package of measures, ranging from immobilizing systems for the car in case of drunken drivers to stricter rules for medical assessment of ability to drive a car and better training for doctors in such assessment to finally stricter laws regarding lower tolerance for alcohol levels and zero tolerance for drug consumption when driving a car. The presentation will focus on changes in legal regulation for both medical assessment as well as rules for alcohol or drug consumption when driving a car. Positive and negative consequences for the field of forensic psychiatry are discussed.

Disclosure of interest The author declares that he has no competing interest.

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Symposium: Ethics and aesthetics in psychiatry—Tasks and goals

S142

Ethics and aesthetics—Philosophical perspectives

M. Poltrum

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European intellectual history teaches us that beauty is not just an adornment to life but is also a major source of strength for our life. Moreover, the positive aesthetic experience also has healing power. That beauty is a highly effective antidote to life's suffering, i.e. acts as an anti-depressant, has been documented in the tradition of philosophical aesthetics from Plato to Bloch. Beauty reveals truth and goodness (Plato), it shows the harmonious order and the glory of things (Pseudo-Dionysius the Areopagite), it is one of the transcendental names of God (Thomas of Aquinas), in beauty the world appears in its perfection (Baumgarten), beauty is the daughter of freedom (Schiller), it offers a temporary escape from the suffering of existence (Schopenhauer), aesthetic values are the only values that withstand nihilism and the meaninglessness of existence and are thus the actual stimulus of life (Nietzsche), the beautiful is the sensual appearance of the idea (Hegel), beauty is an anti-depressant and Weckamin of being, it tears people out of their forgetfulness of Being (Heidegger), there is a close relationship between the shining forth of the Beautiful and the evidentness of the Understandable (Gadamer), in an artwork and through the aesthetic attitude the Other, foreign, the non-identical that is mangled and mutilated



in the administered world is preserved and saved (Adorno). Many more positive affirmative descriptions from the tradition of philosophical aesthetics demonstrate that beauty and the aesthetic have a therapeutic dimension.

Disclosure of interest The author declares that he has no competing interest.

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S143

Ethics in transcultural psychiatry

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Global migration and the increasing number of minority groups, including immigrants, asylum seekers, refugees and ethnic minorities, mean that increasingly, psychiatrists and patients may come from different cultural backgrounds. Therefore, cultural differences between patients and clinicians have become a matter of growing importance to mental health care as western societies have become increasingly diverse. This talk will attempt to illustrate how attention to these cultural differences enriches the discussion of ethics in mental health care. This talk will also attempt to underline that cultural competence is able to enhance the ethical treatment of mental health of patients from different cultural backgrounds. Consequently, to be culturally competent, a clinician must be sensitive, knowledgeable, and empathetic about cultural differences. Therefore, cultural competence is a concrete, practical expression of bioethics ideals. According to Hoop et al. in 2008, it is a practical, concrete demonstration of the ethical principles of respect for persons, beneficence (doing good), nonmaleficence (not doing harm), and justice (treating people fairly), the cornerstones of ethical codes for the health professions.

In this talk the complex relationship between culture, values, and ethics in mental health care will be analyzed and discussed.

Disclosure of interest The author declares that he has no competing interest.

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S144

Social aesthetics and mental health—Theory and practice

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The Hows of dealing with life and with our fellow human beings is the main focus of scientific endeavor of social aesthetics as a multidisciplinary research domain. This knowledge about the Hows of our social coexistence in general and in preventative and curative medicine in particular provides the indispensable social aesthetics foundation for therapeutic interventions in which the individual once more becomes the measure of all things and activities. European intellectual history teaches us that beauty is not just an adornment to life but is also a major source of strength for our life. Moreover, the positive aesthetic experience also has healing power. Social aesthetics that wishes also to be understood as the science of beauty in interpersonal relationships provides us with knowledge that in medical-therapeutic practice becomes a key pillar of human-centred approaches to prevention and treatment.

Disclosure of interest The author declares that he has no competing interest.

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Symposium: Subtypes of schizophrenia

S145

Characterization of different subtypes of schizophrenia: Premorbid functioning, neurophysiological differences, functional outcomes



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Introduction Although not included in current diagnostic systems, deficit versus non-deficit and resistant versus non-resistant schizophrenia subtypes look more promising than traditional schizophrenia subtypes in terms of stability across time, clinical utility and interest for research.

Aims To critically analyze evidence supporting the validity of two schizophrenia subtypes: Deficit Schizophrenia (DS) and Treatment Resistant Schizophrenia (TRS).

Methods Empirical data supporting the validity of DS and TRS subtypes will be critically reviewed.

Results DS, in comparison with non-deficit schizophrenia, is characterized by poorer premorbid functioning, more insidious onset, lower prevalence of dysphoria, hostility, suicidal ideation, depressive symptoms and substance abuse, different neurobiological abnormalities, and poorer response to treatment. The diagnosis of DS shows high reliability and stability across time. However, research based on this approach has proven difficult, especially in first-episode schizophrenia, and findings have not been as homogeneous as expected.

TRS patients, as compared to non-TRS ones, show persisting psychotic symptoms, greater severity of negative symptoms, more severe cognitive dysfunctions, poorer premorbid functioning, longer duration of untreated psychosis, more frequent co-morbidity with personality disorders, earlier illness onset and poorer social functioning.

Conclusions Future research should consider a) refining diagnostic criteria for DS and identifying valid DS endophenotypes; b) dissecting TRS based on psychopathological characteristics (e.g. presence of primary and persistent negative symptoms or persistently severe positive symptoms), and underlying neurobiological mechanisms (e.g. dopamine synthesis capacity and glutamatergic transmission).

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S146

Genetics and neurophysiological characterization of first episode and deficit schizophrenia

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The deficit subtype of schizophrenia (DS) is hypothesized to constitute a pathophysiologically distinct subgroup of schizophrenia patients suffering from enduring, idiopathic negative symptoms. The aim of the present study was to assess a relationship between the deficit/non-deficit dichotomy and various markers. We tested a hypothesis that stem cells and factors that modulate their trafficking may be biological markers of acute psychosis.

Methods The DS was identified using the SDS. The MMP-9, BDNF, and COMT gene polymorphisms were genotyped. DNA methylation of the human endogenous retrovirus type K (HERV-K) sequences was determined. Smell identification test was performed using the Sniffin' Sticks test. For the assessment of executive function we used the Wisconsin Card Sorting Test, the Trail Making Test, Verbal Fluency Test Phonemic, Stroop Color Word Test and Go/No Go task.

Results and Discussion There was no association between the examined functional gene polymorphisms, methylation levels and DS. Similarly, there was no relationship between overall odor identification abilities and the deficit/non-deficit dichotomy. The results tended to indicate specific problems in the identification of few odors in DS. DS, compared with the non-deficit group, obtained lower scores in the WCST and TMT and exhibited greater interference within concept formation and non-verbal cognitive flexibility. Furthermore, in patients with the first schizophrenia-like episode, the number of circulating Lin (-)/CD45 (-)/CD34 (+) very small embryonic like stem cells (VSELs) and the S1P plasma level were the best predictors of risk and are proposed as novel markers for the first "schizophrenic" episode of psychosis.

Disclosure of interest The authors declare that they have no competing interest.

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S147

From identification of neurofunctional systems to individualization of treatment for schizophrenic disorders



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Schizophrenia is a severe brain disorder characterized by positive, negative, affective and cognitive symptoms and can be viewed as a disorder of impaired neural plasticity. Schizophrenia leads to long-term disability in a substantial proportion of the sufferers and it is still connected with an unfavorable outcome. Therefore, it is inevitable to find and apply interventions to reduce the risk of psychosis and/or prevent a further chronification of the illness. There are two major obstacles translational schizophrenia research has to face: One is the introduction of easy to measure and reliable biomarkers; the second are add-on treatments to improve the residual symptoms of this illness. To reach the first goal, subgroups must be identified utilizing biomarkers in order to induce specifically targeted treatments. For the long-term prognosis and outcome it is necessary for biomarkers to constitute easy measurable clinical routine parameters. Studies will be summarized using clinical (GAF, PANSS, CGI) and imaging data in order to accurately predict the outcome in the first week, for 4 and for 52 weeks. This will help to subdivide these groups into a good, an intermediate and a fair outcome group. Future clinical studies will benefit enormously if it was possible to focus on the intermediate group, where recovery could be reached by targeted treatment as most of those subjects are showing partial recovery or remission.

Disclosure of interest The author declares that he has no competing interest.

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25th European Congress of Psychiatry Workshop

Workshop: To screen or not to screen?

W001

Problems of screening for psychiatric comorbidity in the medically ill: What can be recommended?



A. Diefenbacher

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CL-psychiatrists have to work under severe time pressure in acute care setting. Hence, it is necessary to have an armamentarium of screening tools for disorders most frequently met in the general hospital. This presentation will discuss such tools for delirium, alcohol abuse, depression, personality disorders (“how to manage difficult patients”), attachment styles. On a conceptual level, the so-called “situational approach” in cl-psychiatry will be discussed. *Disclosure of interest* The author has not supplied his declaration of competing interest.

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W002

The impact of screening psychiatric comorbidity and high-risk feedback on liaison psychiatric consultation rates and clinicians' attitudes on a neurology ward



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Introduction Lifetime prevalence of psychiatric comorbidity in neurological patients is as high as 55%, but it remains often undetected and therefore untreated in hospital settings. Further, clinicians tend to make little use of the consultative and liaison psychiatric team for detection and treatment of anxiety and mood disorders in neurological patients. The current study aimed to investigate whether the implementation of a stepped screening protocol with high risk feedback to the clinician had an influence on the use of consultative and liaison psychiatric services.

Method All patients admitted to the neurological ward were assessed using a stepped screening protocol for depression, anxiety

and substance use during 15 months. Positive screening resulted in feedback to the clinicians depending on the study phase (e.g. feedback vs. no feedback).

Results No differences were found in the use of consultative and liaison psychiatric services during the non-feedback and feedback phase.

Conclusion Screening and high risk feedback of psychiatric comorbidity in neurological patients does not increase psychiatric referral rates. It points to the necessity of a more integrated collaborative care model for detection and treatment of psychiatric comorbidity.

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

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W003

The screening for depression and neurocognitive disorders in subjects newly diagnosed with HIV



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Background Inflammatory mediators may be relevant to explain the frequent comorbidity between depression, neurocognitive disorders and HIV. HIV induces activation of inflammatory mediators, mainly cytokines, that have been involved in the onset of depression and response to antidepressant treatment.

Aim To identify recurring profiles of inflammatory biomarkers subtending depression, effectiveness of antidepressants and neurocognitive disorders among HIV-infected individuals.

Methods All adult newly HIV-diagnosed out-patients attending HIV clinics in three towns of Northern Italy were screened, assessed for depression and studied immunologically and for neurocognitive disorders.

Results Twenty-five patients have been enrolled so far: of these, 35% were positive to PHQ-9 screening, of which 6 were positive to the diagnostic assessment for depression. No neurocognitive disorders were found among the patients. As the project will develop, it

is expected that frequency of depression, neurocognitive disorders and effective antidepressant treatment will be found to correlate to the profile of immune biomarkers. These findings might help to understand the etiology of depression in HIV, and specifically the role of inflammation and immunological changes.

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

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W004

Psychosocial screening of alcohol liver disease patients before liver transplantation



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In Europe, 30% to 50% of liver transplantations are currently due to alcoholic liver disease (ALD). In the United States, this percentage is 17.2%. Post-transplant survival and other predictors of clinical course do not differ significantly from those in other types of transplanted patients, as long as there is no relapse of drinking. However, 20%–25% of these patients lapse or relapse to heavy drinking post-operatively, which has been associated with an increased risk of liver damage and mortality. It is therefore crucial to design specific selection and follow-up strategies aimed at this particular type of patient. Several good and poor prognosis factors that could help to predict a relapse have been suggested, among them the duration of abstinence, social support, a family history of alcoholism, abuse diagnosis versus alcohol dependence, non-acceptance of diagnosis related to alcohol use, presence of severe mental illness, non-adherence in a broad sense, number of years of alcoholism, and daily quantity of alcohol consumption. In this article, we discuss these and other, more controversial factors in selecting ALD patients for liver transplantation. Abstinence should be the main goal after transplantation in an ALD patient. In this article, we review the several definitions of post-transplant relapse, its monitoring and the psychopharmacological and psychotherapeutic treatment.

Disclosure of interest The author has not supplied his declaration of competing interest.

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Workshop: Women in psychiatry: Mind the gender gap

W005

The current status of women in psychiatry in Europe



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For more than two decades, psychiatry has retained its position amongst the medical specialties with the highest proportion of women entering residency programs. The percentage of women in junior academic positions in psychiatry is also high and consistently higher than that of men. However, the number of women in positions of leadership remains disproportionately low at around 5% with no evidence of improvement over time. The phenomenon of female under-representation is not unique to psychiatry or academia. Women are under-represented in all fields of leadership and this is a matter of wider societal concern. In this presentation, I will discuss external and internal barriers that women face and detail positive actions that can help women succeed in their careers.

Disclosure of interest The author has edited and co-authored a book on “Women in Academic Psychiatry: A mind to Succeed”

<http://dx.doi.org/10.1016/j.eurpsy.2017.01.028>

W006

Barriers to gender equality in career advancement and leadership



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Life as a researcher includes a large amount of competition and a heavy workload. Professor's tasks comprise, besides their own research, to lead your research team, to have the responsibility for higher education, expertise in diverse contexts, review of scientific articles, to seek financial support, to work with national and international committees, to serve in administrative posts at the university and in international associations, to write articles, books and book chapters, to attend meetings and conferences, and to address the many other tasks that may arise throughout one's career. This makes one dependent on skillful co-workers, which should not be taken for granted. Given the constant flow of incoming requests, one has to think and choose before agreeing to commit to a task at hand, in order to not set aside your own research. This demands a high capability to prioritize. The choice of a life partner who can share both professional and private interests, a partner who understands, encourages and supports, while at the same time gives the necessary critical feedback, is a treasure. Freud said “love and work are the cornerstones of our humanness”, but work must be pleasurable thus try to combine work, love, and play.

Disclosure of interest The author has not supplied his declaration of competing interest.

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Workshop: Mental health impact of SUDs on neurodevelopmental mental disorders

W007

Neuroimage studies: The effect of methylphenidate in cocaine users with ADHD



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Background Attention deficit/hyperactivity disorder (ADHD) is an important contributing factor in the pathophysiology of substance use disorders (SUD), and ADHD occurs more often in populations with SUD compared to the general population. This high prevalence rate and comorbidity may relate to a shared neurobiological vulnerability, including a deregulation of the brain's dopamine system. This comorbidity directly impacts the treatment of ADHD: treatment with methylphenidate is less effective in patients with ADHD and SUD compared to ADHD patients without SUD.

Methods We investigate the underlying neurobiological background of reduced treatment effectiveness for adult ADHD patients with comorbid SUD.

Results We observed lower available dopamine transporters, as well as a reduced binding of methylphenidate to these transporters, and more neurocognitive dysfunction in adults ADHD patients with SUD compared to ADHD patients without SUD.

Conclusion Comorbid ADHD and SUD has a high prevalence rate and reduces ADHD treatment effectiveness, which makes it necessary to screen for the presence of ADHD in patients

seeking SUD treatment. Neurobiological and neurocognitive differences are present between ADHD patients with and without SUD, which together may partially explain the reduced effectiveness of methylphenidate in adult ADHD patients with SUD.

Disclosure of interest The author has not supplied his declaration of competing interest.

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W008

Treatment of ADHD with cannabinoids

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Introduction Adults with ADHD describe self-medicating with cannabis, with some reporting a preference for cannabis over ADHD medications.

Objectives The experimental medicine in ADHD-cannabinoids study was a pilot randomised placebo-controlled experimental study of a cannabinoid medication, Sativex oromucosal spray, in 30 adults with ADHD.

Methods The primary outcome was cognitive performance and activity level using QbTest. Secondary outcomes included ADHD and emotional lability (EL) symptoms.

Results Thirty participants were randomly assigned to the active ($n=15$) or placebo ($n=15$) group. For the primary outcome, no significant difference was found in the ITT analysis although the overall pattern of scores was such that the active group usually had scores that were better than the placebo group (Est = -0.17, 95%CI -0.40 to 0.07, $P=0.16$, $n=15/11$ active/placebo). For secondary outcomes, Sativex was associated with non-significant improvements in hyperactivity/impulsivity ($P=0.03$), a cognitive measure of inhibition ($P=0.05$), inattention ($P=0.10$) and emotional lability. Per-protocol effects were higher.

Conclusion Results did not meet significance following adjustment for multiple testing. One serious (muscular seizures/spasms) and three mild adverse events occurred in the active group and one serious (cardiovascular problems) adverse event in the placebo group. Adults with ADHD may represent a subgroup of individuals who experience a reduction of symptoms and no cognitive impairments following cannabinoid use. This provides some preliminary evidence in support of the self-medication theory of cannabis use in ADHD. A larger trial is warranted.

Disclosure of interest Kings College London research support account for Asherson received honoraria for consultancy to Shire, Eli-Lilly and Novartis educational/research awards from Shire, Lilly, Novartis, Vifor Pharma, GW Pharma and QbTech speaker at sponsored events for Shire, Lilly and Novartis.

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W009

Guidelines for managing ADHD and substance use disorders

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Guideline for managing ADHD and substance use disorders (SUD) Frieda Matthys, MD, PhD.

Background Despite the high prevalence of ADHD in adults with SUD and the availability of an approved guideline, under diagnosis and inadequate treatment still persist. This comorbidity associates with reduced treatment effectiveness, making successful treatment in adults with ADHD and SUD a challenge.

Methods The guideline of 2010 for recognizing and treating adult ADHD in patients with SUD is updated in 2016, in cooperation

with caregivers, of the addiction centers in Belgium and based on research literature and clinical experience. The English translation is discussed by an international group of clinicians and experts to result in a consensus statement via ICASA (International Collaboration on ADHD and Substance Abuse).

Results This consensus presents a useful guide for the diagnosis and treatment of ADHD and SUD. Due to the lack of scientific evidence on some of the topics, the guide is a combination of evidence based and practice based recommendations.

Conclusion The management of ADHD in patients with SUD remains a challenge. Diagnosis is complicated by SUD symptoms and by the skepticism associated with the recognition of ADHD in adults. The treatment is hampered by high relapse rates and reduced effectiveness of the currently available pharmacotherapies. Combining psycho- and pharmacotherapy in an integrated treatment that covers both ADHD and SUD, may help to keep these patients in treatment.

A Dutch manual for the integrated treatment of ADHD and SUD is being developed.

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Workshop: big data in psychiatry. unprecedented opportunities, new strategies

W010

Permutations and computational power: A molecular cascade analysis to approach big data in psychiatry



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In the last few years, we conducted a number of molecular pathway analyses on the genetic samples provided by the NIMH. The molecular pathway approach accounts for the polygenic nature of the most part of psychiatric disorders. Nevertheless, the limits of this approach including the limited knowledge about the function of the genes, the fact that longer genes have higher probability to harbour variations significantly associated with the phenotype under analysis and the false positive associations for single variations, demand statistical control and bio-statistical knowledge. Permutations are a methodology to control for false positive associations, but their implementation requires that a number of criteria are taken into account: 1) the same number of genes and the same number of variations of the index pathway must be simulated in order to limit the bias of selecting significantly longer or shorter genes; 2) a sufficient number of permuted pathways is created ($10E5$ to $10E6$ depending on computational resources) which demands higher computational power; 3) the correct statistical thresholds are identified and discussed; 4) some pathways might be over-represented and the source of information must be constantly updated. The tools for running a molecular pathway analysis (R Foundation for Statistical Computing, 2013) when interacting with a supercluster PC and the international bioinformatic datasets (Embase, NIMH and others), together with the critical steps of bioinformatics scripting (bash language) are described and discussed.

Disclosure of interest The author has not supplied his declaration of competing interest.

<http://dx.doi.org/10.1016/j.eurpsy.2017.01.033>

W011

Inflammation and pruning may inform risk to psychiatric disorders. Lessons from large genetic data



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Background It's known that psychiatric disorders are caused to either environmental and genetics factors. Through the years several hypotheses were tested and many genes were screened for association, resulting in a huge amount of data available for the scientific community. Despite that, the molecular mechanics behind psychiatric disorders remains largely unknown. Traditional association studies may be not enough to pinpoint the molecular underpinnings of psychiatric disorder. We tried to applying a methodology that investigates molecular-pathway-analysis that takes into account several genes per time, clustered in consistent molecular groups and may successfully capture the signal of a number of genetic variations with a small single effect on the disease. This approach might reveal more of the molecular basis of psychiatric disorders.

Methods i)We collected data on studies available in literature for the studied disorder (e.g. Schizophrenia, Bipolar Disorder);ii)We extracted a pool of genes that are likely involved with the disease;iii)We used these genes as starting point to map molecular cascades function-linked. The molecular cascades are then analyzed and pathways and sub-pathways, possibly involved with them, are identified and tested for association.

Results/discussion We obtained interesting results. In particular, signals of enrichment (association) were obtained multiple times on the molecular pathway associated with the pruning activity and inflammation. Molecular mechanics related to neuronal pruning were focused as a major and new hypothesis for the pathophysiology of psychiatric disorders and the role of inflammatory events has been extensively investigated in psychiatry. interesting, inflammatory mechanics in the brain may also play a role in neuronal pruning during the early development of CNS.

Disclosure of interest The author has not supplied his declaration of competing interest.

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W012

Combined analysis of large genetic samples: new statistical approaches improve gene discovery

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Introduction Cognitive dysfunction is recognized as a core feature of schizophrenia and is considered an important predictor of functional outcomes. Despite this, current treatment strategies largely fail to ameliorate these cognitive impairments. In order to develop more efficient treatment strategies, a better understanding of the pathogenesis of cognitive dysfunction is needed. Accumulating evidence indicates that genetic risk of schizophrenia contributes to cognitive dysfunction. However, the precise genetic variants jointly influencing schizophrenia and cognitive function remain to be determined.

Aims Here, we aimed to identify gene loci shared between schizophrenia and general cognitive function, a phenotype that

captures the shared variation in performance across several cognitive domains.

Methods Using a Bayesian statistical framework, we compared genome-wide association study (GWAS) data on schizophrenia from the Psychiatric Genomics Consortium cohort ($n = 79,757$) with GWAS data on general cognitive function from the CHARGE Consortium ($n = 53,949$). By conditioning the false discovery rate (FDR) on shared associations, this statistical approach increases power to detect gene loci.

Results We observed substantial polygenetic overlap between schizophrenia and general cognitive function, which replicated across independent schizophrenia sub-studies. Using the conditional FDR approach we increased discovery of gene loci and identified 13 loci shared between schizophrenia and general cognitive function. The majority of these loci (11/13) shows opposite directions of allelic effects in the phenotypes, in line with previous genetic studies and the observed cognitive dysfunction in schizophrenia.

Conclusions Our study extends the current understanding of the genetic etiology influencing schizophrenia and general cognitive function by identifying shared gene loci between the phenotypes.

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

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W013

RNA sequencing in bipolar disorder: from long non-coding to circular rnas

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Bipolar disorder (BPD) is a highly debilitating psychiatric disorder. The underlying molecular mechanisms of BPD remain largely unknown. Studies targeting postmortem brain tissues of BPD patients have identified very few consistently replicated differences in the expression levels of protein-coding RNAs across different areas of the brain. Since differential expression of the human genome produces a wide spectrum of protein-coding and noncoding RNAs, we hypothesized that major molecular deficits associated with BPD could reflect dysregulation of multiple classes of RNA. To test this hypothesis, we obtained postmortem human medial frontal gyrus tissue from BPD patients and healthy controls ($n = 16$). To survey the implication of both protein-coding and long non-coding RNAs (lncRNAs) in BPD, we then performed RNA sequencing, PCR validation and replication experiments adopting a case-control design. Thirty-six genes and fifteen lncRNA transcripts not previously implicated in BPD were detected as differentially expressed (FDR < 0.1). Functional analyses identified enrichments of angiogenesis, vascular system development and histone H3-K4 demethylation. In addition, we report extensive alternative splicing defects in the brains of BPD subjects compared to controls. Finally, we describe for the first time a large reservoir of circular RNAs (circRNAs) that populate the medial frontal gyrus and report significantly altered levels of two circular transcripts (cNEBL and cEPA3) from the NEBL and EPA3 loci in BPD. Our findings may not only contribute to gain insight into the pathophysiology of BPD but may be tested in the near future as potential biomarkers for diagnostics.

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

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Workshop: love, sex and psychiatry: the case of gender dysphoria

W014

A Dimensional perspective on sexual orientation and gender

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Gender identity - the subjective experience of membership to a gender - is generally taken for granted by most of the persons. It is part of our general identity, and provides a sense of continuity of the self, and interrogative on this aspect of our life are barely present in our consciousness. Exceptions are represented by stages of development such as adolescence or some categories of persons who do not identify themselves into the dichotomous world of men/female. The debate on gender identity recently has broken into the consciousness for Psychopathology, rising interrogatives from different perspectives, including Medicine, Psychology, Anthropology, and Ethic.

In the present symposium we resume the historical trajectory of gender definition, emphasizing the importance of a different perspective on gender than the common definition provided by western culture. We propose a phenomenological perspective on the components of sexual identity, which includes anatomical sex, gender identity, sexual orientation, and gender role. The phenomenological approach is coherent with the dimensional view on sexual identity proposed by the DSM board, as well as by LGBT movements. This position considers Gender Dysphoria and transsexualism as a pole of gender variants continuum. Phenomenology looks at the comprehension of subjective gender heterogeneity, and the subjective world of gender dysphoric persons as the only way to take care of them; every psychological medical or surgical treatment should come as consequences. The phenomenological perspective on gender dysphoria may be useful to understand and partially explain the different subjective satisfaction to common hormonal and surgical treatment.

Disclosure of interest The author has not supplied his declaration of competing interest.

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W015

Gender identity issues in children and adolescents

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Gender identity issues in children and adolescents. Gender dysphoria (GD) refers to the significant distress due to the incongruence between assigned gender at birth and experienced gender. Over the last decade, the care for prepubescent children and adolescents with GD is rapidly changing and there is a growing number of specialized gender clinics for youth. However, the offered care between countries is very different and the best clinical practice in this population is still controversial and under debate among dedicated professionals.

The current presentation will focus on providing a clinical picture of children and adolescents referred to gender identity clinics. For prepubescent children the focus will be on the present knowledge about the psychosexual development of these children and treatment & counseling approaches are presented and discussed. With regard to the adolescents, medical treatment approaches are presented and discussed, followed by the results from the only follow-up study on medical treatment in adolescents with GD.

Disclosure of interest The author has not supplied his declaration of competing interest.

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Workshop: reward circuits, anhedonia and avolition: brain imaging contribution to their understanding in schizophrenia

W016

VTA-insula connectivity and avolition in subjects with schizophrenia

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Introduction Avolition represents an important domain of negative symptoms in schizophrenia with a strong impact on functional outcome. Primary and persistent avolition is refractory to available pharmacological and psychological treatments. A better understanding of its pathophysiological mechanisms is fundamental to promote development of new treatments. Recent models of avolition converge on dopaminergic circuits involved in motivation and its translation in goal-directed behavior. Deficits in task-related activation or connectivity within mesolimbic and mesocortical dopamine circuits were reported in schizophrenia but the relationship with avolition was not fully established.

Aims The present study aimed to investigate resting-state functional connectivity (RS-FC) within the motivation circuits in schizophrenia patients and its relationships with primary and persistent avolition.

Methods RS-FC, using VTA as a seed region, was investigated in 22 healthy controls (HC) and in 26 schizophrenia patients (SCZ) divided in high (HA) and low avolition (LA) subgroups. Avolition was assessed using the Schedule for the Deficit Syndrome.

Results HA, in comparison to LA and HC, showed significantly reduced RS-FC with the right ventrolateral prefrontal cortex (R-VLPFC), right insula (R-INS) and right lateral occipital cortex (R-LOC). The RS-FC of these regions was negatively correlated to avolition.

Conclusions Our findings demonstrate that avolition in schizophrenia is linked to dysconnection of VTA from key cortical regions involved in retrieval of outcome values of instrumental actions to motivate behavior.

Disclosure of interest AM received honoraria or advisory board/consulting fees from the following companies: Janssen Pharmaceuticals, Otsuka, Pfizer and Pierre Fabre. SG received honoraria or advisory board/consulting fees from the following companies: Lundbeck, Janssen Pharmaceuticals, Hoffman-La Roche, Angelini-Acraf, Otsuka, Pierre Fabre and Gedeon-Richter. All other Authors declare no potential conflict of interest.

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W017

Reward circuits and apathy in schizophrenia: neuroimaging and treatment strategies



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Approximately 50% of patients with schizophrenia shows deficits in motivation and initiation of goal-directed behavior, which are suggestive of reward system dysfunction. We conducted a meta-analysis of neuroimaging studies reporting on the neural correlates of reward processing and negative symptoms in schizophrenia. A significant mean weighted correlation was observed, revealing deficits in activation of reward neurocircuitry. A more specific finding is comprised activation of the ventral striatum, involved in anticipation of reward, and structures that play a critical role in the ability to represent the value of outcomes and plans. In a study of VTA connectivity in the resting state in a large group of patients with schizophrenia, we found reduced connectivity with lateral prefrontal, temporal and parietal regions to be associated with higher degrees of apathy. Apathy belongs to the most debilitating symptoms of schizophrenia and represents a significant unmet need in its treatment. Quantitative integration of published findings suggests that treatment with noninvasive magnetic brain stimulation can improve negative symptoms. Previous PET-studies have shown that such stimulation may target circuits with dopaminergic innervation. A behavioral treatment approach that may also target reward-related circuits will also be discussed briefly. It can be concluded that recent results regarding reward and motivated behavior in schizophrenia have clinical implications and may help develop novel treatment strategies.

Disclosure of interest AA received speaker fees from Lundbeck.

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W018

Self-regulation of the dopaminergic reward system via real time fmri neurofeedback in schizophrenia



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Introduction Alterations in the mesolimbic dopamine system play a crucial role in the pathophysiology of schizophrenia. However, little is known about potential disturbance in endogenous regulation of neural activity due to cognitive control. Recent research on real-time fMRI (rtfMRI) revealed a novel method to stimulate the substantia nigra and ventral tegmental area (SN/VTA), using positive mental imagery. Importantly, this self-regulation ability could be improved with rtfMRI neurofeedback. For the first time, we applied this innovative method in patients with schizophrenia (SZ) to investigate potential alterations in endogenous regulation of the reward system.

Methods 14 (SZ) and 14 healthy controls (HC) were included in this ongoing study. Participants performed a rtfMRI task with abstract visual feedback of neural activity in the SN/VTA. In the active condition, we instructed participants to voluntarily up-regulate SN/VTA activity by recalling rewarding scenes. Neurofeedback learning was correlated with the self-reported negative symptoms.

Results In contrast to HC, SZ were not able to actively self-regulate SN/VTA activity. Furthermore, they failed to improve self-regulation with rtfMRI neurofeedback. Importantly, impaired neurofeedback learning was associated with negative symptoms, in particular diminished expression.

Discussion Our preliminary results show that self-regulation of SN/VTA activity is impaired in SZ. Although neurofeedback train-

ing improves self-regulation using positive mental imagery in HC, this method might not be suitable as a potential treatment strategy in SZ. The present findings provide new insights to the association between negative symptoms and dopaminergic dysfunction and highlight the strengths and limitation for the use of rtfMRI neurofeedback in schizophrenia.

Disclosure of interest The author has not supplied his declaration of competing interest.

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Workshop: psychiatry in a globalised world: challenges and possibilities of global mental health

W019

Core competencies for health professionals in global health

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Introduction The world is becoming increasingly globalised and this has a major impact on the delivery of healthcare. Issues such as conflict, migration, climate change and technological advances all contribute to this. But are we equipped to deal with the challenges of Global Health?

Objectives To discuss the core competencies that health professionals should have in Global Health.

Methods The UK's Global Health Curriculum Group (GHCG), a group of healthcare professionals, was commissioned by the Academy of Medical Royal Colleges to lead a consultation on global health competencies. The consultation took the form of a modified Policy Delphi which involved an online survey and face-to-face and telephone interviews over three rounds. Over 250 stakeholders participated, including doctors, other health professionals, policy-makers and members of the public from all continents of the world. *Results* This study demonstrated broad agreement that global health competence is essential for postgraduate doctors and other health professionals. It identified five core competencies, relevant to the UK and applicable to other parts of the world: (1) diversity, human rights and ethics; (2) environmental, social and economic determinants of health; (3) global epidemiology; (4) global health governance; and (5) health systems and health professionals.

Conclusions This framework of five core competencies aims to equip psychiatrists and other doctors with the skills, knowledge and attitudes necessary to practice in a globalised world.

In the workshop we will harness the international nature of the delegates attending the congress to enable a lively debate about the meaning of global mental health and the skills psychiatrists need.

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

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Workshop: brain changes in early onset psychosis

W020

Structural brain abnormalities in early onset psychosis: results from the norment eop cohort



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Introduction Cortical brain abnormalities are frequently observed in adults with psychotic disorders, but few studies have investigated adolescents with early-onset psychosis (EOP). A previous magnetic resonance imaging (MRI) study from the NORMENT group in Norway, found widespread cortical thinning and smaller subcortical volumes in adult patients with psychotic disorders, particularly schizophrenia, compared to healthy controls.

Methods Participants from the ongoing NORMENT adolescent EOP-study, 30 patients (age: 13.3–18.3 years, mean age: 16.5, 66% female) and 45 healthy adolescents (age: 13.6–18.8 years, mean age: 16.2, 58% female), underwent 3T MRI on the same scanner. Surface-based morphometric analyses were performed using FreeSurfer version 5.3.0. Group differences in vertex-wise cortical volume, thickness and surface area were investigated by fitting general linear models at each vertex on the surface. Age, sex and group were entered as covariates, and a non-parametric cluster-wise correction method for multiple comparisons was applied and cluster-forming and cluster-wise threshold set at 0.05.

Results Preliminary results show thinner cortex in the left medial frontal lobe and smaller surface area in the left temporoparietal junction in EOP patients compared to healthy controls after correction for multiple comparisons.

Conclusion Surface-based analysis is sensitive to alterations in cortical morphology in an adolescent EOP sample. The regions exhibiting reduced cortical thickness and area in EOP overlap with findings in an adult psychosis sample. Large-scale studies are warranted to better identify the pattern of abnormalities and clarify effects of age, diagnosis and medication.

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

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W021

Frontostriatal dysconnectivity in adolescent onset schizophrenia and its associations with cognition: An MRI volumetric and diffusion tensor imaging study



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Background Adolescent-onset schizophrenia (AOS) is associated with cognitive impairment and poor clinical outcome. Cognitive dysfunction is thought to reflect functional dysconnectivity between the frontal cortex and the striatum. Previous work [1] has shown frontostriatal dysconnectivity in large WM tracts explain

core cognitive deficits, with processing speed, which is affected by alterations in WM connectivity, being an intermediary variable.

Objective To undertake a follow-up MRI study using whole-brain structural connectomics to track topological changes in the follow-up (1st episode versus follow-up), in order to characterize the early stages (evolution of the first two years) of the disorder.

Design A follow-up study of 25 AOS subjects and 25 age and sex-matched healthy subjects.

Outcome Network theory will be applied to identify topological alterations in structural networks, including frontostriatal white matter (WM) tracts in relation to cognition and outcome measures.

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

Reference

[1] James A, Joyce E, Lunn D, Hough M, Kenny L, Ghataorhe P, et al. Abnormal frontostriatal connectivity in adolescent-onset schizophrenia and its relationship to cognitive functioning. *Eur Psychiatry* 2016;35:32–8.

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W022

Auditory cortex characteristics in early onset psychosis and its associations with auditory hallucinations: A structural MRI Study



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Introduction Smaller auditory cortex volume in schizophrenia patients with auditory hallucinations (AH) may be a result of reduced cortical surface area and/or cortical thickness. A neuro-imaging study from our group demonstrated that adult schizophrenia spectrum patients with AH had significantly thinner cortex in the left side Heschl's gyrus (HG), compared to patients without AH, and healthy controls (HC).

Objectives This study aims to investigate if adolescents with early-onset psychosis (EOP) and AH demonstrate thinner cortices in HG, as found in Mørch-Johnsen et al. in 2016, compared to EOP patients without AH, and HC.

Methods EOP patients (schizophrenia spectrum, psychotic disorder not otherwise specified) ($n = 29$) underwent MRI. Mean volume, cortical thickness and surface area in auditory cortex regions (HG, superior temporal gyrus [STG]) were compared between patients with AH ($n = 20$) and without AH ($n = 9$), measured with item P3 from the Positive And Negative Syndrome Scale (PANSS), and 48 HC.

Results Preliminary results show no significant differences between patients with and without AH and HC in mean volume, cortical thickness, or surface area in HG or STG. There were no significant side differences across hemispheres for these structures.

Conclusions AH in EOP were not related to smaller volume, thinner cortex or reduced surface area in auditory cortex regions. To overcome the limitation of having a relatively small sample size, the sample will be expanded with other EOP cohorts. Investigations into HG structure variation in relation to AH in EOP will also be conducted.

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

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W023

Progressive frontal dysconnectivity during working memory in eos patients: A longitudinal functional MRI study

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Working memory (WM) dysfunction is considered a cardinal feature of schizophrenia. Typically developing adolescents show significant gains in WM performance, which have been attributed to increased “frontalisation” within the fronto-cingulate-parietal network that underpins WM. We used functional magnetic resonance imaging and psycho-physiological interaction to measure blood oxygenation level-dependent signal and functional connectivity in response to the 2-back WM task from 25 youths with EOS and 25 yoked healthy adolescents that were assessed twice with a mean interval of 4 years between assessments. Patients showed reduced prefrontal connectivity at baseline and the magnitude of this effect increased over the follow-up period. Our results suggest on-going functional connectivity abnormalities in EOS patients' post-disease onset that are linked to prefrontal dysfunction and contribute to worsening WM despite anti-psychotic treatment.

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

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W024

Baseline, two-year, and five-year follow-up of children and adolescents with first-episode psychosis: A Spanish cohort

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Background Early-onset first-episode psychosis (FEP) and high functioning autism spectrum disorders (ASD) are complex neuro-developmental disorders that share symptomatology but it is not clear if they also share neurobiological abnormalities (Chisholm et al., 2015). We examined thickness, surface area and volume in a direct comparison of children and adolescents with FEP (onset before 18 years), high-functioning ASD, and healthy subjects.

Methods Magnetic resonance imaging scans of 85 participants (30 ASD, 29 FEP, 26 healthy controls, age range 10–18 years) were obtained from the same MR scanner using the same acquisition protocol. The FreeSurfer analysis suite was used to quantify vertex-wise estimates of the metrics thickness, surface area, and volume.

Results ASD and FEP had spatially overlapping insular deficits for each metric. The transdiagnostic overlap of deficits was greatest for volume (55% of all insular vertices) and smallest for thickness (18%). Insular thickness and surface area deficits did not overlap in ASD and overlapped only in 8% of all insular vertices in FEP.



Conclusions Morphological insular deficits are common to FEP and high functioning ASD when compared to healthy participants. The pattern of deficits was similar in both disorders, i.e. a largely non-overlap of insular thickness and surface area. The non-overlap provides further evidence that these metrics represent two independent outcomes of corticogenesis, both of which are affected in FEP and ASD.

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

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W025

Enigma-collaborative analyses of neuroimaging eop data: What have we achieved?

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Introduction The ENIGMA-EOP collaboration aims to identify structural phenotypic markers that robustly discriminate adolescents with early-onset psychosis (EOP) from healthy controls through mega- or meta-analysis of magnetic resonance imaging (MR) data. Through larger samples we will obtain sufficient power to detect the brain structural correlates, overcome some of the clinical heterogeneity and characterize the developmental trajectories.

Methods Multiple linear regression was used to investigate structural brain differences in two Scandinavian adolescent EOP cohorts (altogether 50 patients; ages 12.1–18.3 years (mean 16.4 years), 60% female; 68 controls; ages 12.0–18.8 years (mean 16.2 years), 62% female) acquired on two different 3T GE MRI scanners. The statistical analysis included site as a covariate in addition to age, sex and intracranial volume (ICV). The results are presented by p-values, Cohens's-d effect size and with an indication of directionality. MRI scans were processed following the ENIGMA (<http://enigma.ini.usc.edu/>) structural image processing protocols using FreeSurfer (Fischl 2012) version 5.3.0 to measure subcortical brain volumes.

Results Preliminary results show significant or trend-significant group effects on right amygdala ($P=0.001$, $d=0.33$, patients < controls), total grey matter volume ($P=0.037$, $d=0.21$, patients < controls), ICV ($P=0.028$, $d=0.22$, patients < controls) and third ventricle ($P=0.067$, $d=0.19$, patients > controls). Sub-analyses in the two individual groups show overlapping findings in right amygdala. Previously reported enlarged lateral and 4th ventricles, and caudate, from a similar Scandinavian adolescent EOP cohort (Juuhl-Langseth, 2012) were not replicated.

Conclusion There is a need for larger subject samples in EOP to better capture disease mechanisms. Research groups interested in participating can join ENIGMA-EOP through: <http://enigma.ini.usc.edu/ongoing/enigma-eop-working-group/>.

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

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Workshop: Forensic psychiatry in Europe in 2017: Discussing similarities and differences of five national systems

W026

Forensic care in Italy: Changes, illusions and realities

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Violence and the risk of violence posed by patients with severe mental illness is a major public health problem for many reasons. Firstly there is the obvious harm to victims, secondly the counter-therapeutic effect on patients of the violence itself, thirdly the restrictive measures typically deployed by services to manage the violence, and finally the significant additional financial cost of these specialist services. Within mental health services the sometimes inaccurate estimate of risk of violence posed by patients can lead to the frequent use of a variety of coercive measures including involuntary hospitalization, enforced medication, restraint and seclusion. These restrictive and costly interventions are almost unanimously perceived as traumatic by the patients and can, in turn, trigger frustration, therapeutic resistance and even aggression instead of treatment adherence and cooperation.

Services for the treatment of psychiatric patients who pose a risk of violence are developing and maturing across Europe. New models of care for this extremely complicated multiple needs clinical population exist. However across Europe intervention strategies and service organization and delivery for these patients are very different, and have never been comparatively evaluated. The lack of reliable comparative data has prevented many European countries benefiting from innovative strategies already tested in those countries which have made the greatest efforts in research and service innovation. In this workshop we will compare the organization and functioning of forensic mental health services in different countries; in particular this presentation will inform about the recent changes in forensic mental health services occurred in Italy.

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

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W027

Forensic care in France

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In France, the number of inmates with psychiatric disorders has grown substantially during the last two decades. In this context, significant changes occurred in France's forensic psychiatry service provision in recent years. Especially, full-time inpatient units for inmates (called unités d'hospitalisation spécialement aménagées, UHSA) have been created in 2010. These changes clearly improved access to mental health care for inmates. Moreover, some recent trends in indicators such as the suicide rate in French prison, which has fallen slightly, are promising [1]. However, the practice of psychiatry in prisons is a subject of debate between the proponents of the development of a specific care system for inmates and those considering that psychiatric teams must stay out of prison. One should insist on the dichotomy between the justice system and the health system, which appears constitutional in France. Indeed, the professional independence of caregivers from the judiciary system and the medical confidentiality are fundamental values on which French model has been built. Furthermore, the improvement of the

quality of health care in prisons could alarmingly lead the judges to preferentially choose imprisonment for patients suffering from mental disorders committing offences while prison should in no way be considered as a patient care setting. This trend is evidenced by the low rate of individuals judged irresponsible for their crime because of mental health status currently observed in France.

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

Reference

- [1] Fovet T, Thomas P, Adins C, Amad A. France's forensic psychiatry provision: the long and winding road. *The Lancet Psychiatry* 2015;2:e20.

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W028

Forensic care in Germany

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Although the idea that offenders suffering from a mental disorder must primarily be considered as ill and should therefore be exempted from punishment is of considerable antiquity legal frameworks and key concepts, which are applied in this field, differ widely in European Union member States. The respective legal regulations and epidemiological data of Germany will be presented. In German penal law the question of the guilt of an offender is of central significance. Legal regulations on the placement and treatment of mentally ill offenders in a forensic psychiatric hospital are subsumed under the section "Measures on improvement and safety". Section 63 of the German penal law provides for the temporarily unlimited commitment to a forensic- psychiatric hospital. In accordance with section 64 of the German penal law addicted offenders can be committed to a detoxification center for a period of up to two years. The available epidemiological data show a clear increase in the admissions to forensic psychiatric hospitals and to detoxification centers since beginnings of the 1990s. Recently the German parliament passed a new law. The aim of the new law is to strengthen patients' rights and to diminish the number of forensic patients.

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

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Workshop: Allostasis insulin and the brain: Implications for the disease modeling and treatment in psychiatry

W029

Insulin resistance and telomere length in treatment of depressive disorders

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Insulin resistance and markers of Allostatic load in depression

Introduction Among patients with major depression, increased inflammatory markers at baseline may predict an anti-depressant response. Reducing inflammation may augment response to psychotropic medications. Few studies have investigated an association between Leukocyte Telomere Length (LTL) and therapeutic response in depression, reporting mixed results. No studies assessed LTL and treatment response with PPAR- γ agonists.

Objectives (1) LTL as a predictor of anti-depressant response to PPAR- γ agonist in patients with unremitted depression.

(2) the correlation between LTL and insulin resistance (IR) status.

Aims We aimed to assess LTL as a predictor of antidepressant response to Pioglitazone in groups of insulin resistant and insulin-sensitive subjects using surrogate markers of IR.

Methods Medically stable men and women ($n=42$) ages 23–71 with non-remitted depression participated in double-blind placebo controlled add-on of Pioglitazone to treatment-as-usual. Oral glucose tolerance tests were administered at baseline and at 12 weeks.

Results At baseline, no differences in LTL were detected by depression severity, duration or chronicity. LTL was also not significantly different between insulin-resistant and insulin-sensitive subjects. Subjects with longer telomeres exhibited greater declines in depression severity in the active arm, but not in a placebo arm. LTL also predicted improvement in insulin sensitivity in the group overall and did not differ between the active and placebo arm.

Conclusions LTL may emerge as a viable predictor of antidepressant response. An association between insulin sensitization and LTL regardless of the baseline IR status points to potential role of LTL as a non-specific moderator of metabolic improvement in these patients.

Disclosure of interest I, Dr. Natalie Rasgon, am a consultant for Shire Pharmaceuticals and Sunovion Pharmaceuticals.

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W030

Effect of BMI on resting-state functional architecture of the brain in healthy individuals and patients with psychosis

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Elevated body mass index (BMI) is associated with increased multimorbidity and mortality. The investigation of the relationship between BMI and brain organization has the potential to provide new insights relevant to clinical and policy strategies for weight control. Here, we quantified the effect of BMI on the functional connectivity of the Default-Mode (DMN), Central Executive (CEN), Sensorimotor (SMN) and Visual (VN) networks in 496 healthy individuals that were studied as part of the Human Connectome Project. We found that elevated BMI was associated with disrupted functional integration of sensory-guided (SMN, VN) with internally controlled (DMN, CEN) networks, implicating increased attention to sensory stimuli as a possible mechanism underpinning overeating and weight gain. Our results suggest that weight control strategies should expand to include wider societal policies that incorporate modifications to eating environments and to the visual presentation and branding of food products.

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

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W031

Comorbidity of depression and diabetes: Questions recently answered and raised

N. Sartorius

Action for mental health, Geneva, Switzerland

This paper will present information about a multicentric international collaborative study, which explored the frequency of depressive disorders in people with diabetes Type 2. The study was carried out in 14 countries—5 in Asia (Bangladesh, China, India, Pakistan and Thailand), two in Africa (Kenya and Uganda), two in Latin America (Argentina and Mexico) and five in Europe (Germany, Poland, Russia, Serbia and Ukraine). The study found that depressive disorders and sub threshold depression are frequent in people with diabetes: one tenth of all the nearly 3000 patients examined had major depression and another 15% sub threshold depressive disorders. Depression was only rarely recognized by the physicians dealing with diabetes and those few who were recognized were not provided treatment of their depressive disorders. The presentation will draw attention to the need to improve skills of diagnosis and treatment of psychiatric disorders of physicians who are not psychiatrists.

Disclosure of interest The author has not supplied his declaration of competing interest.

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W032

Depression and its somatic consequences: Allostatic load as the connecting link

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Stress-related psychiatric disorders, such as depressive and anxiety disorders, have been associated with increased risk of overall mortality as well as with the onset of various aging-related somatic diseases. In addition to unhealthy lifestyles and poorer (self) care, various stress-related physiological processes likely contribute to these detrimental health consequences of psychiatric disorders. Considering the fact that the impact of stress-related disorders is visible on many different somatic health outcomes, it is unlikely that contributing biological systems are very specific. In fact, it is likely that multiple dysregulations of stress systems, including the immune, HPA-axis and autonomic nervous systems, but also various general proteomic or metabolomic pathways are involved. The concept of Allostatic Load (AL) emphasizes the presence of a multi-system physiological dysregulation.

In this talk I will summarize what the evidence is for somatic health consequences of psychiatric conditions, with depression as an important example. Subsequently, I will provide an overview of the various stress systems that are dysregulated in depressed patients. In addition, I will provide empirical data from the Netherlands Study of Depression and Anxiety ($n=2981$) that illustrate that there is evidence that depressed patients are especially at risk for a dysregulation in multiple physiological stress systems. I will also illustrate how such a state of AL can impact on basis cellular aging indicators like telomere length and epigenetic age.

In sum, this talk will highlight the current state-of-evidence for an association between depressions with the onset of many adverse somatic health outcomes, and will provide insight into the contributing role of a multisystem physiological dysregulation.

Disclosure of interest The author has not supplied his declaration of competing interest.

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Workshop: Healing the healers: strategies of prevention and modulation of work-related stress for mental health workers

W033

Stay foolish, stay fit: An excursus on strategies to prevent burnout of mental health professionals

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Burn-Out (BO) is commonly described as a growing situation of work stress and conceptualized as a combination of emotional exhaustion, depersonalization/cynicism and reduced personal efficacy. Some professionals are exposed to a higher risk, depending on their specific work mansions (most typically the so called helping professions) and on personal and contextual conditions. Evidence from scientific literature has confirmed that being younger and working in the field of mental health are very significant risk factors for BO. Furthermore, BO is an essential target for preventive strategies: prevention of BO, rather than treatment of potential psychopathological consequences, has been proved to be more effective and cost-effective, though unfortunately very often disregarded or left to individual initiatives.

Physical activity, diet, and other features of a healthy lifestyle are core targets of interventions aimed at prevention of BO. Increasing evidence is collected on the effectiveness of mindfulness-based techniques and yoga. Supervision, and more specifically Balint-inspired models of group case discussions. Scientific and professional associationism is also effective as a strategy to avoid isolation. Finally, interventions aimed at improving work organization, targeting logistic aspects (eg. Time schedules), infrastructures (eg. Parking places) or dynamics and human interactions, are also essential and effective.

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

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W034

Suicidal behavior among Portuguese psychiatry trainees: Comparison with the European situation

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Introduction The aim of this paper was to assess the prevalence of suicide ideation and attempts in Portuguese psychiatry trainees (adult, child and adolescence), and compare the data with the general population and other European countries.

Material and Methods A structured and anonymous questionnaire was sent by email to 159 Portuguese trainees of adult psychiatry, child and adolescence psychiatry with questions about personal history of suicidal ideation and suicide attempts, as well as family history of suicide attempts and completed suicides. This is part of the BoSS Study (Burnout Syndrome Study) performed in 21 countries worldwide. Data was analyzed in SPSS v.19.

Results From the inquired population, 62 trainees (40.3%) partially responded, and 46 (29%) were complete responders - these entered the final analysis. There was a ratio of 2:1 (female: male) and a mean age of 29 years. The suicidal ideation was present in passive form in 44% and in active form in 33%; also,

4.3% of respondents had previous suicide attempts. In first-degree relatives, 22% had attempted suicide and 13% completed suicide.

Discussion The results are worrying and may be associated with some factors to which this population is exposed.

Conclusion It is necessary further research to better understand this phenomenon, its causes and potential modifiers.

Disclosure of interest The author has not supplied his declaration of competing interest.

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W035

Workplace stress among non-doctor trainees in psychiatric rehabilitation

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Mental health care settings have long been associated to a specific and long-standing emotional involvement, eventually determining professional stress and burnout in psychiatrists. However, recent evidence demonstrated that also non-doctor mental health workers may be at high risk of developing job dissatisfaction. Previous studies also suggested that the longer exposure to psychiatric settings the higher the levels of burnout. We report here data from a survey conducted among first-year students of rehabilitation courses in psychiatry ($n=44$) and logopedics ($n=39$), before and after the first exposure to an health care environment over a 6-month term. We investigated their psychological wellbeing and risk of psychiatric morbidity (by means of GHQ-12), levels of burnout (with the Maslach Burnout Inventory) and knowledge about mental health (by means of the MAKs schedule). The two groups were comparable as for the main socio-demographic characteristics as well as for their knowledge about mental health before training. We found a significant difference between students in mental and general health care, with significantly higher emotional exhaustion and depersonalization and lower personal accomplishment levels in the former group, after 6-month training. Such changes were significantly correlated to variations in knowledge about mental health issues and risk of psychiatric morbidity. The implementation of a specific peer support group was perceived as extremely useful by the majority of the students (96%) and had a positive impact on their burnout levels and psychological wellbeing.

Disclosure of interest The author has not supplied his declaration of competing interest.

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W036

Work setting and perceived stress - are all of us exposed to the same risks?

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In this presentation we propose to speak about specific stressors/protective factors that might be present in different settings of work (working in prison, working in addition, working with babies, liaison...) and individual factors that might be linked with more/less perceived stress. It will be done by means of a review of the literature.

Disclosure of interest The author has not supplied his declaration of competing interest.

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Workshop: Mothers with major mental illness and their young infants: Can we meet the challenges?

W037

Risks and challenges in perinatal mental health

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Mental illness affects 1 in 5 women during pregnancy and the first year postnatal and in about 1 in 20 women the condition is serious. When a woman with major mental illness becomes pregnant she and her child face a number of risks. These include poor pregnancy and neonatal outcomes and a sharp rise of psychiatric admissions after childbirth. Mental illness is also one of the leading causes of maternal death. Risks to children are impaired parenting and developmental disadvantage in emotional, behavioral and cognitive domains. Parental mental illness also has a significant role in infanticide and abuse-related serious harm to children, with infants <1 year old being most at risk.

A recent analysis has shown that the resulting economic costs to public services and the wider society are extremely high. In view of the wide-ranging consequences, a number of European countries have set up specialized perinatal mental health services. These consist of specialized inpatient units and community teams. The essential components of their service are preconception counselling, expert advice on the use of medication during pregnancy and breastfeeding, joint inpatient admissions of mothers and babies, interventions to improve parenting, and advice to children's social services. None of these countries, however, are yet offering universal access.

In order to improve service provision and outcomes it is important that perinatal mental health is acknowledged more widely as a public health priority. The workshop will provide an opportunity for participants to discuss approaches to raise awareness and promote perinatal service developments.

Disclosure of interest The author has not supplied his declaration of competing interest.

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W038

Psychiatric mother and baby inpatient units

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During the perinatal period, women may experience severe mental health problems. Research has shown the potential negative impact of mother-baby's separation and of parental psychiatric illness, on the child. MBUs care requires different staff's expertise in order to: treat women with psychiatric disorders, ensure child care and development, and support appropriate mother-infant interaction with "good enough" mothering. For this, a multidisciplinary team is needed. Specific attention is also given to the child's father. Most

MBUs may admit women with infants from birth till one year old and during several weeks or months.

More than two third of admitted women are discharged either symptom-free or greatly improved. An efficient follow up at discharge should be prepared with the women, the child's father, when presents, and linked to familial, social and medical resources. Moreover, MBUs staff should collaborate with other psychiatrists, obstetricians, midwives, pediatricians, and social workers. Mother-baby units should be part of a local health perinatal network including maternity unit, neonatal care, and community resources.

Referral for admission in MBUs may be required for women with a first acute episode, or a relapse, of a severe psychiatric disorder such as postpartum psychosis, manic disorder, major depressive episodes, schizophrenia, personality or behavior disorders. Moreover for prevention purposes, referral of women with known chronic mental health problems may start already during pregnancy.

Challenge of beneficence and limit of MBUs' care will be discussed with participants.

Disclosure of interest Florence Gressier has given talks for Lundbeck and Servier and received a grant from Servier for a post-doctoral degree (2011-2012).

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W039

Maternal mental illness and early parenting interventions

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The importance of the "1001 critical days" (conception to age 2) underlies the need to act early in life to enhance children's developmental outcomes. Lack of intervention is likely to affect the children of today but also the generations to come. For adults, transition to parenthood is a major stressful life event. The strong emotional load of this experience can make this transitional period much more challenging for adults with psychological, social and economic vulnerabilities, and lead to unadjusted interactions.

Then, applying the "transactional model of development" (Sameroff, 2009) to the early perinatal period helps us to understand how the needs of infants can easily affect a parent's mental state and induce inadequate parenting behaviors. These in turn make the infant's interactions more difficult and the infant's development more likely to be impaired. Perinatal mental health is thus an important public health challenge for it is essential to provide services to enhance maternal and infant emotional well-being at a moment that is simultaneously when the mother's social and emotional vulnerabilities are at their height and a critical time in the child's development.

Perinatal mental health policies, including joint care of parents and infants, must provide positive support for the potential virtuous circle between the skills and vulnerabilities of the infant and the parents.

This presentation will explore the different types of joined perinatal care for parents and infants that cover a range of services, from parent-infant psychotherapies to joint mother-baby hospitalizations.

Disclosure of interest The author has not supplied his declaration of competing interest.

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W040

Psychiatric training in perinatal mental health across European countries



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Introduction The aim of postgraduate psychiatric training is to prepare psychiatrists to practice independently. The quality of care provided will depend on the training they received. Pregnancy and childbirth (usually called the perinatal period) are a high-risk period for many women with psychiatric problems. An illness episode at that time can have a devastating effect on women and the whole family, including the child's development.

Objectives To understand how perinatal mental health training is organized within Europe and how it fits in the training curricula.

Methods The European Federation of Psychiatric Trainees conducts an annual survey of all member country organizations. We have asked respondents if they received training in perinatal psychiatry, whether that was optional or mandatory and what was its duration. Where training in perinatal psychiatry was not available we asked if they felt it should be.

Results Data will be presented from the 35 countries that responded in the 2016 survey. Six countries reported that training in perinatal mental health is available. But it is mandatory in only one, with the others offering a mix of theoretical and practical optional training. Of the 29 countries that do not offer perinatal psychiatry training, the majority reported it should be offered and mandatory.

Conclusion There is a gap in the expectations of psychiatrists treating women in pregnancy and after birth, and a widespread lack of training for them to be able to do so effectively.

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

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W041

Psychiatric trainees' experience of their training in perinatal mental health



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Introduction Approaching and offering treatment to a patient in perinatal period might be complicated. Often, it is regarded as one of the most difficult aspects in psychiatry. Given the increasing trends in the number of female patients of childbearing age consulting to psychiatric services, it has become an issue that specialists of today and tomorrow need to be well aware of.

Objectives To better understand the impact of perinatal mental health training on psychiatric trainees from different countries in Europe who receive such training.

Methods The European Federation of Psychiatric Trainees conducts annual surveys, directing questions to national trainee representatives, to assess the situation of psychiatric training. EFPT representatives of the countries where perinatal mental health training was reported to be included in psychiatry and/or child and adolescent psychiatry training programmes, namely Germany, France, Malta, Finland and Ireland, were contacted. Qualitative interviews focusing on the confidence (or in confidence) trainees feel when a patient who is planning pregnancy, pregnant or breastfeeding consults to them and the impact of training in perinatal mental health on their attitudes as clinicians were explored.

Results Although theoretical training in perinatal mental health is considered as an important aspect of psychiatry training in general, practical training or rotations are not found as essential. However, being able to benefit to more than one generation was perceived as a source of motivation.

Conclusions Perinatal mental health is appreciated as a critical part of theoretical education by trainees and in countries where a clinical rotation is available, it enhances making more use of resources and consultation possibilities.

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

<http://dx.doi.org/10.1016/j.eurpsy.2017.01.064>

W042

Developing a curriculum and standards for psychiatric training in perinatal mental health



E. McDonal

Perinatal Faculty, United Kingdom

This presentation will inform the audience about the workforce issues in England in relation to Perinatal Psychiatry. The talk will illustrate the methods being utilised within the Royal College of Psychiatrists to develop the skills and competencies of clinicians. Intensive training courses, curriculum development and an innovative bursary scheme for consultant psychiatrists will be described.

Disclosure of interest The author has not supplied his declaration of competing interest.

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Workshop: Risk factors for psychosis in migrants in Europe: Results from the EUGEI study

w043

Does social disadvantage explain the higher risk of psychosis in immigrants? results from the eugei study in london



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Evidence indicates that migrant and ethnic minority groups have an elevated risk of psychosis in a number of countries. Social disadvantage is one of the hypotheses put forward to explain these findings. The aim of this study is to investigate main effects, association and synergism between social disadvantage and migration on odds of psychotic experiences. We collected information on social disadvantage and migration from 332 patients and from 301 controls recruited from the local population in South London. Two indicators of social disadvantage in childhood and six indicators of social disadvantage in adulthood were analyzed. We found evidence that the odds of reporting psychotic experience were higher in those who experienced social disadvantage in childhood (OR= 2.88, 95% CI 2.03-4.06), social disadvantage in adulthood (OR= 9.06, 95% CI 5.21-15.74) and migration (OR= 1.46, 95% CI 1.05-2.02). When both social disadvantage and migration were considered together, the association with psychosis was slightly higher for social disadvantage in childhood and migration (OR 3.46, 95% CI 2.12-5.62) and social disadvantage in adulthood and migration (OR 9.10, 95% CI 4.63-17.86). Migrant cases were not more likely than non-migrant cases to report social disadvantage ($p=0.71$) and no evidence of an additive interaction between migration and social disadvantage was found (ICR 0.32 95% CI -4.04-4.69). Preliminary results support the hypothesis that the association between social disadvantage and psychosis is independent of migration status.

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

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w044

Trauma and migration in first episode psychosis



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Introduction Researches show that the period of migration, or the migration process itself, may confer an increased risk for psychosis. Some studies have addressed whether the high rates of psychosis found in migrants could be due to higher genetic or environmental risk factors. Facing severe or chronic stress such as trauma, social isolation, low socio-economic status, late-life social adversity may result in long term, sometimes permanent, alterations of the biological stress response system, leading to the onset of psychosis.

Objectives This study aims to examine, in a large sample of first episode psychosis patients, whether negative social experiences like stressful life events and difficulties, trauma and isolation have significantly higher frequencies in migrants with respect to natives.

Methods The present study is conducted within the framework of the EUGEI (European Network of National Schizophrenia Networks Studying Gene Environment Interactions) study, a Europe-wide

incidence and case-control study of psychosis conducted in 12 centers chosen to include areas with large first and subsequent generation migrant populations.

Data about age, gender, migration history, trauma, life events, ethnicity, social class and family history of mental disorders have been collected.

Results Preliminary data on the relationship between trauma and migration in first episode psychosis will be presented.

Conclusions Since migration is an important stressful life event, and difficulties in integration in host countries may remain chronic, it is important to identify in each context the most vulnerable minority groups in order to implement targeted prevention interventions.

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

<http://dx.doi.org/10.1016/j.eurpsy.2017.01.067>

W045

The social defeat hypothesis of schizophrenia: an update



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Research provides strong evidence of an elevated risk for developing psychotic symptoms and psychotic disorder among various ethnic and other minority groups. Furthermore, ethnicity may modify the risk for autism-spectrum disorder, but the evidence of this is still thin. Misdiagnosis, selective migration and other methodological artefacts are implausible explanations for the findings on psychotic disorder. Instead, we propose that 'social defeat', defined as the chronic experience of being excluded from the majority group, may increase the risk for psychotic disorder by sensitizing the mesolimbic dopamine system. Future challenges lie in connecting the underlying biological mechanisms to behavioral expression in socially excluded groups, as well as in bridging the gap with the clinical field and the wider society by stimulating the implementation of strategies that strengthen the position of minority populations.

Disclosure of interest The author has not supplied his declaration of competing interest.

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W046

Migration history and the onset of psychotic disorders



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Introduction Research has established that there are high rates of first episode psychosis (FEP) in immigrant populations. These findings could indicate that socio-environmental risk factors, such as individual social class, social capital, early trauma, life events, neighborhood deprivation could be relevant in explaining the differences in incidence rates observed between migrants and natives, following the socio-developmental model of Morgan et al. (2010). Some preliminary results also indicate that migration history itself versus ethnicity could implicate higher risk of the onset of psychotic disorders.

Aims To present preliminary findings from the EUGEI European Network of National Schizophrenia Networks Studying Gene Environment Interactions study.

Methods Population based FEP incidence/case control study. Comparison of the incidence rate of FEP and of the distribution of several risk factors (e.g. substance abuse, neighborhood deprivation, urbanicity and trauma) in natives and migrants in different countries across Europe.

Results Preliminary results of the EUGEI study will be discussed in comparison with previous evidences.

Conclusion The EUGEI study allows a deeper understanding of the excess of FEP found among migrants in Europe.

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

Further reading

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<http://dx.doi.org/10.1016/j.eurpsy.2017.01.069>

Workshop: Treatment-resistant schizophrenia: Epidemiology, clinical course and innovative treatments, with special reference to m-RESIST project

W047

Definition, epidemiology, clinical course and outcomes in treatment-resistant schizophrenia

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Based on a systematic review on TRS 285 studies were included regarding definitions of TRS ($n = 11$), genetics (18), brain structure and functioning (18), cognition (8), other neurobiological studies (16), medication (158), psychotherapy and cognitive rehabilitation (12), electroconvulsive therapy (ECT) and repetitive transcranial magnetic stimulation (rTMS) (15), prognosis (21), and other miscellaneous studies (8). Definitions of TRS varied notably. TRS was associated with 3 to 11-fold higher healthcare costs than schizophrenia in general. One-fifth to one-third of all patients with

schizophrenia were considered to be resistant to treatment. Based on limited evidence of genetics, brain structure and functioning and cognition, TRS may present as a different disorder with different etiology compared to non-TRS. Clozapine, olanzapine, risperidone, ECT and cognitive-behavioral therapy have shown effectiveness, although the number of studies and quality of research on interventions is limited. About 40% to 70% of TRS patients had an unfavorable prognosis. Younger age, living in a rural or less urban area, primary education level, more psychiatric hospital treatment days in the year before first schizophrenia diagnosis, inpatient at first schizophrenia diagnosis, paranoid subtype, comorbid personality disorder and previous suicide attempt may be risk factors associated with TRS.

TRS is a poorly defined, studied and understood condition. To create a framework of knowledge for TRS, as a basis to develop innovative studies on treatment, there is a need for a consensus on the definition of TRS. Prospective long-term prognostic and novel treatment intervention studies are needed [1].

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

Reference

[1] Seppälä A, et al. *Psychiatria Fennica* 2016.

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W048

Emerging sensor-based m-health interventions in the assessment of psychotic symptoms

M. Bulgheroni

Ab.Acus srl, R&D, Milan, Italy



This speech aims to overview ongoing research trends on the integration of mobile health and sensors based behavioral analysis in therapeutics programs for subjects with mental health symptoms or disorders. The variety of easily acquirable personal data by smartphones and wearables in a transparent and unobtrusive way, offers the opportunity to describe the person in terms of his/her lifestyle and behavior at physical, cognitive and environmental level. An appropriate management of these data may initiate a new line in healthcare management characterized by tailored and timely interventions. However, despite the huge amount of data that could be acquired, an effective contribution of such information to the improvement of the quality of care in mental health is still not sufficiently explored. The sensors and data which have been used in studies on mental status include accelerometer, gyroscope, GPS, microphone, calls, messages, screen, apps usage, environmental light, heart rate, skin conductance, and temperature. The primary outcomes build on correlations between sensor data and mental health status/severity of symptoms. These data are provided from studies on bipolar disorders and depression, using validated clinical scales (Patient Health Questionnaire-9; Hamilton Rating Scale for Depression; Young Mania Rating Scale; Center for Epidemiologic Studies Depression Scale; etc.).

m-RESIST consortium is fully aware of the importance to describe behavioral patterns of patients with schizophrenia that could be used to setup remotely based therapeutic tool. m-RESIST is setting up a framework for the creation of a Clinical Decision Support System based on a mobile therapeutic intervention for treatment-resistant schizophrenia.

Disclosure of interest The author has not supplied his declaration of competing interest.

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W049

Identifying service and care needs from the users' perspective in treatment-resistant schizophrenia

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Exploring service and care needs of patients with treatment-resistant schizophrenia is necessary for a better understanding of their psychosocial functioning, in order to develop rehabilitation goals as well as to provide them with better care.

m-RESIST is an innovative project aimed to empower patients with resistant schizophrenia, to personalize treatment by integrating pharmacological and psycho-social approaches, and to develop knowledge related to the illness using predictive models designed to exploit historical and real-time data, based on environmental factors and treatment outcomes.

m-RESIST is a system based on computer and cellular applications and wearable computing devices. The system will serve patients, caregivers and clinicians, and include the following functions: Information, Assessment, Monitoring, Communication, and Intervention.

The first step in the development process included definition of the end user needs and preferences, in order to involve users in the design of the system. Outpatients with treatment-resistant schizophrenia, informal carers (relatives), and clinicians were included in the sample. There were a total of 9 focus groups, 3 in each pilot country. Each group was composed of one of the participant profiles. Additionally, 35 individual interviews were performed, which were unevenly distributed throughout the 3 institutions.

The current workshop section will present the outcomes of this process: perceived advantages and disadvantages of the technological solution, as well as conclusions for further development. In addition, methodological issues, future challenges, relevant for the evolution of the m-RESIST project, in particular, as well as technological developments in the field of mental health, in general, will be discussed.

1 Disclosure of interest The author has not supplied his declaration of competing interest.

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W050

m-RESIST project as an example of m-health approach in schizophrenia: Content, aims and realization

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This communication aims to present m-RESIST, the first mHealth program for patients with treatment resistant schizophrenia (TRS). The main objective of this European project is to develop an intervention programme to allow TRS patients to self-manage their condition, which is associated with persistent positive symptomatology, extensive periods of hospital care, and a greater risk of excess mortality and multi-morbidity.

m-RESIST could offer a new tool for mental health professionals to better monitor TRS patients, providing a tailored and optimized therapeutic intervention. In this sense, m-RESIST will develop and validate a mHealth tool aimed to reduce the severity of episodes and further complications. Moreover, this tool will involve and promote a proactive role of patients and caregivers in the therapeutic process, promoting an active and collaborative role with the medical team in the treatment decision-making procedure.

m-RESIST intervention, will integrate: (1) a sensor data analysis module, which will process data coming from smart phone and wearable devices, providing passive information such as movement or social activity; (2) a predictive modeling engine, which will enable prediction of clinically significant events, such as hospitalization, risk behaviors and social isolation; and (3) a clinical decision support system (CDSS), which will provide the users with necessary information to support health-related and clinical decision-making.

The pilots of this project will take place in Tel-Aviv, Budapest and Barcelona during May, June and July of 2017. Although cost-effectiveness variables will also be measured, the main assessment will be focused on acceptability, usability, satisfaction, empowerment and quality of life outcomes.

Disclosure of interest The author has not supplied his declaration of competing interest.

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25th European Congress of Psychiatry

Oral communications

Oral communications: Anxiety disorders and somatoform disorders; depression; obsessive-compulsive disorder and personality and personality disorders

0001

Impact of childhood trauma on the course of panic disorder



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Objective To investigate the impact of childhood trauma on the clinical course of panic disorder.

Method Longitudinal data of 539 participants with a current panic disorder were collected from the Netherlands Study of Depression and Anxiety (NESDA). Childhood trauma was assessed with a structured interview and clinical course after two years with a DSM-IV-based diagnostic interview and the Life Chart Interview.

Results At baseline, 56.3% reported childhood trauma, but this was not predictive of persistence of panic disorder. Emotional neglect and psychological abuse were associated with higher occurrence of anxiety disorders other than panic disorder (social phobia) and with higher chronicity of general anxiety symptoms (anxiety attacks or episodes and avoidance). Baseline clinical features (duration and severity of anxiety and depressive symptoms) and personality traits (neuroticism and extraversion) accounted for roughly 30 to 60% of the total effect of childhood trauma on chronicity of anxiety symptoms and on occurrence of other anxiety disorders.

Conclusion After two years, childhood trauma is associated with chronicity of anxiety symptoms and occurrence of social phobia, rather than persistence of panic disorder. These relationships are

partially accounted for by duration and severity of anxiety and depressive symptoms, and neuroticism and extraversion.

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

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0002

Pharmacological and psychotherapeutic interventions for management of post-stroke depression: A Bayesian network meta-analysis of 27 randomized controlled trials



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Background Post-stroke depression (PSD) constitutes an important complication of stroke, leading to great disability as well as increased mortality. Since which treatment for PSD should be preferred are still matters of controversy, we aimed to compare and rank these treatments.

Methods We did a network meta-analysis to incorporate both direct and indirect evidence from relevant trials by Bayesian random effects model. We searched PubMed, the Cochrane Library Central Register of Controlled Trials, Scopus, Embase for randomized controlled trials of different PSD treatments. The primary outcomes were efficacy and tolerability. We assessed the quality of evidence using the GRADE framework.

Result From 1347 citations, 27 randomised trials with a total of 1620 participants were included in this network meta-analysis. In terms of primary outcome, only for reboxetione (standardised mean difference [SMD] –12.84, 95% credible interval [CrI] –23.13 to –2.65) and nortriptyline (SMD –7.95, 95% CrI –14.85 to –1.75) enough evidence existed to support superiority compared with placebo. No significant difference was observed in terms tolerability. Considering patient response rate, repetitive transcranial magnetic stimulation (rTMS) was statistically more effective than sertraline plus nimodipine (Relative risk [RR] 5.53, 95% CrI 1.36 to 23.86) and fluoxetine (RR 10.74, 95% CrI 3.55 to 35.97)

Conclusion Compared with placebo, reboxetione and nortriptyline offered a clear advantage for PSD patients. rTMS is probably the best option to consider in addition of pharmacological treatment. Nevertheless, doctors need to consider our results together

with all known safety and economy information when selecting the strategy for individual patients.

Disclosure of interest The author has not supplied his declaration of competing interest.

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0003

Assessing obsessive-compulsive symptoms: The Portuguese version of the Padua Inventory



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Introduction Self-report instruments are useful tools for the assessment of psychopathological symptoms such as obsessive-compulsive symptoms. The Padua Inventory (PI) is a measure that has been widely used in clinical and research settings and studied in several countries.

Objectives This study explores the psychometric properties and factor structure of the Portuguese version of the PI.

Methods Translation and translation-back of the original version were executed. A total of 847 participants (468 women and 379 men) from the general population was recruited through a snowball procedure and completed the PI and other mental health measures. The data set was randomly split in order to conduct principal component analysis (PCA) and confirmatory factor (CFA) analysis in two different samples. Moreover, internal consistency, convergent and discriminant validity and test-retest reliability analyses were conducted.

Results From the PCA analysis four factors emerged, comprising clusters of items related to doubting/impaired control over mental activities, contamination/washing/cleaning, checking and worries about losing control over motor behaviors. CFA results revealed that the model presented a poor fit to the data and indicated that the model would benefit from the establishment of correlations between pairs of error terms of items with identical contents. The PI exhibited excellent internal consistency, good test-retest reliability and good convergent and discriminant validity.

Conclusions The PI Portuguese version showed a similar factor structure to the one presented in other studies and revealed good psychometric properties. Nevertheless, results from the CFA suggest that shortening the PI may be advantageous.

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Oral communications: Anxiety disorders and somatoform disorders; depression; obsessive-compulsive disorder and personality and personality disorders

0004

Anti-basal ganglia antibodies (ABGA) and excitatory neurotransmitters in obsessive-compulsive disorder (OCD)



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Introduction OCD is a complex disorder with multiple aetiological theories. Recent research points to role of autoimmunity as well as hyperactivity of glutaminergic pathways in aetiopathogenesis of the disorder. It is possible that autoimmune mechanisms may modulate excitatory neurotransmission resulting in OCD.

Aims/objectives This study aimed to study the association between serum anti-basal ganglia autoantibodies (ABGA) and Glx (glutamate+glutamine) levels in caudate nucleus and anterior cingulate cortex as demonstrated by ¹H-MRS (proton magnetic resonance spectroscopy).

Methods Thirty psychotropic-naïve OCD patients and an equal number of age, gender matched healthy controls were studied using ¹H-MRS and levels of Glx were obtained. ABGA was measured using ELISA (enzyme linked immunosorbent assay) technique and categorised as present or absent in the serum.

Results ABGA was present in significantly higher proportion of patients as compared to controls ($P < 0.05$). Glx level was significantly higher (as measured by ¹H-MRS) in patients with ABGA as compared to those without ABGA ($P = 0.02$). The study results did not differ based on age, gender, disease severity and illness duration.

Conclusions The study demonstrates presence of ABGA in at least a subset of OCD population. The significant correlation between brain Glx levels and presence of ABGA provides a putative neurobiological framework for OCD. The strengths of the study include psychotropic-naïve patients, blinded investigators and use of standardized instruments. The limitations include small sample size, use of Glx as proxy measure of glutamate and lack of other disorder controls. Similar studies on a larger sample are warranted for a better understanding.

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

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0005

Reaching out to patients with antisocial personality disorder with brief psychoeducation



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Introduction Patients with antisocial personality disorder incur high costs on society, and are at high risk of dropping out of treatment and are often excluded from treatment, yet very little research has been conducted on how to best help these patients.

Objectives To test a six-session psychoeducation program, Impulsive Lifestyle Counselling, in outpatients with substance use disorders and antisocial personality disorder.

Aims To test the efficacy of the intervention versus treatment as usual in community outpatient treatment for substance use disorders.

Methods Pragmatic randomized trial in 13 outpatient community substance abuse treatment uptake areas. Patients were interviewed by blinded interviewers 3, 9 and 15 months post-randomization and tracked through a national substance abuse treatment register. Mixed effects regression were used to assess substance use and self-reported aggression and Cox regression was used to assess risk of dropout.

Results A total of 175 patients was randomized. At 3-month follow-up, patients randomized to intervention reported more days abstinent and less drug use severity than patients randomized to treatment as usual. In addition, patients randomized to intervention were at lower risk of dropout after intervention. In addition, patients randomized to intervention were more likely to report having received help for antisocial personality disorder at follow-up interviews.

Conclusions A brief psychoeducational intervention may improve outcomes for outpatients with antisocial personality disorder.

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

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0006

Childhood parental childrearing differently influences on adulthood fears, agoraphobia and navigation strategy selection in females and males



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Introduction Using self-report assessment methods, the present study examined affective factors that influenced the gender specific use of a survey-based orientation strategy and landmark-based route-finding strategy in an unfamiliar environment. First, we analyzed the role of early navigation experiences and the influence of early parental attachment (emotional warmth, overprotection and rejection) on way finding strategy. Second, the study analyzed the intercorrelations between way finding strategies and fear-related avoidance behavior and anxiousness.

Methods Three hundred and sixteen male and female students were recruited in a study to analyze the relationships between navigation strategies, fears, early parental childrearing behavior and navigation experiences. We proposed that use of navigation strategy depends on not only the physical features of the current environment and the participants' gender, but also fears of closed and opened spaces and types of perceived parental childrearing behavior.

Results We found that when exploring strange places, females used a route-finding strategy in contrast to males who used an orientation strategy for exploring a strange environment. Fear enhanced the preference for a route-finding strategy in both females and males. A route-finding strategy was associated with agoraphobic scores in females and with social fears in males. Perceived rejection from father and emotional warmth from mother together induces usage of route-finding navigation strategy.

Conclusion The family background influence on the capability to have personal experiences in unfamiliar environment and to cope with fears and behavioral avoidance in strange opened and closed places.

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

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0007

Reasons for acute psychiatric admissions and psychological interventions for patients with borderline personality disorder



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Introduction NICE guidelines advise to consider admission for patients with borderline personality disorder (BPD) for the management of crises involving significant risk to self or others. Furthermore, to consider structured psychological interventions of greater than three months' duration and twice-weekly sessions according to patients' needs and wishes.

Objectives We aimed to assess reasons for admission and access to psychological interventions in an acute inpatient BPD population.

Methods Case notes of patients with a diagnosis of BPD (ICD-10 F60.3 and F60.31), discharged from four acute general adult wards in Sheffield during a period of twelve months were studied retrospectively, using a structured questionnaire based on BPD NICE guidance.

Results Of the 83 identified BPD patients, seventy-eight percent were female and 82% between 16–45 years old. Eleven patients had four or more admissions. Eighty percent reported suicidal ideation at admission, with 50% having acted on it (70% by overdose, 50% cutting, 10% hanging). Of this cohort, 58% reported they intended to die. Psychosocial factors at admission were identified in 59 cases, including relationship breakdown (47.5%), alcohol/drug use (30.5%) and accommodation issues (17%). Disturbed/aggressive behaviour was documented in 27.1% of these cases. Sixty-eight percent of patients had psychology input in the 5 years preadmission: 38% (21 patients) received structured therapy, whilst 62% received only one assessment or advise to teams.

Conclusions Patients were mainly admitted for risk management. A high proportion received unstructured psychological interventions. Services offering structured psychological interventions should be supported, as hospitalisations only temporarily address BPD patients' suicidality and psychosocial difficulties.

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

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0008

Assessing the role of weight suppression (WS) and weight loss rate (WLR) in eating disorders



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Introduction and aims In this study, we aim to assess the role of weight suppression (WS) in eating disorders, not only from a quantitative point of view but also assessing the speed of the weight loss by using a new parameter: the weight loss rate (WLR). We analysed the role of these two indexes in different eating disorders domains, considering both eating behaviours and outcome profiles.

Methods The sample consisted of 414 patients, including 62 with AN binge purge subtype (ANBP), 146 with AN restrictive subtype (ANR) and 206 with bulimia nervosa (BN). Data about response to treatment were available for a subsample of 201 patients. A cross-sectional design was used for the clinical symptoms detected during the initial assessment and a longitudinal design was adopted for the response to treatment analysis.

Results No significant relationship emerged between both WS and WLR and variables collected at baseline assessment. We

observed, on the contrary, a significant association between WS and weight gain at the end of treatment. High WLR predicted remission of binge eating and compensatory behavior in BN patients. We further analyzed our data to identify threshold values of both WS and WLR of clinical utility.

Conclusions The role of WS and WLR as predictive factors in the outcome of eating disorders is of great interest and these initial results remark the usefulness of collecting these data during the initial assessment in order to plan a tailored therapeutic intervention.

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

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0009

Interaction between oxytocin gene variants and perceived parenting in relation to social anxiety in adolescents: Evidence for differential susceptibility effects

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Introduction Adolescence is a period of increasing demands in independent social functioning where parenting style may have an impact on social anxiety. A context-dependent effect of oxytocin on human social behavior has been suggested, however research on the gene coding for oxytocin (OXT) has mostly been reported without considering contextual factors.

Aim This study investigated interactions between parenting style and polymorphic variations in the OXT gene in association with social anxiety symptoms in a community sample of adolescents.

Methods The study group consisted of 1359 adolescents. Two single nucleotide polymorphisms located near OXT, rs4813625 and rs2770378, were genotyped. Social anxiety and perceived parenting style were assessed by behavioral questionnaires.

Results Significant joint effects in line with the differential susceptibility framework were observed for rs4813625 with parenting style. The levels of social anxiety among C allele carriers were conditional on the level of supportive parenting style whereas homozygote G carriers' levels of social anxiety were unaffected by supportive parenting style. The nature of the interactions between rs2770378 and parenting style was in line with the diatheses-stress model. However, associations of rs2770378 and parenting style with social anxiety became nonsignificant in nonlinear models.

Conclusions The study provides preliminary evidence for a modifying effect of supportive parenting style on the relationship between rs4813625 and social anxiety symptoms in adolescents, independent of sex. The findings may be interpreted from the perspective of the social salience hypotheses of oxytocin, with rs4813625 affecting social anxiety levels along a perceived unsafe-safe social context dimension.

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

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Oral communications: Anxiety disorders and somatoform disorders; depression; obsessive-compulsive disorder and personality and personality disorders

0010

An investigation of the coupling of temperament traits with major depression

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A diversity of neurochemical hypotheses related to major depression (MD) suggests that further investigation is needed for uncovering the neurophysiological nature of MD. Since both temperament and mental illness have been linked to varying degrees of the same neurotransmitter imbalances in neurophysiological systems of behavioral regulation, the analysis of temperament traits as weak forms of neurochemical imbalances might give new insights into symptoms and nature of MD. This study analyzed the predictions of the opioid receptor hypothesis within the neurochemical model of functional ensemble of temperament proposing that a dysregulation of the opioid receptors acting on monoaminergic systems gives rise to the symptoms of major depression (MD). The study investigated the coupling of sex, age and temperament traits with MD across four age groups (17–24, 25–45, 46–65, 66–85) by reviewing the records of testing in 423 patients and volunteers with (210) and without (213) the MD. The records included testing with the personality assessment inventory, structure of temperament questionnaire, structured clinical interview and other diagnostic measures. In line with the hypothesis, patients with MD had significantly lower physical endurance, social-verbal endurance, mental endurance, plasticity, physical tempo, sensation seeking and self-confidence, and higher impulsivity and neuroticism than non-depressed individuals. Other sex- and age-related effects are reported. The results suggest that new versions of the DSM should consider an increase of impulsivity and a decrease in plasticity of behavior as criteria symptoms of MD.

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

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0011

An investigation of the coupling of temperament traits with anxiety

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Temperament traits and anxiety have been linked to varying degrees of neurotransmitter imbalances in neurophysiological systems of regulating behaviour. The diversity of neurotransmitters implicated in anxiety symptoms raises questions as to whether the multiple neurotransmitter systems secondarily express dysfunction in a higher-level system, which modulates their activity. This study analyzed the predictions of the neurochemical functional ensemble of temperament (FET) model that proposes that a dysregulation of the opioid receptors acting on monoaminergic and GABA systems gives rise to the symptoms of GAD. The study investigated the coupling of sex, age and temperament traits with generalized anxiety disorder (GAD) across three age groups



(17–24, 25–45, 46–65 years). The records of patients aged 65–85 years old were also examined but showed significantly less presence of GAD in comparison to other age groups. Temperament was assessed using the activity specific 12-trait structure of temperament questionnaire. Consistent with the hypotheses of the FET, patients with GAD reported lower mean scores on the traits of social-verbal endurance, mental endurance, plasticity and sensation seeking and higher mean scores in the trait of impulsivity, than healthy individuals. GAD was associated with significantly lower self-confidence in women than in men. The results suggest that new versions of the DSM should consider an increase of impulsivity and a decrease in plasticity of behavior as criteria symptoms of anxiety. Moreover, the results suggest that the current criterion of fatigue should be specified as more related to social-verbal and mental aspects and less to physical aspects of endurance.

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

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0012

Predictors of remission at 1-year follow-up among ocd patients: Findings from The Netherlands obsessive-compulsive disorder association (NOCDA) study

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Introduction Obsessive-compulsive disorder (OCD) is described as a chronic condition. However, relatively little is known about predictors affecting its long-term outcome.

Objective To examine the contribution of clinical and interpersonal determinants in predicting remission status of 254 OCD patients at one-year follow-up (FU1).

Methods We used the baseline and FU1 data of The Netherlands obsessive-compulsive disorder association (NOCDA) study. Clinical predictors were chronicity level, depressive and obsessive-compulsive symptom severity. Suspected interpersonal factors included attachment style, social support and expressed emotion. Remission status was defined using the Yale-Brown obsessive-compulsive symptom (Y-BOCS) scale. χ^2 tests and ANOVAs were used for bivariate analyses, followed by multivariate multinomial logistic regression analyses to assess main effects and interactions in predicting remission status at FU1.

Results Bivariate tests demonstrated significant differences in remission status as a function of chronicity level, depressive and obsessive-compulsive symptom severity and social support. Regression analyses revealed that increased baseline OCD severity reduced the odds for both partial and full remission at FU1 (OR = .87, 95%CI = .82–.93, $P < 0.001$). Increased depressive severity at baseline reduced the odds for partial remission at FU1 (OR = .95, 95%CI = .91–.98, $P < 0.01$). Interactions analyses demonstrated that the adverse effects of OCD severity on partial remission disappeared at the presence of secure attachment (IOR = 1.11, 95%CI = 1.05–1.24, $P < 0.05$) and high social support (IOR = .88, 95%CI = .78–.98, $P < 0.05$).

Conclusions The contribution of clinical severity is critical for understanding the prognosis of OCD. The interpersonal context of OCD patients may mitigate the unfavorable effect of severity on outcome, thus should be addressed in treatment.

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

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0013

The effectiveness of the inference based approach to treating obsessive-compulsive disorder with poor insight; a randomized controlled multicentre trial

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Background There is an urgent need for an effective psychological treatment for patients with obsessive compulsive disorder (OCD) with poor insight, since this disorder is associated with severe suffering and a low quality of life. The inference based approach (IBA), a new psychotherapy for OCD specifically targets insight in OCD. In a randomized controlled multicentre trial, the effectiveness of IBA was compared to the effectiveness of CBT for treating patients with OCD with poor insight. In this study, 24 sessions of IBA were tested versus 24 sessions of CBT. Ninety patients with a main diagnosis of OCD with poor insight according to the DSM-IV criteria participated in the study. The primary outcome was reduction of the obsessive-compulsive symptoms.

Results In both conditions, a significant OCD symptom reduction was reached, but no condition effects were established. Post hoc, in a small subgroup of patients with the worst insight ($n = 23$), it was found that the patients treated with the IBA reached a significantly higher OCD symptom reduction than patients treated with CBT [estimated marginal mean = -7.77 , $t(219.45) = -2.4$, $P = 0.017$]. Of patients treated with IBA, 41.9% were responder and 20.9% completely recovered. Of the patients treated with CBT, 42.6% were responder and 12.8% recovered.

Conclusion Patients with OCD with poor insight improve significantly after psychological treatment. The results of this study suggest that both CBT and the IBA are effective treatments for OCD with poor insight. The IBA might be more promising than CBT for patients with more extreme poor insight.

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

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Oral communications: Bipolar disorders

0014

Thyroid profile and its relationship with response to treatment with lithium in bipolar mood disorder patients

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Introduction There is substantial evidence that even minor perturbation of thyroid function plays a significant role in clinical course and treatment outcome in depressive disorder; however the same is not yet clear in bipolar disorders.

Aims and objectives To study the relationship between pretreatment thyroid profile and response to treatment with lithium along with other predictors of response to treatment with lithium in cases of bipolar mood disorder.

Methods This study was conducted in the indoor facilities of a regional Institute of Mental Health, Tezpur, India in the year of



2012. Forty-five consecutive indoor patients diagnosed with bipolar mood disorder using DSM-IV-TR criteria were selected. On day 1, blood was collected for thyroid profile and BPRS 24 item scale version 4.0 was applied. They were started on lithium monotherapy and only lorazepam was used on S.O.S basis. On day 30, the BPRS was applied again to check the response to treatment, statistical analysis was done using SPSS version 16.

Results The mean percentage fall of the BPRS score was 40%, with the maximum fall in the subscale of grandiosity and minimum for depression. Age, illness duration, substance use, family history second or later episodes were negatively correlated with treatment response. Pretreatment T4 level was positively correlated, while pretreatment TSH level was negatively correlated with the treatment response.

Conclusion Lithium monotherapy proved to be a good agent for first episode of bipolar Mood disorder patients with manic symptoms and pretreatment T4 and TSH level were predictors of treatment response.

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

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0015

Use of the polarity index for the analysis of long-term efficacy of drugs used in bipolar disorder



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Introduction The study gathered information in order to draw useful conclusions to describe bipolar patients and their clinical management. The data collection was conducted as part of RENDiBi epidemiological study.

Objectives The statistical analysis of the collected data will be essential to understand the possible changes in drug treatment, through the help offered by a parameter, Polarity Index (PI), the numerical expression of the efficacy profile of a drug, very useful especially in the long-term management.

Methods Administration of a first detection card (demographic data, medical history) and five scales (CGI-BP, Mood Insight Scale, YMRS, HDRS) and a structured interview (MINI). The parameters analyzed were: polarity prevalence, ratios efficiency (IE) (values indicating the effectiveness of treatment compared to manic components and/or depressive), treatment and PI.

Results The degree of correlation between PI and IETot is positive and statistically significant. The correlation between PI and IEm is statistically significant; the correlation is however not significant between PI and IEd; treatment with antipsychotics alone has increased PI, while the one with mood stabilizers has lesser; treatment with antipsychotics has increased PI in patients with predominantly polarity than those with manic depressive prevailing polarity.

Conclusions There is a correlation between PI and effectiveness on manic symptoms and it is statistically significant (as already evident in the literature). The PI is numerically higher in the treatment of the subject with manic polarity, in agreement with previous studies that associate to the more effective drugs used for the management of manic recurrences a higher PI.

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

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0016

Obesity and obstetric complications are associated with rapid-cycling in Italian patients with bipolar disorder



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Introduction Rapid cycling (RC) worsens the course of bipolar disorder (BD) being associated with poor response to pharmacotherapy. Previous results about clinical variables potentially associated with RCBD were discordant or unreplicated.

Objectives An early diagnosis should be the goal to properly treat RCBD patients.

Aims To compare clinical variables between RC and non-RC bipolar patients and to identify related risk factors.

Methods A sample of 238 bipolar patients was enrolled from three different community mental health centers. Descriptive analyses were performed on total sample and patients were compared in terms of sociodemographic and clinical variables according to the presence of RC by multivariate analyses of variance (MANOVAs, continuous variables) or χ^2 tests (qualitative variables). Binary logistic regression was performed to calculate odds ratios.

Results Overall, 28 patients (11.8%) had RC. The two groups were not different in terms of age, age at onset, gender distribution, type of family history, type of substance use disorder, history of antidepressant therapy, main antidepressant, psychotic symptoms, comorbid anxiety disorders, suicide attempts, thyroid diseases, diabetes, type of BD, duration of untreated illness, illness duration, duration of antidepressant treatment and GAF scores. In contrast, RC patients had more often a history of obstetric complications ($P < 0.05$), obesity ($P < 0.05$) and a trend to hypercholesterolemia ($P = 0.08$). In addition, RC bipolar patients presented more frequently lifetime MDMA misuse ($P < 0.05$) than patients without RC.

Conclusions Obesity and obstetric complications are risk factors for the development of RC in BD. Lifetime MDMA misuse may be more frequent in RC bipolar patients.

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

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0017

Epidemiology of bipolar spectrum disorder: Results from the general population survey of South Korea



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Introduction Patients with subthreshold bipolar disorder (sub-BP) experience severe clinical courses and functional impairments, which are comparable to those with bipolar I and II disorders (BP-I and -II). Nevertheless, lifetime prevalence, socioeconomic correlates and diagnostic overlaps of bipolar spectrum disorder (BPS) have not yet been estimated in the general population of South Korean adults.

Aims This study aimed to estimate the lifetime prevalence, correlates and diagnostic comorbidities of BPS using a validated

screening instrument in the nationwide general population of South Korea.

Methods A total of 3013 adults among the 2011 Korean Epidemiologic Catchment Area survey (KECA-2011) completed face-to-face interviews using the Korean versions of the composite international diagnostic interview 2.1 and mood disorder questionnaire (K-CIDI and K-MDQ).

Results The lifetime prevalence of BPS in the South Korean adults was measured to be 4.3% (95% CI 2.6–6.9). Nearly 80% of the subjects with BPS were codiagnosed with other DSM-IV nonpsychotic mental disorders: 35.4% (95% CI 24.2–48.5) for major depression and dysthymic disorder, 35.1% (95% CI 27.7–43.3) for anxiety disorders and 51.9% (95% CI 40.5–63.1) for alcohol and nicotine use disorders. Younger age (18–34 years) was the only sociodemographic predictor of BPS positivity ($P=0.014$) and the diagnostic overlap patterns were different between men and women.

Conclusions Positivity for BPS was estimated to be much greater than the prevalence of DSM-IV BP in South Korea. Most of the respondents with BPS were diagnosed with other major mental disorders and this might be related with mis and/or underdiagnosis of clinically relevant Sub-BP.

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

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0018

Assessment of serum IL-4, 15d-PGJ2, PPAR gamma levels in patients with bipolar disorder



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Introduction Many hypotheses have been proposed about development of bipolar disorder including inflammatory processes due to the external and endogenous factors. There are strong evidences that immunological dysfunction is present in bipolar disorder. In the pathophysiology of bipolar disorder, there are many data that support the inflammatory hypothesis.

Objectives In this study, to clarify the etiology of bipolar disorder, based on the inflammatory process hypothesis, it is aimed to measure and evaluate serum 15d-PGJ2 and PPAR γ , anti-inflammatory cytokine IL-4 levels in patients with bipolar disorder.

Methods This study was performed at Ankara Numune Training and Research Hospital. Ninety-five patients are included in the study that were in their mania or remission periods and meet the DSM-V criteria for bipolar disorder. Forty-four healthy volunteers are included in the study as well. Serum IL-4, 15d-PGJ2, PPAR γ levels are measured in both groups. Young Mania Scale, Hamilton Depression Scale, demographic data form were given to patient group.

Results In our study, 15d-PGJ2, PPAR γ levels were found statistically significantly lower in patients with bipolar disorder compared to healthy controls.

Conclusion There are differences in anti-inflammatory prostaglandin levels in patients with bipolar disorder who are in their mania period when compared to healthy controls and patients in their remission period. This does not show any significance according to smoking and gender. This implies that inflammation markers could be a good candidate to determine trait markers, which will provide an insight for preventing patient

from mania period or prognosis after the diagnosis of bipolar disorder.

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

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0019

Impulsivity and brain volume in patients with bipolar disorder type I and bipolar disorder type II



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Introduction Impulsivity is a key feature of both bipolar disorder (BD) type I (BDI) and type II (BDII).

Objective Structural neuroimaging studies help clarifying brain mechanisms underpinning the regulation of impulsivity in BDI and BDII.

Aims To address the question whether grey matter (GM) alterations relate differently with impulsivity in BDI and BDII.

Methods We assessed 54 euthymic outpatients, diagnosed with BDI ($n=28$) or BDII ($n=26$) according to DSM-IV-TR criteria. They underwent a 3 T magnetic resonance imaging (MRI) investigation. GM brain volumes were analyzed on a voxel-by-voxel basis using Statistical Parametric Mapping 8. The Barratt Impulsiveness Scale (BIS), version 11A, was used to assess trait impulsivity.

Results BDI and BDII patients present an inverse relationship between impulsivity and GM volume in two cerebral areas: the right cerebellum (right crus I) and the interface between the left angular gyrus and the left inferior parietal cortex (Brodmann Area 39, 7, 40). More specifically, a negative relationship for BPI and a positive relationship for BPII were found in both areas.

Conclusions Results suggest that the different diagnosis between BDI and BDII could have a significant effect on GM changes according to impulsivity severity and point up the importance of considering the BP subtype distinction in neuroimaging studies on this topic.

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

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0020

Inflammation and neurodegeneration findings in early stage bipolar disorder



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Introduction There is growing evidence about neuroinflammation in the aetiopathogenesis of bipolar disorder. Early diagnosis and intervention strategies are thought to be excessively important lately.

Objectives To check neuroinflammation levels in early stage bipolar disorder and explore the associations with clinical variables.

Aims We aimed to evaluate inflammation and neurodegeneration findings in early stage bipolar disorder.

Methods Serum interleukin 1-receptor antagonist (IL-1Ra), interleukin 6 (IL-6), tumor necrosis factor-alpha (TNF- α), high sensitive C reactive protein (hs-CRP), S100B and neuron specific enolase (NSE) levels were assessed by enzyme-linked immunosorbent assays in a total of 30 patients with bipolar disorder in the early stage and compared with 30 matched healthy controls. The clinical symptoms were rated using Montgomery Asberg Depression Scale,

Young Mania Rating Scale, Positive and Negative Syndrome Scale and Clinical Global Impression Scale.

Results Among the patients with bipolar disorder, 14 (% 46.6) were in a manic/hypomanic state and 12 (% 40) were in a euthymic state. Serum IL-6 levels were significantly higher ($P=0.018$), TNF- α and S100B levels were significantly lower in the early stage group ($P<0.001$ and $P=0.03$, respectively). After repeated analysis with only drug-naïve patients, the results showed no difference. There was a positive and significant correlation between TNF- α levels and CGI, MADRS scores (all $P<0.05$); NSE levels and MADRS scores ($P<0.05$).

Conclusions This study supported the association of early stage bipolar disorder with inflammation and neurodegeneration. IL-6 may be a potential biomarker. Thus, early diagnosis and intervention may be crucial to prevent progressive neuroinflammation and neurodegeneration in early stages of disorder.

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

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O021

The correlation between plasma brain-derived neurotrophic factor and cognitive function in bipolar disorder is modulated by the BDNF Val66Met polymorphism

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Objectives Brain-derived neurotrophic factor (BDNF) may be involved in the pathogenesis of bipolar disorder (BD). The functional BDNF Val66Met polymorphism (rs6265) is associated with secretion of BDNF. The current study aimed to explore the correlation between changes of plasma BDNF and cognitive function after 12 week of treatment, considering the influence of the BDNF val66Met polymorphism. The correlation of changes of plasma BDNF with quality of life (QOL) was explored.

Methods First diagnosed patients with BD were recruited. Symptom severity, plasma BDNF levels were examined during weeks 0, 1, 2, 4, 8, and 12. QOL, Wisconsin Card Sorting Test (WCST) and the Conners' Continuous Performance Test (CPT) were assessed at baseline and endpoint. The genotype of the BDNF Val66Met polymorphism was determined. The change of cognitive function and QOL measures over 12 weeks were reduced by factor analysis. Pearson's correlation was used to investigate the association between change of plasma BDNF levels with cognitive function and QOL.

Results Five hundred and forty-one BP patients were recruited. Three hundred and fifty-five (65.6%) patients completed the 12-week follow-up. A significant negative correlation was found between changes of plasma BDNF level with factor 1 (WCST) ($r=-0.25$, $P<0.001$). After further stratification according to subtypes of BD and the BDNF genotypes, above significant correlation was found only in those with BP-I and the BDNF Val66Met Val/Met genotype ($r=-0.54$, $P<0.008$).

Conclusion We conclude that changes in plasma BDNF significantly correlated with changes in WCST in patients with BD; such correlation is moderated by the BDNF Val66Met polymorphism and subtype of BD.

Disclosure of interest The author has not supplied his declaration of competing interest.

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O022

Cortical inhibition in symptomatic and remitted mania compared to healthy subjects: A paired-pulse TMS study

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Introduction Cortical inhibition (CI) is a neurophysiological outcome of the interaction between GABA inhibitory interneurons and other excitatory neurons. Transcranial magnetic stimulation (TMS) measures of CI deficits have been documented in both symptomatic and remitted bipolar disorder (BD) suggesting it could be a trait marker. The effects of medications and duration of illness may contribute to these findings.

Objective To study CI in BD.

Aims To compare CI across early-course medication-naïve BD-mania, remitted first episode mania (FEM) and healthy subjects (HS).

Methods Symptomatic BD subjects having < 3 episodes, currently in mania and medication-naïve ($n=27$), remitted FEM ($n=27$; YMRS < 12 and HDRS < 8) and 45 HS, matched for age and gender, were investigated. Resting motor threshold (RMT) and 1-millivolt motor threshold (MT1) were estimated from the right first dorsal interosseous muscle. Paired-pulse TMS measures of short (SICI; 3ms) and long interval intracortical inhibition (LICI; 100ms) were acquired. Group differences in measures of CI were examined using ANOVA.

Results Table 1.

Conclusions Symptomatic mania patients had the highest motor thresholds and the maximum LICI indicating a state of an excessive GABA-B neurotransmitter tone. Remitted mania patients had deficits in SICI indicating reduced GABA-A neurotransmitter tone. Putative changes in GABA-A neurotransmitter system activity with treatment may be investigated in future studies. CI has received less attention in BD as compared to schizophrenia and is a potential avenue for future research in this area.

Table 1 Measures of motor threshold and CI across the three groups.

	Symptomatic mania (n=27)	Remitted mania (n=27)	HS (n=45)	F ^a	p ^b	Posthoc LSD
RMT Mean(SD)	37.93 (8.85)	32.63 (6.19)	37.09 (7.12)	4.161	0.019	BD > FEM HS > FEM
MT1 Mean(SD)	50.97 (12.15)	41.48 (8.27)	49.00 (11.34)	5.964	0.004	BD > FEM HS > FEM
SICI (%) Mean(SD)	27.47 (33.14)	9.05 (58.65)	35.34(28.39)	3.578	0.032	FEM<HS
LICI (%) Mean(SD)	76.93 (19.52)	71.52(27.48)	56.32 (45.87)	3.215	0.045	BD > HS

^aDegrees of freedom 2,96.

^bProbability error for the omni-bus test.

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0023

Clinical and sociodemographic correlates of suicidality in bipolar patients



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Introduction A major concern in patients with BIPOLAR Disorder (BD) is the high frequency of suicidality. It is important to determine the subgroup of patients particularly exposed to this risk.

Objectives To explore sociodemographic and clinical characteristics of BD patients with a history of suicide attempts and compare them to those who never attempted suicide.

Methods This is a retrospective, cross-sectional, descriptive and comparative study on 100 patients followed in our department and diagnosed with BD type I according to DSM 5. Demographic and clinical data was compared across the groups: suicide+ (S+) and suicide-(S-).

Results Overall, 77 patients never attempted suicide (S-), whereas 23 had made at least one suicide attempt (S+). Females represented 61,9% of the S+ group. S+ patients had more relatives with psychiatric illness (82,6% vs. 57,1%) and affective illness (43,5% vs. 33,8%). The mean diagnostic delay was 6,61 years in the S+ group vs. 4,58 in the S- group, with 78,3% of S+ patients first receiving another diagnosis than BD. S+ patients had significantly more depressive episodes and manic episodes with mixed features. Quality of intervals was worse in S+ patients. Anxiety comorbidity was significantly higher in the S+ group (52,2% vs. 13%; $P=0,000$). Hyperthymic temperament was significantly associated with the S- group.

Conclusions Depressive polarity, anxiety comorbidity, as well as diagnostic delay seem to elevate the risk for suicidality in bipolar patients. Suicidality should be closely monitored in patients with these characteristics.

Disclosure of interest The author has not supplied his declaration of competing interest.

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0024

Determinants of functioning in euthymic patients with bipolar disorder: A structural equation modelling approach



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Background Euthymic patients with bipolar disorder (BD) experience residual symptoms. Interestingly, residual symptoms appear to impact the natural course of BD and represent potential predictors of recurrence and functional impairment.

Objectives The study aimed to analyse the relationship between residual depressive symptoms, sleep disturbances and cognitive impairment as determinants of psychosocial functioning in a large sample of euthymic BD patients.

Methods We performed a cross-sectional study of 468 BD outpatients in clinical remission for at least 6 months. Bipolar Depression Rating Scale (BDRS), Pittsburgh Sleep Quality Index (PSQI) scale, Visual Analogic Scales (VAS) evaluated cognitive impairment and functioning assessment short test were used to assess residual symptomatology and functioning of patients. We evaluated functioning with. Structural equation modelling (SEM) was used to describe the relationships among the residual depressive symptoms, sleep disturbances, perceived cognitive performance and functioning.

Results SEM showed good fit. This model revealed that residual depressive symptoms (path coefficient = 0.37) and perceived cognitive performance (path coefficient = 0.27) were the most important features significantly related to psychosocial functioning. Sleep disturbances were indirectly associated with functioning via residual depressive symptoms and perceived cognitive performance (path coefficient = 0.23).

Conclusions This study contributes to a better understanding of the determinants of psychosocial functioning during the interepisodic periods of BD patients. These findings should have implications for the improvement of functioning of BD patients in a personalized approach to treatment.

Disclosure of interest

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0025

Subcortical structures in suicide attempters with bipolar disorder, type I



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Introduction Suicidality is a major health concern with as yet unclear neurobiology.

Objectives To identify emotional correlates of suicidality in bipolar disorder I (BD-I).

Aims To detect subcortical structural morphology changes associated with suicide attempts.

Methods We enrolled 30 patients with BD-I of which 15 had history of suicide attempts, and 15 healthy controls (HCs) with no such history. Groups were defined according to suicide attempt history and psychopathology. Subcortical gray matter volumes were obtained from 3 T structural MRI scans using FreeSurfer. Intergroup differences were investigated through ANOVAs followed by post hoc Fischer's least significant difference.

Results HCs had larger left hippocampal and left accumbens volumes than both BD-I attempters and nonattempters. BD-I attempters had smaller left hippocampi and larger left amygdala than both nonattempters and HCs.

Conclusions Differences were observed in emotional processing mediating neural circuitries, with BD-I attempters showing opposite patterns to nonattempters between amygdala and hippocampus.

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

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0026

Effectiveness of psychoeducational family intervention on coping strategies of relatives of patients with bipolar I disorder



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Background Relatives' coping strategies – an essential element for the recovery of patients with severe mental disorders – are grouped in problem-oriented and emotion-focused. The former include practical strategies to deal with the stressful situation and are associated with a better long-term outcome of patients and relatives; the latter are psychologically driven and are associated with a worse outcome. It has been reported that psychoeducational family intervention (PFI) can improve problem-oriented coping strategies, while few data are available on relatives of patients with bipolar disorder.

Objectives To assess the impact of the PFI on promotion of problem-oriented coping strategies adopted by relatives of patients with bipolar I disorder.

Methods This study was conducted in 11 Italian mental health centers. Patients and their relatives were allocated to the experimental group receiving PFI or to the control group (waiting list). Before starting the intervention and at the end of the PFI, coping strategies were assessed using the family coping questionnaire.

Results Of the 139 recruited families, 72 families were allocated to the experimental group and 67 to the control group. Relatives from the experimental group reported a significant improvement in problem-oriented coping strategies, such as positive communication ($P < .01$) and searching for information ($P < .05$). On the other hand, a reduction in collusion ($P < .0001$), avoidance ($P < .01$) and resignation ($P < .001$) were found at the end of the intervention.

Conclusions PFI is effective in promoting the coping strategies in relatives of patients with bipolar I disorder and it should be given routinely in mental health centers.

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

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Oral communications: Classification of mental disorders; comorbidity/dual pathologies; psychopathology; psychopharmacology and pharmacoconomics and sleep disorders & stress

0027

Integrating the findings from boundary sciences for development of the DSM/ICD classifications



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Introduction Temperament and mental illnesses are considered to be varying degrees along the same continuum of imbalance in the neurophysiological regulation of behavior. Mental disorders are linked to specific patterns in the relationships between neurotransmitters and between brain structures. Similar links were found for temperament traits. Development of DSM and ICD classifications

might benefit therefore from an integration between psychiatry, functional neurochemistry and differential psychology.

Objectives To describe the neurochemical systems underlying mental disorders and temperament traits in healthy adults.

Methods Findings in neurochemistry, neuropsychology, differential psychology and psychopathology are compared to the traits described in various temperament models. This analysis is summarized in the perspective of the neurochemical functional ensemble of temperament (FET) model.

Results Neurochemical correlates for 12 main dynamical aspects of behavior are presented as a systemic framework that follows a universal functional structure of human actions described in kinesiology, neuroanatomy, neurochemistry and clinical neuropsychology. The role of monoamine systems (serotonin, dopamine, noradrenalin), acetylcholine, GABA/glutamate, neuropeptide and opioid receptor systems are linked to regulation of specific dynamical properties of behavior in a systematic way. Several insights for the structure of the classification of mental disorders from the perspective of the FET model are proposed.

Conclusions An integration of research in neurochemistry and psychopathology of behavior with differential psychology based on healthy samples can bring new insights for future versions of DSM and ICD classifications of mental disorders. Such integration does not follow either dimensionality or categorical approach but instead is based on functional ecology of human behavior.

Disclosure of interest The author has not supplied his declaration of competing interest.

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0028

Substance use disorder among admitted patients with bipolar disorder in a psychiatric service during a three-year period



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Introduction Bipolar disorder has the highest rates of comorbid substance use disorders. Approximately 60% of patients with bipolar I disorder have a lifetime diagnosis of a substance use disorder (SUD). Excluding tobacco, alcohol is the substance most often abused, followed by cannabis, amphetamines and cocaine.

Objectives Determine the prevalence and compare sociodemographic and clinical variables in patients with SUD comorbid diagnoses and patients without this comorbidity.

Methods Charts of all patients with a diagnosis of bipolar disorder admitted in the Coimbra Hospital and University Center over a three-year period (2013–2015) were reviewed to gather data on sociodemographic and clinical data.

Results During a three-year period, 189 patients were admitted with bipolar disorder, almost half of patients (47.6%) had a SUD comorbid diagnosis. Comorbidity of BD and SUD is characterized by a complicated course with multiple recurrences of bipolar episodes and increased hospitalizations. The risk of suicide attempt is significantly higher when associated with SUD. In addition, BD is associated with pervasive social, family, and employment dysfunction. Poor treatment adherence in this population is also a serious clinical challenge that significantly impacts treatment response and outcome. The authors will analyze all this variables in the population admitted.

Conclusion According to the most recent literature on SUD and BD, these two problems occur together so frequently that all patients with a bipolar diagnosis should also be assessed for drug and alcohol problems. BD complicated by SUD represents a seri-

ous public health problem and a major challenge to treatment providers.

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

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0029

Clinical outcomes of the first 2 years of implementation of the integrated care pathway for concurrent major depressive disorder and alcohol use disorder



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Background Both major depressive disorder (MDD) and alcohol use disorder are highly prevalent, often comorbid and cause significant socioeconomic burden. At CAMH, we have developed and integrated care pathway (ICP) to treat these disorders and evaluated its effectiveness in comparison to treatment as usual (TAU).

Methods Chart review; descriptive statistics, χ^2 and t -tests, linear mixed effects models, Kaplan–Meier and log-rank analyses.

Results Overall, 81 patients were enrolled into ICP. Comparisons of treatment retention rates between ICP patients and matched historical controls ($n=81$) showed significantly lower dropout rate in ICP cohort (18.5% vs. 69.1%, $P<0.001$, Fig. 1). The ICP patients demonstrated significant reduction in depressive symptoms severity (QIDS: 14.6 vs. 10.0, $P<0.001$; BDI 26.3 vs. 16.2, $P<0.001$), reduction in the amount of alcohol consumed weekly from 44.6 standard drinks at baseline to 12.6 ($P<0.001$) by the end of treatment, which was significantly better compared to controls (56.9 vs. 25.2, $P<0.001$), $P=0.014$ (Fig. 2).

Conclusions The ICP is a feasible approach to treatment of concurrent AUD and MDD with significantly higher retention rates than TAU. Patients demonstrate improvements on several levels including depressive symptoms, and changes in alcohol drinking patterns.

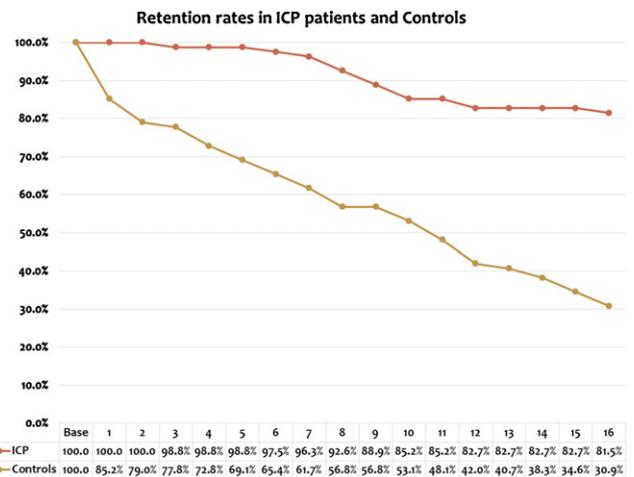


Fig. 1

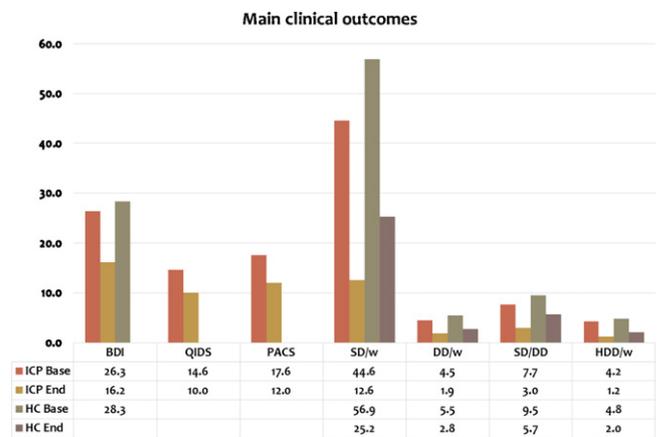


Fig. 2

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0030

Party hard: Drug-related fatalities in Ibiza from 2010 to 2016



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Introduction Illicit drug use is well known as an important contributor to the global burden of diseases, but the physical and psychopathological risks of recreational drugs misuse are often underestimated and drug-related fatalities in specific settings are under-investigated.

Objectives and methods In the framework of the EU-funded project “EU-Madness”, we collected and analysed all the reports of drug-related fatalities in Ibiza from January 2010 to September 2016, with the aim of characterising the sample, and identifying the involved substances and the nature of deaths associated with their consumption.

Results Overall, 58 drug-related fatalities were registered from 2010 to September 2016 (87.9% males, 12.1% females, mean age 33.16; females were significantly younger than males). Most of the deceased were Britons (36.2%), followed by Spanish (22.4%), Italians (6.9%) and Germans (5.2%). In half the cases, the substance identified in post-mortem analyses was a stimulant; in 24.1% of the sample it was a depressor a prescription drug or more than two substances in 22.4%. Most of the fatalities were due to cardiovascular accidents (62%); 22.4% were deaths by drowning, 12% by fall from heights and 3.4% were due to mechanical asphyxia.

Conclusions According to the results from our sample, stimulants (mainly MDMA and cocaine) are the substances of abuse involved in most drug-caused fatalities. The number of fatalities per year has been steadily increasing, but the growing diffusion of novel psychoactive substances (NPS) does not seem to be a direct cause (although better methods of their analysis in post-mortem samples should be designed).

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

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0031

Validation of the Italian version of the “abnormal bodily phenomena questionnaire” in a sample of patients with schizophrenia: Preliminary data

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Introduction The abnormal bodily phenomena questionnaire (ABPq) originates from the analysis of clinical files of more than 350 patients with schizophrenia. It consists in a semi-structured interview created to evaluate the subjective anomalies in feelings, sensations, perceptions and cognition in the domain of the lived body.

Objectives The present study is aimed at providing preliminary data for the validation of the Italian version of the ABPq.

Methods The ABPq was translated and adapted into Italian. ABPq scores were correlated to those obtained by the schizophrenia proneness instrument, Adult version–body perception disturbances (SPI-A E, body) that evaluates the same kind of phenomena, in order to examine its convergent validity. Moreover, ABPq was correlated to psychopathological domains assessed by the Positive and Negative Syndrome Scale (PANSS) and by the Brief Negative Symptom Scale (BNSS).

Results The experimental sample included 40 clinically stable patients. Our findings showed a strong correlation between ABPq and SPI-A E, body. An association of ABPq total score with the positive and disorganized dimensions was also observed.

Conclusions Our preliminary data suggest that the Italian version of ABPq has a good convergent validity. The presence of abnormal bodily phenomena resulted to be associated to a greater severity of the disease and therefore it could be hypothesized that they represent an indicator of clinical severity.

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

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0032

The longitudinal effects of experiential avoidance on depression symptoms in patients with inflammatory bowel disease

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Inflammatory bowel disease (IBD) has been vastly associated with the development of depression and it is thus considered that the mechanisms that underlie this link should be explored. The present study aimed to examine the longitudinal effects of IBD symptoms and a maladaptive emotion regulation process, experiential avoidance (defined as the tendency to attempt to control internal experiences), on depression symptoms. The sample comprised 116 IBD patients of both sexes that completed validated self-report measures on an online platform in three different times (equally spaced 9 months apart) during an 18-month period. Results demonstrated that IBD symptomatology at baseline was linked to experiential avoidance and depressed mood 9 and 18 months later. The level of experiential avoidance at baseline was also correlated with the subsequent experience of depression symptoms, 9 and 18 months later. Results also revealed that, although IBD symptomatology at baseline predicted depressive symptomatology 18 months later ($\beta = 0.24$; $P = 0.008$), when experiential avoidance at baseline was added to this model, this process became the only predictor of the outcome ($\beta = 0.60$; $P < 0.001$; $R^2 = 0.41$). These results corroborate previous literature by indicating that IBD symptomatology may lead to depression symptomatology. Nevertheless, the current study additionally revealed that the engagement in experiential avoidance – that is, in attempts at controlling the frequency, form or intensity of internal experiences – might have a greater role on the determination of patients' depressed mood than the experience of adverse physical symptomatology. Maladaptive forms of emotion regulation in IBD patients should be targeted to prevent depression symptoms.

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

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0033

Confirmatory factor analyses of the Portuguese version of the Maudsley obsessional-compulsive inventory

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Introduction The Maudsley obsessional-compulsive inventory (MOCI) is a widely used self-report measure of obsessive-compulsive symptoms in clinical and non-clinical populations, both in research and clinical settings. Nogueira et al. confirmed in 2011 that the MOCI Portuguese version has good psychometric properties, having a factorial structure that is in accordance with those reported by other groups.

Aims Based on the previous results of exploratory factor analysis with a Portuguese students sample, the present study aimed to



perform a confirmatory factor analyses (using Mplus software) to verify if the three dimensions' structure fitted the data.

Methods The sample comprised 234 students on their first three years of college education (78.2% female), between 18–26 years old ($M=20.55$; $SD=1.66$). Participants filled the Portuguese version of the MOCI.

Results Our results showed that the MOCI Portuguese version with original 3-factor structure has a good fit ($\chi^2_{(227)}=386.987$, $P<.05$; $RMSEA=0.053$, $90\%CI=0.044-0.062$; $CFI=0.928$; $TLI=0.920$; $WRMR=1.089$). Good reliability was found for all subscales (Cronbach alpha $<.80$).

Conclusions The MOCI Portuguese version reliably and validly assesses three OC symptom dimensions in young adults. Further research is needed to confirm this structure in Portuguese clinical samples.

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

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0034

What antipsychotic is more effective? Pafip three years longitudinal study comparing haloperidol, risperidone, olanzapine, quetiapine, ziprasidone and aripiprazole



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Introduction Early stages after a first psychotic episode (FEP) are crucial for the prognosis of the disease. Those patients who drop out of treatment after a FEP show a significant increase in their vulnerability to relapse. Relapses associated a greater risk of neurotoxicity, chronicity, hospitalization, decrease of response to the treatment, increase of burden and functional decline.

Objectives To determine what antipsychotic is more effective in the prevention of relapse after a first psychotic episode.

Material and methods PAFIP is an assistance program focused on early intervention in psychosis. Between January 2001 and January 2011, 255 patients were recruited and randomly assigned to treatment with haloperidol ($n=48$), olanzapine ($n=41$), risperidone ($n=44$), quetiapine ($n=34$), ziprasidone ($n=38$) and aripiprazole ($n=50$). We compared the rates of relapse and remission reached by haloperidol, olanzapine, risperidone, aripiprazole, ziprasidone and quetiapine during a 3-year follow-up. All of the patients were antipsychotic naives at the beginning of the treatment.

Results There were no statistically significant differences in regard to the rate of clinical remission. Patients assigned to the groups of aripiprazole, olanzapine and risperidone presented a solid trend to a significantly inferior rate of discontinuation for any reason since the beginning of the treatment.

Conclusions These data point to a greater protection against relapse and a likely better prognosis related to the use of aripiprazole, Olanzapine and risperidone.

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

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0035

Predictors of sleep difficulties in college students



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Introduction College students are known for their variable sleep schedules. Such schedules, along with other common student practices are associated with poor sleep hygiene. The persistence of the precipitating stressor is one of the factors involved in the persistence of insomnia.

Aims To examine the role of the perceived stress, perseverative thinking, strategies of cognitive emotion regulation and negative affect as predictors of sleep difficulties.

Methods The sample comprises 549 college students.

Measures PSS-10, PTQ, CERQ and POMS-58. Three questions were used to access difficulties in initiating sleep (DIS), maintaining sleep (DMS) and early morning wakening (EMA). A Sleep Difficulties Index (SDI) was calculated by summing DIS, DMS and EMA scores.

Results In total sample, the multiple linear regression explained 27.7% of the SDI total variance ($R^2=.277$, $F(9, 375)=15,942$, $P<.0001$). The significant predictors of the total variance of SDI were perceived distress ($B=.246$, $P=.0001$), repetitive thought ($B=.189$, $P=.005$), cognitive interference and unproductiveness ($B=-.188$, $P=.006$), rumination ($B=.130$, $P=.044$) and negative affect ($B=.156$, $P=.018$).

Conclusions Preventive interventions focused on predictor factors (perceived stress, perseverative thinking, rumination and negative affect) should be considered in order to promote better mental health in college students.

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

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0036

Ultra high risk status and transition to psychosis in 22q11.2 deletion syndrome



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The 22q11.2 deletion syndrome (22q11DS) is characterized by high rates of psychotic symptoms and schizophrenia, making this condition a promising human model for studying risk factors for psychosis. We explored the predictive value of ultra high-risk (UHR) criteria in a sample of patients with 22q11DS. We also examined the additional contribution of sociodemographic, clinical and cognitive variables to predict transition to psychosis within a mean interval of 32.56176 months after initial assessment.

Eighty-nine participants with 22q11DS (age range: 8–30 years; mean: 16.1647) were assessed using the structured interview for psychosis-risk syndromes. Information on axis I diagnoses, internalizing and externalizing symptoms, level of functioning and IQ was also collected. At baseline, 22 (24.7%) participants met UHR criteria. Compared to those without a UHR condition, they had a significantly lower functioning, more frequent anxiety disorders and more severe psychopathology. Transition rate to psychosis was 27.3% in UHR and 4.5% in non-UHR participants. Cox regression analyses revealed that UHR status significantly predicted conversion to psychosis. Baseline level of functioning was the only other additional predictor. This is the first study investigating the predictive value of UHR criteria in 22q11DS. It indicates that the clinical path leading to psychosis is broadly comparable to that observed in other clinical high-risk samples. Nevertheless, the relatively high transition rate in non-UHR individuals suggests that other risk markers should be explored in this population. The role of low functioning as a predictor of transition to psychosis should also be investigated more in depth.

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0037

Family environment as predictor of adolescents' loneliness



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Introduction At the present time, adolescents are in particular vulnerable to feelings of loneliness. They are gradually emancipating from their family and establish relationships with peers. Among the important predictors of loneliness belong genetic and personal variables and factors of social environment.

Objectives and aims To examine predictors of adolescents' loneliness which are located in family environment. To find out how empathy, emotional relationship and control by both of parents contribute to loneliness of adolescent boys and girls.

Methods We examined 206 adolescents in the age from 10 to 18 years through Basic Empathy Scale, Parenting Style Scale and UCLA Loneliness Scale. Stepwise multiple linear regression analysis was used for data analysis.

Results The significant predictors of boys' loneliness in family environment are emotional relationship of mother and affective empathy of father. The significant predictors of girls' loneliness include emotional relationship and cognitive empathy of father. Parental control is not a significant predictor of adolescents' loneliness.

Conclusion Adolescents' loneliness is largely influenced by factors of family environment. Our study highlights the role of emotional relationship provided by the opposite sex parent. Cold behavior of the opposite sex parent could reduce self-esteem and self-confidence of adolescents. Both could help them establish relationships with peers and people outside family, thus protecting them against loneliness. A significant predictor of boys' and girls' loneliness is also empathy of father. We recommend to make use of our findings in clinical practice with adolescents, in family therapy as well as in context of attachment.

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

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0038

A case control and follow-up study of "hard to reach" young people who also suffered from multiple complex mental disorders



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Aims To describe the mental disorders and social function of the hard to reach young people (HTRYP) from the innovations project (IP) and compare to a matched sample from a community mental health team (CMHT).

Background IP was a new multidisciplinary team based within an inner city, walk-in health centre, North East England (throughout 2011).

Methods Phase 1 and 2: retrospective review of clinical case notes of YP who attended the IP and CMHT. Phase 3: 24-months follow-up evaluation of the mental state and social function, using Health of the Nation Outcome Scales for Child and Adolescent Mental Health (HoNOSCA) and Children's Global Assessment Scale (CGAS).

Results Overall, 36 referrals accepted by the IP, 31 met criteria for HTRYP, 15 were offered individually tailored therapy. IP group experienced more deprivation compared to the CMHT matched sample ($n=115$). At baseline, the HTRYP had more mental disorders, higher severity scores and lower levels of social function (HTRYP HoNOSCA mean: 19.1 and CMHT mean: 11.2 $P<0.001$ and HTRYP CGAS mean: 51.0, CMHT mean: 58.9, $P=0.05$). The HTRYP made significantly greater improvement compared to CMHTYP; (HoNOSCA $P<0.001$ and CGAS $P<0.002$). Thirteen HTRYP attended the follow-up review at 24 months compared with nine of CMHTYP. There was great variability in terms of social function between the YP within each sample.

Conclusion The term "HTR" describes a state, which the YP may be at a particular point their lives. A service, which utilises a developmental theoretical framework, offers regular reviews and an individualised care plan, could reduce longer-term morbidity and mortality suffered by HTRYP.

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

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0039

Implications of COMT and subclinical psychiatric symptoms on the phenotypic variability of 22q11.2 deletion syndrome: A transversal and longitudinal approach



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Introduction 22q11.2 deletion syndrome (22q11.2DS) results from a hemizygous microdeletion on chromosome 22 and is characterized by phenotypic variability. Several studies have been

conducted on the impact of COMT functional polymorphism in 22q11DS, suggesting that attenuated psychotic manifestations are frequent in children and adolescents and represent one of the strongest predictors for the onset of psychotic disorder.

Objectives We explored possible interaction between COMT polymorphism and subclinical psychiatric symptoms in a 22q11.2DS cohort of 42 participants aged 6 to 26 years: 17 hemizyosity for COMT-Met and 25 hemizyosity for COMT-Val.

Aims To analyse impact of COMT gene in 22q11DS and its related psychiatric correlates.

Method Each participant, genotyped for the catechol O-methyltransferase (COMT) Met/Val polymorphism, underwent structured psychiatric and cognitive assessment. Analysis of positive and negative symptoms was performed by the structured interview for prodromal syndromes (SIPS). Finally, longitudinal data available in a subsample of 24 individuals were used to explore the developmental trajectories of psychotic symptoms one year later.

Results There was a significant positive correlation between COMT Val polymorphism and positive symptoms; at follow-up, no significant correlation were found between COMT polymorphism and psychiatric symptoms. No other significant differences were found between groups (Comt/Met-Comt/Val) on any other CBCL or QI score.

Conclusions COMT and additional genes microdeleted might interact in the susceptibility to schizophrenia in 22q11.2DS: psychotic symptoms might result from an epistatic interaction with other genes. Moreover, gene-environment, in presence of genetic vulnerability could increase the risk of schizophrenia in 22q11DS.

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

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0040

Coping victimization among peers in Spain



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Background Bullying at school and victimization problems in adolescence have a negative impact in personal identity development specifically in mental health field.

Objective To analyze coping profiles used in a communitarian adolescents sample in relation to victimization among peers and controlling the other victimization subtypes.

Method From Barcelona Metropolitan area, 1031 adolescents between 12 and 20 years old participated (37.5% boys; 15.7% foreigners). The different coping strategies were assessed with adolescent coping orientation for problem experiences test and the victimization types with juvenile victimization questionnaire.

Results A 46.2% of adolescents suffered a victimization event by peers in the last year. As victimization level by peers advance, it presents an increase of unproductive coping strategies ($P < .001$; d -Cohen = 0.92). Regularly women score higher than men in low and moderate victimization groups ($P < .05$). However, when it reaches the highest expression (higher risk profile), unproductive strategies use in both genders is very similar and significant differences disappear. The results show that avoidant coping type is associated with a higher rate of victimization by peers. Positive relationship between previous victimization in other areas and peer victimization rate was found.

Conclusions It is of high importance to develop and strengthen coping psychoeducation programs centered in solving this prob-

lem and struggling against victimization consequences by peers in adolescence. Due to that, increase of this victimization type is very related to the use of unproductive strategies use and therefore a coping by avoiding the problem.

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

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0041

Early childcare and trajectories of behavioral difficulties in children: The EDEN mother-child cohort study



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Background There is no consensus of the relationship between early childcare and later psychological development.

Methods We studied 1428 children participating in the French EDEN cohort. Childcare was reported prospectively between ages 4 months and 3 years: childminder, collective care, informal care. Children's behavior was assessed by mother-reported strength and difficulty questionnaire (SDQ) scores at ages 3.5, 5.5 and 8 years. Trajectories of children's behavioral difficulties (emotional difficulties, behavioral problems, peer-relations difficulties, symptoms of hyperactivity and inattention, prosocial behavior) were identified using group-based trajectory modelling (PROC TRAJ, SAS). To control for selection and confounding factors, we used propensity scores based on over 30 covariates, included in multinomial regression models as inverse probability weights of exposure.

Results Compared to children in informal care, those who were cared for by a childminder or in collective care were less likely to have peer problems (respectively, ORs for the intermediate level trajectory = 0.67 [95% IC: 0.47–0.95] and 0.49 [95% IC: 0.34–0.72]; ORs for the high level trajectory = 0.47 [0.27–0.82] and 0.33 [0.17–0.62]). Collective care was also associated with a reduced likelihood of intermediate ($OR = 0.71 [0.52–0.98]$) and high trajectories of hyperactivity and inattention ($OR = 0.50 [0.35–0.81]$), intermediate ($OR = 0.58 [0.39–0.88]$) and high trajectories of emotional symptoms ($OR = 0.54 [0.32–0.92]$) and intermediate ($OR = 0.72 [0.51–1.01]$) and high behavioral problems trajectories ($OR = 0.54 [0.34–0.85]$).

Conclusion Childcare attendance prior to school entry – particularly collective childcare – may have beneficial effects for children's psychological development and peer relations.

Disclosure of interest The author has not supplied his declaration of competing interest.

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0042

Predicting secondary mental health care use in adolescence using self-, parent- and teacher-reported problem behavior in a community-based record-linkage study



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Introduction In adolescence, help-seeking is affected by different actors. The influence of each actor on help-seeking is often studied in isolation, or, if multiple informants are included, using only few assessments of adolescents' mental health.

Objectives The aim of this study is to determine the extent to which self-, parent- and teacher-reported problem behavior predict secondary care in adolescence and to what extent the informants' relative importance changes over time.

Methods Data from the Dutch community-based cohort study tracking adolescents' individual lives survey (TRAILS) were linked to administrative records of secondary care from 2000 (age 9) to 2011 (age 21). Internalizing and externalizing problems were assessed using the youth self-report, child behavior checklist and teacher checklist of psychopathology at ages 11, 13 and 16, and the adult self-report at age 19.

Results The annual incidence of secondary care fluctuated between 1.3% and 2.4%. In Cox regression analyses that adjusted for sociodemographic covariates and problem behavior, internalizing problems but not externalizing problems predicted secondary care. Secondary care between the ages 11 to 13 years was predicted best by teachers, between the ages 13 to 16 by parents, and between the ages 16 to 21 by adolescents.

Conclusions The relative importance of informants for predicting secondary care shifts over time, which suggests that each informant is the driving force behind secondary care at a different phase of adolescence. The treatment gap may be reduced by improving problem recognition of teachers in secondary education and by educating young adults about mental health problems.

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

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0043

Mental disorders are increasing among children and adolescents in Sweden – a nationwide study with focus on gender differences

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Introduction An increasing number of young people in Sweden are diagnosed with mental disorders and there appears to be significant gender differences in disease pattern.

Objective To more thoroughly characterize the increase in mental disorders among young people with focus on gender differences.

Aim To increase the knowledge of age and sex-specific trends in incidence and prevalence rates of mental disorders among children and adolescents.

Method Data on psychiatric diagnoses for the last 10 years were obtained from Swedish national registers held by the National Board of Health and Welfare in Sweden.

Results Neuropsychiatric, depressive and anxiety disorders have increased markedly among young people the last decade. In addition, men are increasingly diagnosed with substance-related disorders whereas women with borderline personality disorder.

Conclusion The increase in mental disorders among young people is marked and disease affects men and women differently. Because of greater awareness today, some conditions like ADHD are more frequently diagnosed. However, the increase in depressive and anxiety disorders appears genuine and represents an additional challenge.

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

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0044

The impact of age on the prevalence and clinical relevance of attenuated psychotic symptoms in patients of an early detection service

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Introduction Compared to 16–40-year-olds, 8–15-year-olds of the community reported higher frequencies of perceptual and lesser clinical significance of non-perceptual attenuated psychotic symptoms (APS).

Objectives/aims We examined if a similar age effect is present in a clinical never-psychotic sample ($n = 133$) referred to a specialized service for clinical suspicion of developing psychosis.

Methods APS and brief intermittent psychotic symptoms (BIPS) were assessed using items P1-3 and P5 (non-perceptual) and P4 (perceptual) of the structured interview for psychosis-risk syndromes, current axis-I disorders with the mini-international neuropsychiatric interview and psychosocial functioning with the Social and Occupational Functioning Assessment Scale (score < 71 indicative of at least some difficulty in social, occupational, or school functioning).

Results Overall, 64% reported APS (61%) or BIPS (7%); any perceptual APS/BIPS was reported by 43% and any non-perceptual APS/BIPS by 44%. In correspondence to the results of the community study, perceptual but not non-perceptual APS/BIPS were significantly more frequent in younger age groups below the age of 16 (8–12 yrs: $OR = 4.7$ (1.1–19.5); 13–15 yrs: $OR = 2.7$ (0.9–7.7)); 20–24-year-olds as reference group). An age effect of APS/BIPS on presence of any current axis-I disorder (59%) or functional difficulties (67%) could not be detected. Yet, when APS onset requirements were met, the likelihood of a psychiatric diagnosis increased significantly with advancing age.

Conclusion Overall, the replicated age effect on perceptual APS in this clinical sample highlights the need to examine ways to distinguish clinically relevant perceptual APS from perceptual aberrations likely remitting over the course of adolescence.

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

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0045

Basic symptoms in the community and their association with age

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Introduction Limited clinical relevance of attenuated psychotic symptoms before the turn from early to late adolescence, i.e., age 15/16, was reported.

Objective This emphasizes the potentially important role of neurodevelopmental aspects in the early detection of psychoses.

Aims We examined the age effect on prevalence and clinical relevance of 14 cognitive and perceptual basic symptoms (BS) included in risk criteria of psychosis in a random representative 8–40-year-old community sample ($n = 689$).



Methods Participants underwent clinical interviews for BS, psychosocial functioning and current mental disorder on the telephone.

Results BS were reported by 18% of participants, mainly cognitive BS (15%). Age seemed to affect perceptible and cognitive BS differently, indicating an age threshold for perceptible BS in late adolescence (around age 18) and for cognitive BS in young adulthood (early twenties) – with higher prevalence, but a lesser association with functional deficits and the presence of mental disorder in the below-threshold groups. Thereby, effects of the interaction between age and BS on functioning and mental disorder were commonly stronger than individual effects of age and BS.

Conclusion Differential age effects of perceptual and cognitive BS seem to follow normal brain maturation processes, in which they might occur as infrequent and temporary nonpathological disturbances. Their persistence or occurrence after the conclusion of main brain maturation processes, however, might signify aberrant maturation processes. Thus, BS might provide important insight into the pathogenesis of psychosis and into potential neuroprotective targets.

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

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0046

Risk factors for suicide attempt: A retrospective study

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Introduction Suicide is a leading cause of death among adolescents.

Objectives To investigate suicidal behaviors among Italian adolescents.

Aims To assess the rates of suicidal ideation (SI) and suicide attempts (SA) and the associated risk factors in patients admitted to emergency department (ED) of the Bambino Gesù Children's Hospital.

Methods Retrospective study based on data of patients admitted to the ED from 1 January 2011 to 30 May 2016 who required a neuropsychiatric (NPI) consultation. We analyzed:

- outcome of the NPI consultation (hospitalization or discharge);
- risk factors for SA and SI;
- methods employed for SA.

Results The number of NPI consultations for SI and SA increased from 6.45% in 2011 to 13.3% in 2015. More than 90% of consultations recommended hospitalization in the psychiatric unit (137 patient [66% female]; mean age of 15.5 ± 1.6 years) with average length of stay of 13.64 ± 10.63 days. Risk factors for SI and SA were non-suicidal self-injury, family conflicts and previous suicide attempts. Subjects evaluated for a SA reported a significantly higher frequency of family history of mood disorder ($\chi^2 = 5.94$; $P = 0.02$) and a comorbid substance abuse ($\chi^2 = 4.49$; $P = 0.03$) when compared with SI group. The method most frequently used to attempt suicide was ingestion of medications (52.83%).

Conclusions There was an increasing demand of NPI consultation of SA and SI in the last years. A family history of mood disorder and a history of substance abuse are risk factors able to differentiate between SI and SA.

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

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Oral communications: E-mental health; bipolar disorders; child and adolescent psychiatry; eating disorders; intellectual disability and women, gender and mental health

0047

A mediation analysis of childhood maltreatment and suicidal behavior among patients with depressive or bipolar disorders



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Introduction Substantial evidence supports association between childhood maltreatment and suicidal behaviour, however, a limited number of studies have examined psychological mechanisms mediating the relationship among patients with mood disorders.

Objective To investigate directly the potential intermediating mechanisms between childhood maltreatment and suicidal behaviour among patients with mood disorders.

Aims We examine by formal mediation analyses, if:

- the effect of childhood maltreatment on suicidal behaviour is mediated through borderline personality disorder traits;
- the mediation effect differs between lifetime suicidal ideation and lifetime suicide attempts.

Methods Depressive disorder and bipolar disorder (ICD-10-DCR) patients ($n = 287$) from the Helsinki university psychiatric consortium (HUPC) Study were surveyed on self-reported childhood experiences, current depressive symptoms, borderline personality disorder traits and lifetime suicidal behaviour. Psychiatric records served to complement the information on suicide attempts.

Results The influence of childhood maltreatment on lifetime suicidal ideation and lifetime suicide attempts showed comparable total effects. In formal mediation analyses, borderline personality disorder traits mediated all of the total effect of childhood maltreatment on lifetime suicide attempts, but only 21% of the total effect on lifetime suicide ideation. The mediation effect was stronger for lifetime suicide attempts compared to ideation ($P = 0.002$) and independent of current depressive symptoms.

Conclusions The mechanisms of the effect of childhood maltreatment on suicidal ideation and attempts may diverge among psychiatric patients with mood disorders. Borderline personality disorder traits may contribute to these mechanisms, although the influence appears considerably stronger for suicide attempts than for suicide ideation.

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

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0048

The role of maladaptive psychological strategies in the association between shame and psychological quality of life



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Shame experiences have been highly associated with the engagement in maladaptive strategies (such as experiential avoidance and cognitive fusion) to cope with unwanted thoughts and feelings. Furthermore, these maladaptive processes have been linked to different psychopathological conditions.

The current study aimed to test the mediational effect of two different emotional regulation processes, cognitive fusion (i.e., the entanglement with unwanted inner events) and experiential avoidance (i.e., the unwillingness to be in contact with these inner experiences and the tendency to avoid and control them), on the association between external shame and psychological quality of life.

Participants were 421 (131 males and 290 females), aged between 18 and 34 years old.

The tested path model explained 40% of the variance of psychological quality of life and showed excellent model fit indices. Results demonstrated that external shame presented a significant direct effect on psychological quality of life and, in turn, an indirect effect, through the mechanisms of cognitive fusion and experiential avoidance. In fact, these findings seem to suggest that higher levels of external shame are linked to a higher tendency to engage in cognitive fusion and to lower acceptance abilities, which appear to explain decreased levels of psychological quality of life.

The present findings seem to offer significant clinical implications, emphasizing the importance of targeting maladaptive emotion strategies through the development of acceptance and decentering abilities.

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

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0049

Interaction between previous attempts and diagnosed psychiatric disorder as a risk marker of repeated suicide attempts among adolescents: Results from a prospective hospital-based study



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Suicide is the second most frequent cause of death among the youth and its rates among adolescents have recently risen. Up to 30% of adolescents who attempt suicide will try it again within a year. Our objective is to analyze how previous attempts and diagnosed psychiatric disorder behave as markers of risk of reattempts and their statistical interaction. We include every underage patient treated by an emergency room psychiatrist after a suicide attempt in a General Hospital between years 2010 and 2015. Patients free of relapse after 1000 days are censored. We obtain Kaplan–Meier estimates for the risk of a new attempt as a time-dependant variable, dividing them by the presence of previous suicide attempts, diagnosed psychiatric disorder or both at a time, checking the differences by

using log-rank tests. Then, we perform Cox proportional risk models including both variables and a factor of their interaction and adjust them by sex and age in a non-automatically driven multivariate analysis, thus obtaining HR estimates. We present 150 cases (118 female; mean[SD] age in years: 15.8 [1.6]). Overall, 22.6% of them relapse during follow-up time. Multivariate models show interaction of previous attempts and diagnosed psychiatric disorder is associated with relapse with an HR of 1.27×10^8 (95% CI: $5.51 \times 10^7 - 2.9 \times 10^8$). Interaction of both factors is an outstanding risk marker of relapse after an attempted suicide and should thus be given clinical importance in tertiary prevention.

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

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0050

Personality and spirituality as predictors of suicidality in depressed patients



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Introduction Some studies show that more expressed spirituality and some dimensions of personality have protective role from suicidality.

Aim The aim of our study is to examine the influence of the spiritual quality of life (QoL) and dimensions of personality on course of suicidality in patients with depression.

Methods Ninety-nine patients were assessed with self-report measures of suicidality (BHS), personality (TCI), spirituality (WHOQOL-SRPB) during a yearlong follow-up.

Results Spirituality was inversely linked with suicidality at baseline and during follow-up and more expressed spirituality influenced faster recovery from suicidality. Dimensions of temperament harm avoidance and self-directedness show as significant predictors of recovery from suicidality.

Conclusion In our sample, spirituality, harm avoidance and self directedness are significant predictors of recovery from suicidality. This finding is stimulus for further researching of protective factors from suicidality.

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

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0051

Are volunteering and caregiving associated with suicide risk? A census-based longitudinal study

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Background This record linkage study explores the suicide risk of people engaged in caregiving and volunteering. Theory suggests opposing risks as volunteering is associated with better mental health and caregiving with a higher prevalence and incidence of depression.

Methods A 2011 census-based study of 1,018,000 people aged 25–74 years (130,816 caregivers and 110,467 volunteers; 42,099 engaged in both). All attributes were based on census records. Caregiving was categorised as either light (1–19 hours/week) or more intense (20+ hours/week). Suicide risk was based on 45 months of death records and assessed using Cox proportional hazards models with adjustment for and stratification by mental health status at census.

Results More intense caregiving was associated with worse mental health (OR_{adj} = 1.15; 95%CI = 1.12, 1.18); volunteering with better mental health (OR 0.87; 95%CI 0.84, 0.89). The cohort experienced 528 suicides during follow-up. Both volunteering and caregiving were associated with a lower risk of suicide though this was modified by baseline mental ill-health ($P=0.003$), HR 0.66; 95%CI 0.49, 0.88 for those engaged in either activity and with good mental health at baseline and HR 1.02; 95%CI 0.69, 1.51 for their peers with poor mental health. There was some indication that those engaged in both activities had the lowest suicide risk (HR 0.34; 95%CI 0.14, 0.84).

Conclusions Despite the poorer mental health amongst caregivers they are not at increased risk of suicide. The significant overlap between caregiving and volunteering and the lower risk of suicide for those engaged in both activities may indicate a synergism of action.

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

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0052

Incidence and predictors of suicide attempts in bipolar I and II disorders: A five-year follow-up

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Introduction Although suicidal behavior is very common in bipolar disorder (BD), few long-term studies have investigated incidence and risk factors of suicide attempts (SAs) specifically related to illness phases of BD.

Objectives We examined incidence of SAs during different phases of BD in a long-term prospective cohort of bipolar I (BD-I) and II

(BD-II) patients and risk factors specifically for SAs during major depressive episodes (MDEs).

Methods In the Jorvi bipolar study (JoBS), 191 BD-I and BD-II patients were followed using life-chart methodology. Prospective information on SAs of 177 patients (92.7%) during different illness phases was available up to five years. Incidence of SAs and their predictors were investigated using logistic and Poisson regression models. Analyses of risk factors for SAs occurring during MDEs were conducted using two-level random-intercept logistic regression models.

Results During the five-year follow-up, 90 SAs per 718 patient-years occurred. Compared with euthymia the incidence was highest, over 120-fold, during mixed states (765/1000 person-years [95% confidence interval (CI) 461–1269]) and also very high in MDEs, almost 60-fold (354/1000 [95%CI 277–451]). For risk of SAs during MDEs, the duration of MDEs, severity of depression and cluster C personality disorders were significant predictors.

Conclusions In this long-term study, the highest incidences of SAs occurred in mixed phases and MDEs. The variations in incidence rates between euthymia and illness phases were remarkably large, suggesting that the question “when” rather than “who” may be more relevant for suicide risk in BD. However, risk during MDEs is likely also influenced by personality factors.

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

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0053

Cost-effectiveness of a specialised medium secure personality disorder service



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Introduction The Oswin unit located in the North East of England is commissioned primarily for offenders screened on the offender personality disorder (OPD) pathway based on measures of personality disorder being linked to moderate to high risks to other persons.

Objectives The Oswin Unit was re-designed in early 2014 meeting commissioning specifications to meet objectives based on access, measuring quality and reducing. The primary objective of this pathway is to ensure personality Disorder offenders have access to “community-to-community”, joint-up care and monitoring of risks. The Oswin unit implemented a re-designed service offering individuals formulation based assessments and risk management embedded in the OPD pathway. The overall objective of this project is to evaluate the effectiveness and risk amelioration of this hospital-based service.

Aim As part of a broader service development and evaluation project, the cost-effectiveness of the current model of the unit was compared to that of the unit prior to the redesign of the service.

Method Collection of data on number of admission and length of stay and calculation of expenses per capita. Retrospective analysis of costs of care.

Results Analysis of comparative figures post-implementation of this new model of care found 41% more episodes of care. Cost-analysis indicated a saving of £200,000.

Conclusion The new Oswin Model meets commissioning objectives in offering access to hospital-based care and focused treatments for prisoners ‘stuck’ in prison pathways. This finding led to further investigation using thematic measures of quality of care to evaluate the effectiveness of this service and risk amelioration.

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

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0054

Psychoeducational family intervention: Benefits and obstacles reported by mental health professionals



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Introduction Despite several guidelines recommend the use of psychoeducational family interventions (PFIs) as add-on in the treatment of patients with bipolar I disorder (a), their implementation on a large scale remains limited (b).

Objectives To identify benefits and obstacles in implementing a PFI in the clinical routine care.

Methods This was a multicentre, real-world, controlled, outpatient trial, carried out in 11 randomly recruited Italian mental health centres. Mental health professionals received a training on PFI and provided the intervention to patients with bipolar I disorder and their relatives. Difficulties and benefits in performing PFI were collected through an ad-hoc schedule, which was administered at baseline and 5 times during the different stages of the intervention.

Results Mental health professionals report significant improvements in the intervention-related benefits over time ($T_0 = 5.3 \pm 2.0$ vs. $T_5 = 7.9 \pm 0.9$; $P < .0001$), in particular in their professional skills ($T_0 = 6.5 \pm 2.3$ vs. $T_5 = 8.0 \pm 0.8$; $P < .01$). They also report to be more satisfied with their own work ($T_0 = 6.6 \pm 2.3$ vs. $T_5 = 8.0 \pm 1.3$; $P < .05$). The most relevant difficulties were related to the need to integrate the PFI with other work responsibilities and to the lack of time, which did not decrease overtime.

Conclusions PFIs are feasible in routine care for the treatment of patients with bipolar I disorder and their relatives, and main obstacles are related to the organization of mental health centres, and not to the characteristics of the intervention itself.

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

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0055

Aberrant salience and alexithymia in subthreshold psychotic experiences among adolescent migrants in Italy: A comparison with native Italian adolescents



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Introduction In this decade in the Italian context, there has been a significant increase of the immigration phenomenon. Consistent data indicated higher risk of psychotic experiences among migrants. Poor work investigated clinical variables associated with stronger subthreshold psychotic experiences among this population of adolescents. Aberrant salience, the biased assignment of significance to otherwise innocuous stimuli, and alexithymia, the difficulty identifying/describing feelings are believed to have a role in the onset and maintenance of psychotic symptoms. No

study evaluated whether they could moderate the relation between migrant status and psychotic experiences among in adolescence.

Objectives The current study investigated whether salience and alexithymia predicted more intense subthreshold psychotic experiences and moderated the effect of migrant status among migrant and native Italian adolescents.

Methods Seventy-three adolescents born in other countries than Italy and 75 native Italian adolescents (mean age = 17.57, SD = 2.08, 47.30% females) completed the aberrant salience inventory, the Toronto Alexithymia Scale-20 and the screening for psychotic experiences.

Results Migrant adolescents had higher levels of subthreshold psychotic experiences ($F = 10.65$, $P < 0.01$), alexithymia ($F = 8.93$, $P < 0.01$) and salience ($F = 4.38$, $P < 0.05$) than native Italian adolescents. A main effect of aberrant salience and alexithymia on subthreshold psychotic experiences emerged. An interaction effect between migrant status and alexithymia was found: migrant adolescents with stronger alexithymia had more intense subthreshold psychotic experiences.

Conclusions Public health policies should consider migrant adolescents as a group at risk for stronger subthreshold psychotic experiences. Prevention programs could take into account alexithymia as a target of intervention for this population of adolescents.

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

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0056

Suicidal ideation amongst adolescent suffering from disordered eating: The Young-HUNT study



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Introduction Suicide takes a great toll on both individuals and societies. Successful preventive measures would require a careful understanding of the scope of suicidal ideation as well as its associated factors. Amongst mental disorders, anorexia nervosa has the highest mortality rate due to suicide.

Objective and aims Studying the prevalence of suicidal ideation and its associated factors in adolescents (13–19 years old) affected by disordered eating (DE).

Methods Logistic regression was employed to study associations between suicidal ideation and age, gender and disordered eating in adolescents from a population-based prospective study, The Young-HUNT 3 cohort, 2006–8. DE cases were defined using the self-reported questionnaire (Eating Attitude Test-7) and then grouped into two subscales, poor appetite/under-eating and uncontrolled appetite/overeating.

Results A total of 3933 (boys 49% and 51% girls) were included. In total, 177 poor appetite/under-eating and 365 uncontrolled appetite/overeating cases were identified. Prevalence of suicidal ideation was 24.5% in total sample with girls being more affected (27.1%). Prevalence of suicidal ideation amongst poor appetite/under-eating case group and uncontrolled appetite/overeating cases was respectively 43.5 and 39.2%. The odds-ratio of suicidal ideation amongst poor appetite/under-eating

cases compared to control group was 2.56 (95% CI, 1.85 to 3.42, P -value < 0.001) whilst the odds-ratio of suicidal ideation amongst uncontrolled appetite/overeating cases compared to control group was 2.19 (95% CI, 1.75 to 2.74, P -value < 0.001). Results remained significant after adjusting for anxiety and depression symptoms.

Conclusion Focus on high risk groups such as DE seems important in taking suicide preventive measures.

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

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0057

Are social networks useful to challenge stigma attached to mental disorders? Findings from the time to change social marketing campaign 2009–2014



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Introduction The new channels of communication as social media (e.g. Facebook and Twitter) and the social marketing campaign (i.e. campaign focused on enabling, encouraging and supporting behavioural changes among target audiences) can represent useful strategies to challenge stigma attached to mental disorders.

Objectives To evaluate the efficacy of the social marketing campaign of the time to change (SMC-TTC) anti-stigma programme on the target population in England during 2009–2014.

Aims To assess the impact of the SMC-TTC anti-stigma programme in terms of:

- use of the social media channels;
- levels of awareness of the SMC-TTC;
- changes in knowledge, attitude, and behaviour related to mental disorders.

Methods Participants completed the mental health knowledge schedule (MAKS), the community attitudes toward mental illness (CAMI) and the reported and intended behaviour scale (RIBS), together with an ad-hoc schedule on socio-demographic characteristics.

Results In total, 10526 people were interviewed, it was found a growing usage of the SMC-TTC media channels and of the level of awareness of the campaign (P < 0.001). Being aware of the SMC-TTC was found to be associated with higher score at MAKS (OR = .95, CI = .68 to 1.21; P < .001), at “tolerance and support” CAMI subscale (OR = .12, CI = .09 to .16; P < .001) and RIBS (OR = .71, CI = .51 to .92; P < .001), controlling for confounders.

Discussion In the general population, SMC-TTC has been found to be effective in improving attitudes and behaviours towards people with mental disorders.

Conclusions Considering these promising results obtained in England, social media can represent the possible way forward for challenging stigma. The future on-going evaluation of the SMC-TTC may further shed light on the essential role of social media in reducing of stigma and discrimination.

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

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0058

A cross-correlation analysis of the cyclicity of Italian suicide rates and online suicide-related search volumes



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Introduction People seeking information and news regarding suicide are likely to use the Internet. There is contrasting evidence about the relationship between the cyclicity of suicide-related search volumes and national suicide-rates in different countries.

Objectives The objectives were to investigate first the cyclicity of Italian suicides and online suicide-related searches carried out by the Italian population in the same time frame (2008–2012) and analyze the correlation between the two cyclicities.

Aims The study aimed to gain further insights on suicide-related internet use and its relationships to completed suicides.

Methods Italian mortality database provided monthly national data concerning suicides (2008–2012). Google trends provided data of online monthly search-volumes of the term “suicide”; “commit suicide”; “how to commit suicide” in Google search (2008–2014).

Results Seasonal AR model suits the trend of Italian suicides with a periodic 1-year cycle. No specific cyclicity for Google search volumes for “how to commit suicide” and “to commit suicide” was found (ARIMA [0,1,1] and ARIMA [1,0,1] respectively). Google search time series for “suicide” performed with ARIMA (1,1,1) and the cross correlation analysis showed that it lags national suicides of three months (ρ = 0.482, P -value < 0.001).

Conclusions Online searches for suicide-related terms in Italy are more linked to factors other than suicidality such as personal interest and bereavement. To our knowledge, no previous study reported a lag of three months between online searches for “suicide” and national suicides. This may shed further light on the grieving process being of help in organizing effective supportive strategies for the survivors.

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

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0059

The impact of mental factor as an indicator of the population state of health



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In the framework of biopsychosocial model of health and pathology that is nowadays widely recognized in the different fields of modern medicine the mind, building the core of personality and the brain as the central regulatory organ play an essential role in the interdisciplinary approach to somatic illnesses. It is a common knowledge that comorbid anxiety and depression disorders can influence the course of various somatic illnesses and worsen their prognosis. We

also have evidence-based studies that depression for example is an independent risk factor of heart infarct onset. On the other hand, we observe the somatization of clinical picture of mental disorders, the increase of atypical forms manifesting through pain or other somatic syndromes that leads to the increase of mental illnesses in the primary care. The research of common pathways of mental and somatic pathology should be the subject of further interdisciplinary research programs. The other issue is the patient's compliance that plays in important role in the success of every kind of treatment. Personality traits and status of mental health can influence ones attitude to illness as well as motivation to therapy. We cannot assess the population state of health without taking into consideration the evaluation of mental status as well as such definitions like subjective well being, life quality and stigmatization.

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

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Oral communications: Epidemiology and social psychiatry; migration and mental health of immigrants; forensic psychiatry; suicidology and suicide prevention; prevention of mental disorders and promotion of mental health

0060

Personality disorders and perinatal psychiatry: Food for thoughts from perinatal psychiatric department experience



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Background Pregnancy and postpartum are sensitive unique moments in women's life. Perinatal psychiatry is focused on depression and psychosis, but personality issues is often neglected as well as risk factors for personality disorders instead of being considered causative of onset or recrudescence of psychiatric symptoms in perinatal.

Methods In total, 129 women were referred to perinatal psychiatric department during their pregnancy or postpartum in the last three years. They were administered SCID II, Childhood Trauma Questionnaire (CTQ), Beck Depression and Anxiety Inventories (BDI and BAI), Edinburgh Postnatal Depression Scale (EPDS) and World Health Organization Quality of Life (WHOQOL). Their interaction with babies was monitored at birth and during follow up. Children's behavioral development is under evaluation through structured tests.

Results BDI and BAI scored moderate or severe in 31 and 27% of women, EPDS was significant in 36%, while SCID II highlighted 24% of borderline, 17% narcissistic, 4% schizoid, 4% paranoid and 9% obsessive/compulsive PD. Nineteen of them suffered physical abuse during childhood, 26 sexual abuse, 89 emotional neglect and only 15 out of 129 were negative to any kind of abuse during childhood.

Conclusion Personality disorders appears to influence maternal adjustment to pregnancy and motherhood. Abuses suffered during childhood confirm their role as potential risk factor in personality issues which clearly express their effect in adaptation to change in personal role and in emphatic interactions.

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

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0061

What do patients want? Correlates of patient satisfaction and treatment engagement



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Introduction Motivation and ability to engage with treatment may deteriorate or falter if a patient is not satisfied with their protocols or provider. Improving patient satisfaction may more effectively strengthen treatment engagement.

Objectives 1) Determining what patients want from their provider relationship; and 2) identifying means for a provider to effectively assess and evaluate patient satisfaction in relation to treatment engagement.

Methods A systematic review of published meta-analyses, systematic reviews, and literature reviews between 1996 and 2016 was conducted across three databases (Medline, PsycINFO, CINAHL). Using variations of the search terms patient; satisfaction; medication, medical and psychiatric treatment; and engagement/adherence, a total of 1667 articles were identified. After removing duplications, 1582 articles were independently screened for eligibility (e.g. conceptual focus, methodological limitations) by two research assistants, resulting in the final inclusion of 50 meta-analysis, systematic review, or literature review articles that focused on predictors or barriers to patient satisfaction and/or predictors or barriers affecting engagement/adherence.

Results Barriers and predictors of patient satisfaction centered on two fundamental domains:

– relationship with Provider (sub-factors: multicultural competence, shared decision making, communication skills, continuity of care, empathy) and;

– outcomes (sub-factors: therapeutic outcome, patient expectations).

Eight treatment engagement/adherence barrier and predictor domains were identified, specifically treatment regimens; illness beliefs, emotional/cognitive factors; financial and logistic; social support; symptom/illness characteristics; demographics and patient-provider relationship.

Conclusions Key findings highlight actions psychiatrists and other clinical providers may consider in addressing barriers and highlighting promoters to improve patient satisfaction and overall engagement and adherence.

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

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0062

The efficacy of lurasidone on PANSS subscales in adolescent patients with schizophrenia: Results from a 6-week, double-blind, placebo-controlled, multicenter study



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Introduction Lurasidone is an atypical antipsychotic that demonstrated efficacy in the treatment of adults with schizophrenia in the dose range of 37–148 mg/day.

Objective/Aims The objective of this analysis was to evaluate the efficacy of lurasidone in adolescent patients with schizophrenia.

Methods Adolescents (13–17 years old) diagnosed with schizophrenia were randomly assigned to six weeks of double-blind treatment with lurasidone 37 mg/day, 74 mg/day or placebo. Changes from baseline to week 6 in PANSS total and subscale (positive, negative, general psychopathology, excitability) scores were evaluated using mixed-model repeated-measures analysis.

Results A total of 326 patients (mean age, 15.4 years) were randomized and received lurasidone 37 mg/day ($n=108$), 74 mg/day ($n=106$), or placebo ($n=112$). The PANSS total score at week 6 demonstrated a placebo-adjusted, least-squares (LS) mean improvement of -8.0 ($P<0.001$; effect size [ES], 0.51) for the 37 mg/day group and -7.7 ($P<0.001$; ES=0.48) for the 74 mg/day group. Placebo-adjusted LS mean change for lurasidone 37 mg/day and 74 mg/day, respectively, was -3.2 ($P<0.001$; ES=0.62) and -3.2 ($P<0.001$; ES=0.60) on the PANSS positive subscale, -1.7 ($P=0.011$; ES=0.41) and -1.6 ($P=0.022$; ES=0.35) on the PANSS negative subscale, -2.8 ($P=0.012$; ES=0.38) and -2.8 ($P=0.011$; ES=0.37) on the PANSS general psychopathology subscale, and -1.1 ($P=0.016$; ES=0.36) and -1.8 ($P<0.001$; ES=0.53) on the PANSS excitability subscale.

Conclusions In adolescent patients with schizophrenia, lurasidone (37 mg/day and 74 mg/day) demonstrated statistically significant efficacy and clinically meaningful improvement across a wide spectrum of symptoms associated with schizophrenia. Sponsored by Sunovion Pharmaceuticals Inc. ClinicalTrials.gov identifier: NCT01911429.

Disclosure of interest Dr Correll reports being a consultant and/or advisor for Alkermes, Forum Pharmaceuticals Inc., Gerson Lehrman Group, IntraCellular Therapies, Janssen/J&J, Lundbeck, Medavante, Medscape, Otsuka, Pfizer Inc, ProPhase, Sunovion Pharmaceuticals Inc., Supernus, Takeda, and Teva providing expert testimony for Bristol-Myers Squibb Company, Janssen, and Otsuka serving on a Data Safety Monitoring Board for Lundbeck and Pfizer Inc and receiving grant support from Takeda. Drs Goldman, Cucchiaro, Deng and Loebel are employees of Sunovion Pharmaceuticals Inc.

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O063

Efficacy and safety of clozapine in patients with intellectual disability

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Introduction Aggression is common and a major behavioral problem in patients with intellectual disability (ID). Antipsychotics are frequently used for psychosis or challenging behavior. There is little literature regarding utilization of clozapine in patients with ID for aggressive behavior.

Aims and objectives The aims of the study were the evaluation of efficacy and safety of clozapine in treatment of aggression in patients with ID.

Methods A longitudinal naturalistic study including a cohort of 225 consecutive patients with intellectual disability admitted to an acute psychiatric unit between 1 January 2014 and 31 December 2015. Severity of symptoms was assessed at admission with Modified Overt Aggression Scale (MOAS) and Global Assessment of Functioning Scale (GAFS). The data included: demographics, main psychiatric diagnosis, IQ, alcohol/smoking, institutionalization,

antipsychotics and another psychotropics, restraint, readiness to discharge (RDQ), side-effects and length of stay.

Results Of 225 potentially eligible individuals, 205 (92.7%) were treated with antipsychotics and 110 male (53.56%) with mean age 32.37 (SD=9.9). Thirty-seven patients (18%), 18 male (48.65%) were treated with clozapine, mean dose 309.45 mg/day (range 100–450 mg/day). Clozapine reduced need for restraint and duration of hospitalization compared with haloperidol ($P<0.05$).

Conclusions Clozapine was efficient and safety for treating persistent aggression in patients with intellectual disability. There were no seizures, myocarditis or agranulocytosis during study. Larger and randomized trials are needed to fully explore the anti-aggressive benefit of clozapine.

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

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O064

Childhood trauma and cortisol response to the Trier Social Stress Test in symptomatic patients with eating disorders



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Introduction Childhood trauma exposure is associated with the risk of eating disorders (EDs) in adulthood. The biological basis of this link may involve a persistent dysregulation of the endogenous stress response system, in particular the hypothalamic-pituitary-adrenal (HPA) axis, as a consequence of early life maltreatment.

Objective Adult patients with EDs and history of childhood trauma may have a dysregulation of the HPA axis that could be different from EDs patients without childhood trauma exposure.

Aims In order to assess the effects of childhood trauma experiences on HPA-axis activity in EDs, we compared the salivary cortisol response to the Trier Social Stress Test (TSST) of adult patients with EDs according to their history of childhood trauma.

Method Twenty-seven EDs patients and 13 healthy women participated in the study. Salivary cortisol responses during exposure to the TSST was measured. Participants also completed the childhood trauma questionnaire (CTQ) and eating-related psychopathological rating scales.

Results According to CTQ, 15 individuals with EDs reported childhood maltreatment whereas 12 EDs patients and all the healthy women did not experience childhood maltreatment. Compared with the control group, non-maltreated EDs patient group exhibited a slightly enhanced cortisol response to TSST, whereas the group of non-maltreated EDs patients showed a normal cortisol response. Moreover, EDs patients with childhood maltreatment exhibited statistically significant blunting of cortisol compared to non-maltreated ones.

Conclusions The present findings support the evidence that, in patients with EDs, there is a dysregulation of HPA-axis activity and that childhood trauma exposure may contribute to this dysregulation.

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

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O065

Interplay of gut microbiota, body mass index and depression scores in anorexia nervosa: Preliminary data

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Introduction Anorexia nervosa (AN) is a lethal psychiatric disease with only narrow treatment possibilities. Recent study results point out, that gut microbiota might be a contributing factor in the development and persistence of AN through effects on the gut-brain-axis.

Methods We used 16S rRNA sequencing to characterize the composition and diversity of the gut microbiota of 18 AN patients, 19 normal weight controls and 19 athletes matched by age using stool samples. The QIIME-pipeline was used to assess the sequencing result. All participants completed an activity-questionnaire (IPAQ) and inventories to measure depression (BDI, HAMD).

Results Kruskal-Wallis test identified significant differences in alpha-diversity (Chao-1-estimator [$P=0.013$], number of observed species [$P=0.027$]) between groups. Spearman-Correlation revealed a significant correlation of number of observed species ($r=0.366$, $P=0.006$) Chao-1-estimator ($r=0.352$, $P=0.008$) and BMI (Fig. 1). Furthermore, a higher BMI was related to lower depression scores ($r=0.351$, $P<0.001$). Although there was a tendency of a negative correlation of BDI-scores and alpha-diversity ($r=-0.180$, $P=0.059$), correlations with depression scores and IPAQ-scores did not reach significance level (Fig. 1).

Conclusions Our preliminary data demonstrate correlations of alpha-diversity and BMI. Further studies are needed to provide further insights in AN gut microbiota and its influence factors.

Scatterplot of BMI vs. No of observed species

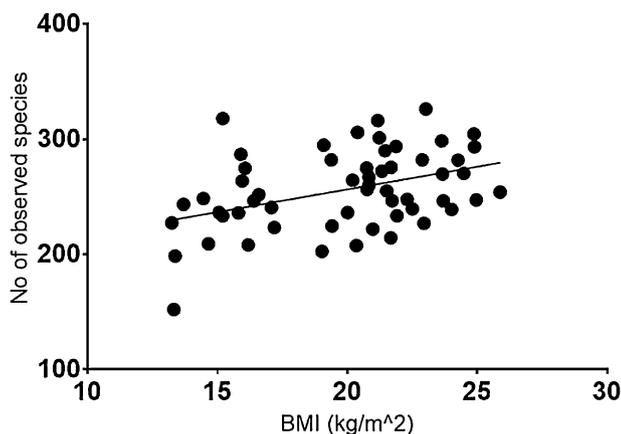


Fig. 1

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

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O066

The different effect of childhood trauma on amygdala and hippocampus in patients with bipolar disorder and healthy controls

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Introduction Childhood trauma (CT) is a relevant environmental stressor for bipolar disorder (BP). Amygdala and hippocampus are key areas involved both in the pathophysiology of BP and in mediating the biological response to stress.

Objectives Structural neuroimaging studies help clarifying neural correlates of the relationship between BP diagnosis and CT.

Aims To verify the impact of CT on amygdala and hippocampus and hippocampal subfields volumes in BP patients and healthy control (HC).

Methods We assessed 105 outpatients, diagnosed with BPI or BPII according to DSM-IV-TR criteria, and 113 HC subjects. History of CT was obtained using the childhood trauma questionnaire (CTQ). High-resolution magnetic resonance imaging was performed on all subjects and volumes of amygdala, hippocampus, nucleus accumbens, caudate, pallidum, putamen, thalamus and hippocampal subfields were measured through FreeSurfer.

Results All deep gray matter structures were smaller in BP than HC. CT modulated the impact of the diagnosis on bilateral amygdala and hippocampus, in particular on subiculum, presubiculum and cornu ammonis CA1. It was associated with bilateral decreased volumes in HC and increased volumes in patients with BP.

Conclusions Childhood trauma impacts on the amygdala and hippocampus, brain areas involved in response to stress and emotion processing, and specifically on the hippocampal subfields most implicated in learning through positive/negative reinforcement.

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

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O067

Prevalence of psychopathological features in intellectual disability: The Italian SPAID-G multicentric study

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Introduction Despite increasing awareness of high prevalence of psychiatric disorders in people with intellectual disability (ID), diagnostic tools are few and scarcely used in daily practice. SPAID-G (psychiatric instrument for the intellectually disabled adult-general version) is the first Italian for carrying out psychiatric diagnostic orientations in adults with ID. It was designed to be easy and quick instrument for daily clinical practice.

Objectives/Aims The present study was aimed at evaluating psychometric and psychodiagnostic characteristics of the SPAID-G and at supplying new data on the prevalence rate of psychiatric disorders in a multicentric Italian sample of people with ID living in different settings.

Methods The SPAID-G was consecutively administered to more than 800 persons with ID attending residential, rehabilitative or

clinical services across Italy. A part of the sample was also assessed for psychopathology through the use of DASH-II, PDD-MRS and clinically diagnosed in accordance to DSM-IV-TR and DSM-5 criteria.

Results SPAID internal consistency, inter-rater reliability and concordance with DASH-II and PDD-MRS resulted to be good. Around 40% of the sample was assessed to have a cluster of psychopathological symptoms that could be consistent with a psychiatric diagnosis. Autism, impulse control disorder and personality disorder resulted to be the most frequent over threshold scores.

Conclusions The SPAID-G seems to be a valid and cost-effective screening tool for the psychiatric assessment within the Italian population with ID.

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

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0068

Traumatic experiences affect negative emotion processing in bipolar disorder



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Introduction Patients affected by bipolar disorder type I (BD-I) show a significant emotional impairment during both acute and euthymic phases of the illness, but the influence of negative life experiences is not yet fully understood.

Objectives Aim of the present study was to investigate the role of previous traumatic events on negative emotion processing in euthymic BD-I patients.

Methods Eighteen euthymic BD-I patients, 7 reporting past traumatic events (T-BD-I), but free of post-traumatic stress disorder (PTSD) symptoms at the moment of the evaluation and 11 never exposed to traumas (NT-BD-I), were compared to 24 not traumatized controls (NC). All participants performed a IAPS-based emotional task: they were required to identify vegetable items (targets) among neutral or negative pictures. Accuracy (percentage of correct responses) and mean reaction times (RT) were recorded.

Results T-BD-I performed similarly to NC and significantly better than NT-BD-I in terms of accuracy (Fig. 1). No significant between-group effects were observed for mean RT.

Conclusions A previous history of traumatic events, without current PTSD symptoms, may significantly impact the negative emotion processing in euthymic BD-I. Interestingly, traumatized patients showed a better accuracy when processing both neutral and negative images, thus suggesting that paying more attention to external stimuli may be a successful compensatory mechanism to cope with potential environmental threats.

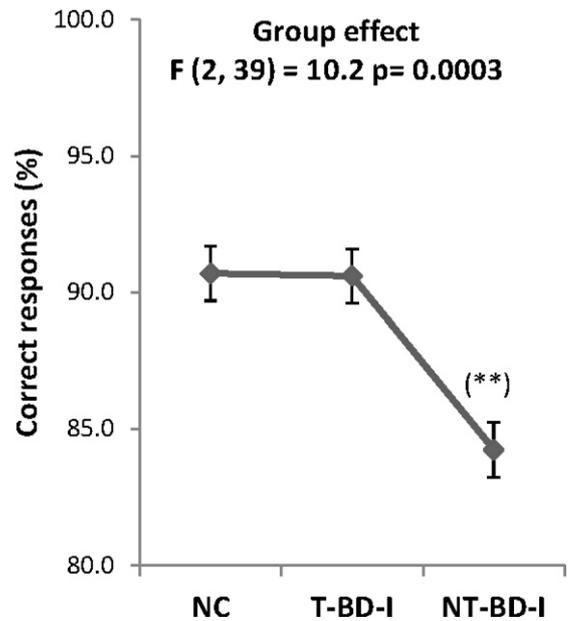


Fig. 1

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

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0069

A simple composite dynamic digital tool to communicate complex physical and mental health needs and measure outcomes: The Cornwall health radar



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Introduction Clinician-patient communication is a major factor in influencing outcomes of healthcare. Complexity increases if an individual has multiple health needs requiring support of different clinicians or agencies.

Aim To develop and evidence a simple dynamic computerised tool to capture and communicate outcomes of intervention or alteration in clinical need in patients with multiple chronic health needs.

Method A MS Excel algorithm was designed for swift capture of clinical information discussed in an appointment using pre-designed set of evidenced based domains. An instant personalized single screen visual is produced to facilitate information sharing and decision-making. The display is responsive to compare changes across time. A prototype was conceptually tested in an epilepsy clinic for people with Intellectual disability (ID) due to the unique challenges posed in this population.

Results Evidence across 300 patients with ID and epilepsy showed the tool works by enhancing reflective communication, compliance and therapeutic relationship. Medication and appointment compliance was 95% and patient satisfaction over 90%.

Conclusion To discuss all influencing health factors in a consultation is a communication challenge esp. if the patient has multiple health needs. A picture equals 1000 words and helps address the cognitive complexity of verbal information. The radar offers an evidenced based common framework to host care plans of different health conditions. It provides individualised easy view person centred care plans to allow patients to gain insight on how the dif-

ferent conditions impact on their overall well being and be active participants. The tool will be practically demonstrated.

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

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0070

The efficacy and safety of lurasidone in adolescent patients with schizophrenia: Results of functional and quality of life measures from a 6-week, double-blind, placebo-controlled study



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Introduction Lurasidone, an atypical antipsychotic, demonstrated efficacy and safety in adults with schizophrenia.

Objective/Aims To evaluate the efficacy and safety of lurasidone in adolescent patients with schizophrenia.

Methods Adolescents (13–17 years old) with schizophrenia were randomly assigned to six weeks of double-blind treatment with lurasidone 37 mg/day, 74 mg/day or placebo. An ANCOVA using an LOCF approach was performed to assess change from baseline on secondary study endpoints: Pediatric Quality of Life Enjoyment and Satisfaction Questionnaire (PQ-LES-Q) and Children's Global Assessment Scale (CGAS).

Results Patients were randomized to lurasidone 37 mg/d ($n=108$), 74 mg/day ($n=106$), or placebo ($n=112$). Placebo-adjusted LS mean improvement at week 6 on the PQ-LES-Q was 5.3 ($P=0.001$) and 5.8 ($P<0.001$) for the 37 mg/day and 74 mg/day groups, respectively; and, on the CGAS was 4.6 ($P=0.002$) and 4.9 ($P<0.001$) for the 37 mg/day and 74 mg/d groups, respectively. The most common adverse events occurring at $\geq 5\%$ in either lurasidone group and at least twice the rate of placebo were: nausea, somnolence, akathisia, vomiting and sedation. Mean change in weight at week 6 for placebo, 37 mg/day, and 74 mg/day groups was 0.05 kg, 0.17 kg, and 0.49 kg, respectively. Lurasidone treated patients did not show clinically meaningful differences from placebo on laboratory measures of cholesterol, triglycerides, glucose, and prolactin.

Conclusions Adolescent patients with schizophrenia treated with lurasidone demonstrated significant improvement in quality of life and function. Lurasidone was generally well-tolerated and associated with minimal changes in weight and metabolic parameters. Sponsored by Sunovion Pharmaceuticals Inc. ClinicalTrials.gov identifier: NCT01911429.

Disclosure of interest Dr. Findling receives or has received research support, acted as a consultant and/or served on a speaker's bureau for Alcobra, American Academy of Child & Adolescent Psychiatry, American Physician Institute, American Psychiatric Press, Bracket, CogCubed, Cognition Group, Coronado Biosciences, Dana Foundation, Elsevier, Forest, Guilford Press, Ironshore, Johns Hopkins University Press, Jubilant Clinsys, KemPharm, Lundbeck, Merck, NIH, Neurim, Novartis, Otsuka, Oxford University Press, Pfizer, Physicians Postgraduate Press, Purdue, Rhodes Pharmaceuticals, Roche, Sage, Shire, Sunovion, Supernus Pharmaceuticals, Transcept Pharmaceuticals, Tris, Validus, and WebMD. Drs. Gold-

man, Cucchiaro, Deng, and Loebel are employees of Sunovion Pharmaceuticals Inc.

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0071

Clinical characteristics associated with suicide attempt in patients with bipolar disorder



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Introduction Bipolar disorder (BD) is a chronic, highly disabling condition, associated with a high burden of morbidity and mortality, often secondary to suicidal behaviors. In previous reports, different variables have been associated with a higher risk of suicidal acts, with variable effect.

Objectives To evaluate which socio-demographic and clinical variables correlate with suicide attempts in bipolar patients.

Aims To enrich literature data about suicidal behaviour in BD.

Methods A sample of 362 BD patients (DSM IV-TR) was retrospectively collected and divided in two subgroups, in relation to the presence of a previous suicide attempt. Socio-demographic and clinical variables were compared between attempters and non-attempters using Corrected multivariate analysis of covariance (MANCOVA).

Results A total of 26.2% of analyzed patients attempted suicide in their lifespan, and approximately one third of them had multiple suicide attempts (i.e. ≥ 2 ; 31%). Depressive polarity at index mood episode, higher number of psychiatric hospitalizations, comorbidity with alcohol abuse, eating disorders and psychiatric poly-comorbidity were significantly associated with suicide attempt. Additionally, treatment with lithium, poly-pharmacotherapy (≥ 4 current drugs) and higher recurrence of psychosocial rehabilitation were significantly more frequent in patients who attempted suicide.

Conclusions The present paper reported a correlation with some specific clinical variables and the lifetime presence of suicide attempt in patients with BD. Although these retrospective findings did not address the causality issue, they may be of clinical relevance in order to better understand suicidal behavior in BD and to adopt proper strategies to prevent suicide in higher risk patients.

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

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0072

What is the relationship between the levels of work-stress and burnout?



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Objective Burnout is constantly becoming more exhaustively researched topic. It is assumed there is strong relationship between burnout and work-stress. The aim of this study was to investigate the relationship between burnout and work-stress in order to test the hypothesis that there is an association between these two variables.

Method The study sample comprised of economically active Czech population, that was a representative sample. Data was gained through combination of interviews and questionnaires

depending on the age of the participants. Data was then analyzed using multiple linear regressions.

Results The total sample comprised of 1027 participants; 675 persons aged 25–50 years and 352 persons aged 51–65 years. The sample contained roughly equal number of men (52.8%) and women (47.2%). The full model explained 59.79% variance and was highly significant $F(18,1008) = 85.76, P = 0.01$. Some factors that participants feel like could help them reduce the stress in workplace and subsequently reduce the burnout are longer holidays, lowering the administration burden, better work place conditions and lastly increasing the authority a person has in a given work place.

Conclusion The study has shown an association between work-stress and burnout and thus in order to prevent burnout with it related job absence certain precaution steps should be made. The reoccurring theme that would seem to improve the situation is decreasing the administrative work that is unrelated to the profession as well as increasing the powers the employees have in their position.

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

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0073

Influence of gender in patients attended in emergency rooms for suicidal tendencies



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Introduction The first time when people attempt suicide first contact is critical. Psychiatrists must decide to hospitalize them or follow-up in mental health units and the bases of a doctor-patient relationship are formed.

Objectives An analysis of referrals to psychiatry from the emergency room (ER) was developed. Our objective was to discover if there was a statistical correlation between gender and other variables, especially repeated visits and admissions.

Methods Our sample was composed of patients who visited the ER for suicidal tendencies for 20 months. We carried out an observational retrospective study. The variables collected were: age, gender, cause, repeated visit (visit to the ER in the following two months), previous attempts, previous follow-up, method used, use of toxic substances during the attempt, intentionality, referral from the ER, later follow-up and diagnostic impression at the ER.

Results A total of 620 patients were sampled. The relationship between gender and repeated visit, previous attempts, dysfunctional personality traits, use of substances and later follow-up was found (χ^2). Although the relationship between admissions and gender were not statistically significant, influence by gender (over all in males) can be observed in logistic regression models. As well as, in patients who visited the ER several times, dysfunctional personality traits seem to be the most common but gender marks significant differences between groups.

Conclusions The data obtained is consistent with those reported in previous studies. To know who the riskier groups are can allow professionals to plan protocols and unify admission criteria.

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

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0074

Risk of mental disorders and difficulties or conflict in relationships in young adults



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Introduction Higher risk of mental health problems has been linked with problems in relationships, including the experience of relational conflict with significant others and peers. Conversely, positive relations with others have been established as a key factor of psychological well being.

Objectives We hypothesized that psychological maladjustment will be related to the number, nature and severity of relational stressors. Furthermore, there would be a higher likelihood of risk of mental disorders for those who experience more relational hardships and of greater severity. Positive relations with others will protect from risk of mental health problems.

Method A total of 4461 university students completed a health and well-being survey, including the GHQ-12 (centesimal and 3-point cut-off scores), Ryff psychological well-being scale and a scale of 25 life stressors. Indexes of number and severity of difficulties in relationships were calculated with 10 items including romantic partners, friends, family, and classmates.

Results Correlations were significant. Logistic regression showed a risk effect for all stressors with OR values above 1.32. Overall perceived severity had the highest value (OR=2.38, 95% CI=2.16–2.61) and amongst the 10 stressors, gender related abuse/violence was also the highest (OR=1.90, 95% CI=1.73–2.09). Positive relations showed a protective effect (OR=0.60, 95% CI=0.56–0.54).

Conclusions Findings can inform health promotion, prevention and therapeutic interventions so as to improve the quality of personal relationship and conflict management skills, and to strengthen well-being associated with positive relations with others. Academic institutions committed to student welfare and the promotion of healthy environments should play a major role in young adults' mental health.

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

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0075

Clinical prediction of suicide attempt in schizophrenia using a machine learning approach



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Objective Suicide is a major concern for those afflicted by schizophrenia. Identifying patients at the highest risk for future suicide attempts remains a complex problem for psychiatric intervention. Machine learning models allow for the integration of many risk factors in order to build an algorithm that predicts which patients are likely to attempt suicide. Currently, it is unclear how to integrate previously identified risk factors into a clinically relevant predictive tool to estimate the probability of a patient with schizophrenia for attempting suicide.

Methods We conducted a cross-sectional assessment on a sample of 345 participants diagnosed with schizophrenia spectrum disorders. Suicide attempters and non-attempters were clearly identified using the Columbia Suicide Severity Rating Scale (C-SSRS) and the Beck Suicide Ideation Scale (BSS). We developed two classification algorithms using a regularized regression and random

forest model with sociocultural and clinical variables as features to train the models.

Results Both classification models performed similarly in identifying suicide attempters and non-attempters. Our regularized logistic regression model demonstrated an accuracy of 66% and an area under the curve (AUC) of 0.71, while the random forest model demonstrated 65% accuracy and an AUC of 0.67.

Conclusion Machine learning algorithms offer a relatively successful method for incorporating many clinical features to predict individuals at risk for future suicide attempts. Increased performance of these models using clinically relevant variables offers the potential to facilitate early treatment and intervention to prevent future suicide attempts.

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

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Oral communications: Genetics & molecular neurobiology; neuroimaging; psychosurgery & stimulation methods (ECT, TMS, VNS, DBS) and others

0076

A hybrid effectiveness-implementation trial of wellness self-management program for patients with severe mental illness in an Italian day hospital setting

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Introduction Wellness self-management is an adaptation and expansion of the illness management and recovery, an internationally recognized best practice. WSM is a recovery-oriented, curriculum-based practice designed to help adults with severe mental health problems make decisions and take action to manage symptoms and improve their quality of life.

Objectives In the present study, the Italian translation of the WSM was implemented and validated. Moreover, the impact of its application in a day hospital setting on cognitive functions, psychopathology, personal resources and real-life functioning with respect to treatment as usual (TAU) was investigated.

Aims The study was aimed at assessing the effectiveness of a semi-structured version of WSM in a day hospital setting in patients with severe mental illness.

Methods Fourteen patients with a diagnosis of severe mental illness were recruited and randomly assigned to either WSM or TAU. WSM participants attended four 2-hour sessions per week for 1 month, including lessons selected on the basis of the goals of participants. Both groups received weekly planned treatment in the day-hospital setting and continued their pharmacotherapy.

Results The two groups of patients were comparable for age, education, cognitive functioning and psychopathological severity.

WSM produced a significantly greater improvement in neurocognition, psychopathology, personal resources and real-life functioning with respect to TAU.

Conclusions Our results offer promising preliminary evidence that the use of WSM provides an effective complement to current mental health treatment.

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

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0077

The impact of premorbid functioning on outcome indices in a large sample of Italian patients with schizophrenia

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Introduction An impairment of premorbid adjustment (PA) has been regarded among poor prognostic indicators of schizophrenia. Some discrepancies in the literature suggest the usefulness of further characterizations of its impact on different aspects of the disease.

Aims The present study aimed to investigate the association of poor PA with psychopathology, neurocognition and real-life functioning in patients with schizophrenia recruited within the multicenter study of the Italian network for research on psychoses. Functioning during childhood and adolescence (early adjustment) was assessed also in a group of healthy controls (HC) and one of unaffected relatives of patients (UR).

Methods Group comparisons were performed between patients with poor and those with good PA. Differences in frequency of poor early adjustment were investigated among patients, HC and UR.

Results Patients with poor PA, as compared to those with good PA, showed earlier age of onset, more severe negative symptoms and disorganization, greater impairment on all cognitive domains with the exception of attention/vigilance and worse real-life functioning in the considered areas (interpersonal relationships, community activities and work abilities). The pattern of poor early adjustment was more frequent in patients with respect to UR and HC and, to a less degree, in UR with respect to HC.

Conclusions Our findings confirm that poor PA in schizophrenia is associated with poorer illness outcome, and offer a further characterization of PA impact on different psychopathological and cognitive domains. They also suggest that poor early adjustment is a candidate endophenotype of schizophrenia, occurring in patients and their unaffected relatives.

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

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0078

Electrophysiological correlates of negative symptom domains in schizophrenia

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Introduction Negative symptoms are a core feature of schizophrenia but their pathophysiology remains elusive. They cluster in a motivation-related domain, including apathy, anhedonia, asociality and in an expression-related domain, including avolition and blunted affect.

Aim Our aim was to investigate the different neurobiological underpinnings of the two domains using the brain electrical microstates (MS), which reflect global patterns of functional connectivity with high temporal resolution.

Method We recorded multichannel resting EEGs in 142 schizophrenia patients (SCZ) and in 64 healthy controls (HC), recruited to the Italian network for research on psychoses study. Four microstates (MS) classes were computed from resting EEG data using the K-Mean clustering algorithm. Pearson's coefficient was used to investigate correlations of microstates measures with negative symptom domains, assessed by the Brief Negative Symptoms Scale (BNSS).

Results SCZ, in comparison to HC, showed increased contribution and duration of MS-C. Only the avolition domain of BNSS correlated with the contribution and occurrence of MS-A. Within the same domain, anticipatory anhedonia, apathy and asociality, but not consummatory anhedonia, were positively correlated with contribution and occurrence of microstate A. Asociality was also negatively correlated with contribution and occurrence of MS-D.

Conclusion Our findings support different neurobiological underpinnings of the negative symptom domains, avolition and expressive deficit. Furthermore, our results lend support to the hypothesis that only anticipatory anhedonia is linked to the avolition domain of the negative symptoms. Mixed results in the literature concerning the presence of MS-A and D abnormalities in schizophrenia might be related to the syndrome heterogeneity.

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

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0079

Anticipating outcome: Predictors of first and subsequent relapses in schizophrenia. A 3-year follow-up

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Introduction Relapse prevention during early stages after psychosis onset is a key factor for long term outcome. While factors associated with first relapse have been widely studied, factors associated with subsequent relapses are poorly described.

Objectives To determine predictive factors of first and subsequent relapses among patients recruited from a cohort of PAFIP Early Intervention Program.

Material and methods We analyzed socio-demographic and clinical data of a cohort of 393 first episode psychosis (FEP) patients that were recruited since February 2001 to May 2011. Of these, 341

achieved clinical remission and were, therefore, considered to be at risk of relapse. They were followed-up for 3 years. A wide range of potential factors were included as possible predictors of relapse. Test univariate, analysis logistics of regression, regression of Cox and analysis of survival of Kaplan-Meier were carried out.

Results Poor adherence to medication was the main predictor associated to first relapse (ExpB: 2.979; $P < 0.001$). After the first relapse, only 56 patients (33.9%) underwent a second relapse, being the diagnosis (ExpB: 1.975; $P = 0.074$), the age of onset (ExpB: 1.078; $P = 0.003$) and a low level of positive symptomatology (ExpB: 0.863; $P = 0.03$) the predictors of associated with a second relapse.

Conclusions After a FEP, non-adherence to medication is the main predictor of first relapse. Second and subsequent relapses relate with non-modifiable factors such as age of onset or schizophrenia diagnosis. This subgroup of patients could have greater predisposition to relapse related with the severity of the disease itself.

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

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0080

Needs of people with schizophrenia/psychosis and their caregivers: A large scale survey

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For the first time in Spain, a large scale survey (5205 people) was carried out to establish the real needs of those directly affected by the illness. Patients and caregivers responded to a 9-question survey concerning dimensions: personal, social, medical treatment, psychotherapy and rehabilitation. For patients, the most important need (an average score of 3.5 on a scale of importance from 1 to 4) was to feel their emotional needs covered. The following average scores were also obtained: feel well physically (3.42), improve autonomy (3.41), have leisure activities (3.21) and work/study (3.1). A total of 42% of patients indicated having little or no freedom over their lives. Thirty-six percent indicated that medical treatment did not start soon enough, 35% that psychotherapy started too late and 13% saying they had received no psychotherapy at all. The help from professionals most valued was provide information about the illness (3.4), dedicating more time (3.4) investigating new treatments (3.3) paying attention to secondary effects (3.3) and incorporating the patient in decision making (3.3). Most patients reported a state of health “regular to good” but 10% indicated not being understood at all in their social environment since onset of illness and 25% being little understood. The anti-stigma initiative most valued was to increase investment in schizophrenia in health planning. Integral health planning should incorporate patient insights concerning basic needs and treatment preferences.

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

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O081

Current smoking in real world schizophrenia: Relationship to psychopathology and clinical characteristics. Results from the FACE dataset



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Background Tobacco smoking is common in schizophrenia. Some characteristics are usually associated to tobacco smoking in schizophrenia, such as younger age, earlier onset of the disease, number of hospitalizations or higher treatment doses. However, little is known about positive symptoms or aggressiveness, as well as trauma history.

Objectives to study the relationship between smoking status and clinical characteristics in patients with schizophrenia.

Method A total of 474 patients with were consecutively included in the network of FondaMental Expert Center (FACE) for schizophrenia and assessed with the structural clinical interview for DSM-IV axis 1 disorders (SCID), validated scales for psychotic symptomatology and childhood trauma questionnaire. Tobacco abuse or dependence was defined according to the SCID. Ongoing antipsychotic treatment was recorded. Aggressiveness was measured with Buss-Perry Aggression Questionnaire (BPAQ).

Results A sample of 474 patients with schizophrenia was included in this study (non-smokers, $n=215$; smokers, $n=259$). Mean age at tobacco onset was 17.19 years old ($SD=3.93$). In multivariate analysis, smoking was associated with SGA use ($P=0.028$), with higher scores of physical aggressiveness ($P=0.042$), with current alcohol-dependence ($P=0.002$). However, no association was observed with sex, age of onset, trauma history, global functioning, observance or psychotic symptomatology.

Conclusions Tobacco smoking was associated with physical aggressiveness, but not with earlier onset of the disease nor traumas or psychotic symptomatology. Besides, the results of the present study are in favor of a superior efficacy of second-generation antipsychotics in the treatment of comorbid tobacco use. These results need further investigation in longitudinal studies.

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

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O082

How could affect stress, PEP and sex in working memory?



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Background The first episode of psychosis is a crucial period when early intervention can alter the trajectory of the young person’s ongoing mental health and general functioning. Cognitive abilities are nuclear for the social recovery. Stress impairs

higher cognitive processes, dependent on the prefrontal cortex (PFC) and that involve maintenance and integration of information over extended periods, including working memory and attention. Different mechanism are involved such as HPA-Axis hyperactivity, affecting PFC. Recently, investigations show the different evolution of cognitive abilities between different sex in WM.

Methods A sample of 41 FEPs and 39 healthy subjects were evaluated. The variables assessed were verbal and visual memory, attention, working memory, processing speed, mental flexibility, verbal fluency, motor coordination, planning ability and intelligence.

Results We found an interaction between age (<16 years and >16 years) and group (psychosis vs. controls) in working memory ($P=0.04$). There were no difference in men <16 years old control group and men with same age plus psychosis (5.87 ± 1.57 vs. 5.83 ± 1 ; $P=0.1$) in WM. However, this work was found to be significantly different in the univariate analysis of working memory in the group <16 years old women control (7.30 ± 1.56) and women psychosis group (5.61 ± 1.91).

Conclusion Social cognition and stress seem to be directly relation. Some studies show that stress enhance cognition performance in men while impairing it in women. Stress affect a variety of cognitive processes such attention and working memory. Deficit in social cognition are present in the prodromal phases of psychosis.

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

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O083

Identification of novel genes associated to major mental disease by whole exome sequencing in families with high prevalence



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Introduction The identification of new genetic variants underlying psychosis is crucial to improve its molecular diagnosis and to determine the disease etiology, which is necessary to develop new therapeutic targets.

Aim To identify novel rare genetic variants associated to mental disorders, using whole exome sequencing (WES).

Methods Two families with high prevalence of mental disease were genotyped using WES. The first family has 5 members affected, the mother with a bipolar disorder, three sons, two with schizophrenia and one with schizoaffective disorder, and a cousin with major depression and psychotic symptoms. The second family is constituted by 38 members affected by major mental diseases in three generations. Key affected members of each family were genotyped by WES. Shared rare variants, with allelic frequencies below 0.5% in general population, were identified among the affected members of the family. The segregation of those variants was confirmed by Sanger sequencing.

Results In family 1, thirty-seven genetic variants related to neurodevelopment were identified. Two of those variants in the genes *TRIP12* and *RNF25* segregated with psychosis. In family 2, seven rare genetic variants contained in genes related to neurodevelopment were identified. A mutation in the gene *ARHGAP19* segregated with psychosis.

Conclusions Three new genes have been found to be associated with psychosis. *TRIP12* and *RNF25* encode two E3-ubiquitin ligases which modulate the Wnt pathway, mutations in which lead to neurodevelopmental defects. *ARHGAP19* encodes a GTPase which regulates the RhoA protein, involved in the regulation of the cytoskeleton.

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0084

L-dopa modulates striatal functional connectivity in adults with psychotic-like experiences: A randomized double-blind placebo-controlled study

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Introduction According to the dopamine hypothesis functional brain abnormalities and neurochemical alterations may converge to cause psychosis through aberrant salience attribution. Indeed, resting-state functional magnetic resonance imaging (rs-fMRI) has revealed widespread brain disconnectivity across the psychotic spectrum.

Objectives To advance the understanding of the dopaminergic involvement in intrinsic functional connectivity (iFC) and its putative relationship to the development of psychotic disorders we aimed to investigate the link between L-Dopa, a dopamine precursor, and its modulation of striatal iFC in subthreshold psychosis, i.e. non-clinical psychosis.

Methods We used a randomized, double-blind placebo controlled study design including in our sample 56 healthy, male, right-handed, subjects with no familiar risk factors for psychosis who were assessed with the Schizotypal Personality Questionnaire (SPQ) and underwent 10 minutes of rs-fMRI scanning. All subjects received either 250 mg of Madopar DR[®] (200 mg L-Dopa plus 50 mg benserazid, dual release form) or a placebo. We analysed resting-state iFC of 6 striatal seeds, known to evoke dopamine related networks.

Results The main effect of L-Dopa presented itself (FWE-corrected) as a significant decrease in iFC from the right ventral striatum to the cerebellum and the precuneus cortex, and an increase in iFC to the occipital cortex. Subjects with high SPQ positive symptom sub-scores showed a significant increase of L-Dopa induced connectivity.

Conclusion We identified striatal functional connectivity being modulated by augmented dopamine availability, and in support of the dopamine hypothesis, we found that those iFC patterns are associated to high scores of psychotic like experiences.

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

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0085

5-years follow-up of antipsychotic medication and hospitalizations after first episode hospital-treated psychosis in a Swedish nation-wide cohort

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Introduction Outcome after first episode psychosis is heterogeneous, but knowledge about the distribution and predictive factors is limited.

Objective To investigate medication and rehospitalizations for five years after first episode hospital treated psychosis.

Method Swedish population registers were used to select a nation-wide cohort of 962 cases (589 or 61% men) with a first hospitalization for psychosis at ages between 16–25 years. Cases were categorized year by year for 5 years after the initial hospitalization with regard to rehospitalizations and dispensations of antipsychotics and other medications.

Results The 5-years mortality was 4% ($n=39$) with suicides in 16 cases (1.6%, 11 of which were men). Additionally, 139 cases (23% of women and 10% of men) had hospitalizations for suicide attempts within 5 years. A bimodal distribution of years with medication was found indicating two different trajectories of outcome. One peak was seen for cases with dispensations of antipsychotics 5 of 5 years (40% of the cohort). Another peak was seen at dispensations during at most 1 of 5 year (30%). During year 5, 514 (56% of 923 cases surviving 5 years) had dispensations of neuroleptics and 257 (28%) were hospitalized, whereas 356 cases (39%) had no dispensation of neuroleptics or hospitalization.

Conclusions The population of young cases with first episode psychosis is heterogeneous with at least two clearly separable trajectories based on medication and hospitalizations. The high mortality and high incidence of suicide attempts during a five-year period demonstrate a need for careful monitoring of these patients.

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

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0086

Cognitive screening scale for schizophrenia (CSSS): The development and the structure of the scale

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Objectives The study presents the construction of CSSS: a short screening scale intended for diagnosis of cognitive deficits among people with schizophrenia. The final version of the scale consist of 6 subscales which measure basic cognitive functions.

Methods A total of 160 persons (124 with schizophrenia and 36 healthy controls) were tested using the initial version of the CSSS scale consisting of 11 subscales. Correlation analysis between the subscale results was carried out, as well as confirmatory factor analysis, internal consistency analysis of the scale, IRT (item response theory) analysis of the item's difficulty, and analysis of the scale's accuracy as a classifier.

Results One factor explains 37% of the variance of the subscales' results. The scale has satisfactory internal consistency (0,83). Subjects with schizophrenia achieved significantly lower scores than



healthy subjects. The area under the ROC curve (AUC) for discriminating between subjects with schizophrenia and healthy subjects was 0.83. Cut point of 16 raw points is 86% sensitive and has 70% specificity.

Conclusions The form of the tool that has been achieved as a result of presented analyses suggests that this scale has a potential to fulfill the assumed goals, which will be tested during continuing validation studies.

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

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0087

Disorganization in schizophrenia: A resting EEG study



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Introduction In subjects with schizophrenia (SCZ), the disorganization factor was found to be a strong predictor of real-life functioning. "Conceptual disorganization" (P2), "difficulties in abstract thinking" (N5) and "poor attention" (G11) are considered core aspects of the disorganization factor, as assessed by PANSS. The overlap of these items with neurocognitive functions is debated and should be further investigated.

Aims Within the Italian network for research on psychoses study, electrophysiological and neurocognitive correlates of the disorganization factor and its component items were investigated.

Methods Resting state EEGs were recorded in 145 stabilized SCZ and 69 matched healthy controls (HC). Spectral amplitude (Samp) was averaged in nine frequency bands. MATRICS consensus cognitive battery (MCCB) was used for neurocognitive assessment. Band Samp differences and correlations with psychopathology and MCCB scores were explored by global randomization statistics.

Results SCZ showed increased delta, theta, and beta1 and decreased alpha2 Samp. A negative correlation between alpha1 and disorganization was observed in SCZ. At the item level, only N5 showed this correlation. MCCB neurocognitive composite was associated with P2 and N5 but not with alpha1 Samp.

Conclusions Our findings suggest an heterogeneity of the disorganization dimension and a partial overlap with neurocognitive domains. The N5, "difficulties in abstract thinking", had a unique association with alpha1 Samp, which is thought to be involved in the formation of conceptual maps.

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

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0088

Autistic traits in patients with anorexia nervosa, bulimia nervosa or binge eating disorder: A pilot study



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Introduction Previous data showed higher autistic traits in individuals with anorexia nervosa (AN) compared to healthy controls (CTL). It is not known, however, whether this characteristic is shared by other feeding and eating disorders (FEDs) or it is uniquely associated to AN.

Objectives To compare autistic traits among individuals with AN, bulimia nervosa (BN), binge eating disorder (BED) and CTL and to investigate which specific dimensions differentiate one group from another.

Methods A total of 241 FED patients (53 AN, 41 BN, 42 BED) and 105 CTL were administered the autism-spectrum quotient (AQ), the adult autism subthreshold spectrum (AdAS Spectrum), the Ritvo autism and Asperger diagnostic scale 14-item (RAADS-14 Screen).

Results FED subjects reported higher AQ, AdAS spectrum and RAADS-14 total and subscales scores compared to CTL (all $P < .001$). No differences were found amongst AN, BN and BED subjects in questionnaires' total scores. BN group scored higher than AN in the hyper-/hyporeactivity to sensory input domain of the AdAS spectrum ($P < .001$); AN group scored higher than BED in the attention switching domain of the AQ ($P < .001$), and BED group scored lower than both AN and BN in the mentalizing deficit domain of the RAADS-14 (all $P < .001$).

Conclusions We reported for the first time that not only AN but also BN and BED patients show greater autistic traits compared to CTL. Longitudinal studies are needed to confirm this preliminary report and to elucidate whether autistic traits either precede, co-occur or follow FEDs.

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

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0089

Resilient coping and social networks in old age



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Introduction Both resilient coping strategies and the structural/functional characteristics of personal social networks are considered important factors when facing adversity and the challenges inherent to the aging process.

Objectives To analyze the association between the configurations of ego-centred networks and different levels of resilient coping in a sample of elderly people.

Methods Quantitative, cross-sectional study comparing groups, with 512 participants, mostly women ($n = 325$; 63.5%), married ($n = 264$; 51.5%), with 76 years old in average ($SD \pm 7.6$), and with basic education ($n = 261$; 51%). We used a socio-demographic questionnaire, the IARSP-Elderly (personal social network assessment tool) and the Brief Resilient Coping Scale for data collection.

Results We found different levels of resilient coping in our sample: low (50.4%); medium (38.7%); strong (10.9%). These three levels of coping were associated with the composition of ego-centred networks, namely the proportion of friends and colleagues ($P < 0.05$), different perceived emotional support, reciprocity and satisfaction with the network ($P < 0.05$), frequency of contacts and relationships' durability ($P < 0.05$).

Conclusions Higher levels of coping are associated with a larger proportion of friends in the network, whereas the familiar networks are associated with low coping. Although participants in our study revealed mainly kin comprised networks, these results

reflect the relevance of resilient coping in the activation of non-kin relationships in old age.

Keywords Personal social networks; Ego-centred networks; Resilient coping; Elderly

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

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0090

Being afraid of compassion: Fears of compassion as mediators between early emotional memories and psychopathological symptoms in adulthood



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Introduction There is evidence suggesting that for some individuals self-generating compassion and being open to compassion from others can be difficult or aversive. To date, however, no study has explored how these fears of compassion are associated with early emotional memories, such as shame or safeness memories, and to symptoms of depression and anxiety in adulthood. The current study set out to investigate the mediator effect of fears of compassion on the relationship between the traumatic and centrality features of shame memories, early memories of warmth and safeness, and symptoms of depression and anxiety.

Method In this cross-sectional study, participants were 302 individuals (171 women; age $M = 36.28$; $SD = 11.45$) recruited from the general community population, who completed self-report measures of fears of compassion (for self, for others and from others), shame memories, safeness memories, depression and anxiety.

Results Path analysis showed that fears of compassion for self and of receiving compassion from others mediated the effects of shame traumatic memory, centrality of shame memory and early memories of warmth and safeness on depressive and anxiety symptoms. Fear of compassion for self was the best predictor of depression and anxiety.

Conclusions Fears of compassion may render an individual more vulnerable to defeat and threat responses when faced with stressful life events, which can manifest as symptoms of depression or anxiety. Clinical implications might be derived from these findings as these fears, as well as the negative emotional memories fuelling them, may need to be addressed in therapy to assist patients in self-generating and receiving compassion.

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

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Oral communications: Rehabilitation and psychoeducation and schizophrenia and other psychotic disorders

0091

Genetic counselling in psychiatric disorder with high suicide risk



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Introduction A better understanding of the genomics of mental illnesses allowed genetic counselling to be provided to individuals with severe mental illness and their families.

Aim The present study was aimed at assessing the efficacy of genetic counselling for severe mental illnesses with high suicide risk.

Method Assessment was performed before and after genetic counselling session. Measures used were evaluation of traumatic events in childhood, multidimensional scale for perception of social support (SMSSP), positive and negative affect schedule (PANAS-X), Brief Psychiatric Rating Scale (BPRS), Paykel questionnaire and Genetic Counselling Outcome Scale (GCOS). Paykel's questionnaire consists of five questions about suicidal thoughts and attempts, including: life-weariness, death wishes, suicidal ideation, suicidal plans and suicide attempts. Intervention and assessment lasted approximately one and a half hour. Data from 48 patients was analysed.

Results Mean age of participants was $M = 38.4$, $SD = 9.7$, and the group was better represented by females (57%). The participants had various diagnoses, 22% had schizophrenia, 36% bipolar disorder and 42% recurrent depressive disorder. Forty percent of participants reported suicidal ideation and 22,5% had a past history of suicide attempt. Genetic counselling had a direct positive influence upon GCOS specific items and reduced the Paykel scores among participants presenting with suicidal ideation.

Conclusion Genetic counselling offers information about the disorder, the role of genetics and the impact of environmental factors. Preliminary data suggest that providing genetic counselling decreases the suicidal ideation frequency.

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

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0092

Analysing CYP2D6*4 Allele frequency in patients with schizophrenia



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Introduction Schizophrenia is treated with antipsychotics and other psychotropic medications, many of which are substrates for the highly polymorphic CYP2D6 enzyme. The most frequent variant allele is CYP2D6*4- leading cause of poor metabolism (PM) phenotype. PM causes the reduction of therapeutic response, increase the risk of adverse drug reactions and increase the plasma concentration of both drug and its metabolites above the levels of toxicity.

The Aim Analysing CYP2D6*4 allele frequency among schizophrenic patients for further individualisation and rationalisation of therapy.

Patients and methods Research was conducted on 38 schizophrenic patients and 110 healthy individuals. CYP2D6*4 allele was detected with allele specific PCR.

Results Both wild type allele carriers are 55% of the schizophrenic patients, 45% are wild type/*4heterozygous, and *4/*4 homozygous are not identified. There is a statistically significant difference in the genotype distribution ($P < 0.05$) between schizophrenic patients and healthy individuals. Significantly higher *4 allele frequency (37%) comparing to healthy individuals ($P < 0.0001$) indicates the necessary caution in administration of CYP2D6 substrates. A lower frequency of PMs in schizophrenic patients than in healthy individuals could be explained with CYP2D6 neuroactive substrate metabolism. Forty-five percent of the schizophrenic patients are intermediate metabolisers carrying the higher risk of adverse

response to CYP2D6 substrates comparing to wild type homozygous. As none of the analyzed patients was PM, exceeded plasma concentrations of medications above toxic levels are not expected when administrating the right dosage.

Conclusion Altered CYP2D6 metabolism may contribute to the vulnerability, clinical severity and treatment outcome of schizophrenia.

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

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0093

Differential susceptibility properties of the *5HTTLPR* gene in relation to depressive symptoms and delinquency

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Introduction The candidate gene-environment interaction (cG × E) research field in psychiatry has traditionally been dominated by the diathesis-stress framework, where certain genotypes are assumed to confer increased risk for adverse outcomes in a stressful environment. In later years, theories of differential susceptibility or biological sensitivity have been presented, suggesting that cGs that interact with environmental events do not exclusively confer a risk for behavioural or psychiatric disorders but rather seem to alter the sensitivity to both positive and negative environmental influences.

Aims The present study investigates the susceptibility properties of the *5HTTLPR* gene in relation to depressive symptoms and delinquency in two separate adolescent community samples: $n = 1457$, collected in 2006; and $n = 191$, collected in 2001.

Results Two-, three- and four-way interactions between the *5HTTLPR*, positive family environment, negative family environment, and sex were found in relation to both depressive symptoms and delinquency. However, the susceptibility properties of the *5HTTLPR* gene were distinctly less pronounced in relation to depressive symptoms.

Conclusions If the assumption that the *5HTTLPR* gene induces differential susceptibility to both positive and negative environmental influences is correct, the previous failures to measure and control for positive environmental factors might be a possible explanation for former inconsistent findings within the research field.

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

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0094

Epigenetics in the remission of anorexia nervosa: A follow-up study of whole-genome methylation profiles

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Introduction Anorexia nervosa (AN) is a severe psychiatric disorder. The epigenetic regulations are strongly suggested in AN. We and other groups have performed a whole-genome methylation study (methylome) in AN. We found that the differentially methylated CpG sites are located around genes involved in biological processes in link with embryonic morphogenesis, brain develop-

ment and its plasticity, in particular adhesion and axon guidance. Here, we study an independent group of 40 AN patients. Furthermore, we have done a follow-up during more than one year, to compare the methylation profiles in subjects that evolve to the remission.

Objectives Our work is to replicate the methylome study in an independent AN cohort and to characterize profiles of methylation at two times for the same subjects to compare the AN patients that convert to remitters.

Aims Our goal is to identify diagnostic and prognostic epigenetic signatures for AN.

Methods Of the 40 AN patients, 18 evolved to remission. Furthermore, the blood samples of the subjects from the 2 times will be investigated, like this, each subject is its own control. Methylation of DNA is measured by using the Infinium HumanMethylation450 BeadChip technology.

Results Comparisons of AN to controls showed similar profiles of methylation involving the same biological processes as previously identified. We are comparing now the difference of methylation between the 18 remitters and the 18 actual AN, taking into account of the two times of samples.

Conclusions We expect to characterize specific methylation signature of the prognostic of the AN remission.

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

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0095

Exploring lithium impact on glomerular function in bipolar patients through pharmacogenomics

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Introduction Bipolar disorder (BD) is characterized by unusual shifts in mood and energy and affects 1 to 3% of the general population. Lithium (Li) can prevent patients from depression and mania, as well as reduce the risk of suicide. Unfortunately, a high rate of patients do not respond positively to Li treatment. In line with various studies, Li treatment is also associated with potentially severe adverse reactions, including renal dysfunctions. Specifically, it has been reported that Li may induce reduction of glomerular filtration rate (GFR) in long-term treated BD patients.

Aims The aim of our study was to evaluate the contribution of genetic variants in Li-induced reduction of the estimated GFR (eGFR) in bipolar patients, under long term Li therapy.

Objectives We screened the literature to identify genes previously shown to be associated with kidney function or Li mechanism of action and genotyped tag SNPs covering these genes.

Methods The sample comprised 70 Sardinian bipolar patients genotyped for 46 SNPs, located in 33 genes, with Invader assay and Sanger sequencing.

Results Our results showed that a SNP (rs378448) located in Acid Sensing Ion Channel Neurona-1 (*ACCN1*) gene, significantly interacted with years of Li treatment in reducing eGFR ($F = 4.166$, $P = 0.046$).

Conclusions Our preliminary findings suggest that *ACCN1* (*ASIC2*) gene could be involved in modulating the susceptibility of BD patients to develop renal dysfunctions induced by chronic Li treatment.

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

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0096

Association between two single-nucleotide polymorphisms of *TAAR1* gene and suicide attempts



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Introduction *TAAR1* is a G protein-coupled receptor expressed broadly throughout the brain. Recently, *TAAR1* has been demonstrated to be an important modulator of the dopaminergic, serotonergic and glutamatergic activity.

Aims Assessment of the relation between two single-nucleotide polymorphisms of *TAAR1* gene, suicide attempts and alcohol abuse.

Methods A total of 150 Polish patients were included, 59 subjects after suicide attempt vs. 91 controls. The chosen SNPs (rs759733834 and rs9402439) were studied using RFLP-PCR methods. The Hardy-Weinberg equilibrium was tested in control group. **Statistical tests** Chi² or Yates Chi² Test were used.

Results The mean age of study subjects and controls was: 38 ± 12.3 and 42 ± 12.8 respectively; 49% study males vs. 54% male controls. We did not observe the association between the carriage of the genotypes GG, GA and AA of rs759733834 polymorphisms in either of the groups. The distribution of genotypes in respect to rs9402439 polymorphism (CC, CG, GG) was also insignificant. Among patients with alcohol dependence, the frequency G allele of rs9402439 polymorphism was lower compared to non-addicted ones (27 vs. 47%) *P* < 0.01.

Conclusions *TAAR1* polymorphisms rs759733834 and rs9402439 are not related to suicide attempts. The carriage of allele G of rs9402439 polymorphism is related to lower risk of alcohol addiction OR 0.40 95%CI 0.20–0.81. To our knowledge, this is the first study on the *TAAR1* receptor and the risk of suicide and it might offer a new insight into genetic etiology of *TAAR1* receptor.

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

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0097

Verbal learning and memory in at-risk mental state and first episode psychosis patients and their correlates to brain structural alterations



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Introduction Patients with a first episode psychosis (FEP) have repeatedly been shown to have gray matter (GM) volume alterations. Some of these neuroanatomical abnormalities are already evident in the at-risk mental state (ARMS) for psychosis. Not only

GM alterations but also neurocognitive impairments predate the onset of frank psychosis with verbal learning and memory (VLM) being among the most impaired domains. Yet, their interconnection with alterations in GM volumes remains ambiguous.

Objective To evaluate associations of different subcortical GM volumes in the medial temporal lobe with VLM performance in ARMS and FEP patients.

Methods Data were collected within the prospective Früherkennung von Psychosen (FePsy) study, which aims to improve the early detection of psychosis. VLM was assessed using the California Verbal Learning Test (CVLT) and its latent variables Attention Span (AS), Learning Efficiency (LE), Delayed Memory (DM) and Inaccurate Memory (IM). Structural images were acquired using a 3 Tesla magnetic resonance imaging scanner.

Results Data from 59 ARMS and 47 FEP patients were analysed. Structural equation models revealed significant associations between the amygdala and AS, LE and IM; thalamus and LE and IM; and the caudate, hippocampus and putamen with IM. However, none of these significant results withstood correction for multiple testing.

Conclusions Although VLM is among the most impaired cognitive domains in emerging psychosis, we could not find an association between low performance in this domain and reductions in subcortical GM volumes. Our results suggest that deficits in this domain may not stem from alterations in subcortical structures.

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

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0098

The effects of deep-brain magnetic stimulation (DMS) on white matter deficits: New mechanism in major depressive disorder (MDD) treatment



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Deep-brain magnetic stimulation (DMS) is an effective therapy for various neuropsychiatric disorders including major depression disorder. The molecular and cellular mechanisms underlying the impacts of DMS on the brain remain unclear. Studies have reported abnormalities in the white matter of depressive brains, suggesting the involvement of myelin and oligodendrocyte pathologies in the development of major depressive disorder. In this study, we use a cuprizone induced demyelination animal model to generate depressive like behaviours and white matter and oligodendrocyte damages. Meanwhile, we treated the animal with DMS 20 minutes daily during the cuprizone challenge or recovery period. Behavioural tests, including nesting, new objective recognition, working memory and depression-like behaviours were tested periodically. Histological staining and western blotting were used to examine the underlying mechanism of DMS. We found that DMS reverse cuprizone induced behavioural deficits in acute demyelination but not during the recovery period. DMS alleviated demyelination and inflammation induced by cuprizone. During the recovery period, DMS had no impacts on overall neural progenitor cell proliferation, but enhanced the maturation of oligodendrocyte. This data suggest that DMS may be a promising treatment option for improving white matter function in psychiatric disorders and neurological diseases in future.

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

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0099

A pilot project exploring the utility and acceptability of a socially-assistive robot in an assessment unit for people with neuropsychiatric symptoms



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Objectives Socially-assistive robots have been used with older adults with cognitive impairment in residential care, and found to improve mood and well-being. However, there is little known about the potential benefits in adults with other neuropsychiatric symptoms.

Aims The aim of this project was explore the utility and acceptability of a socially-assistive robot in engaging adults with a variety of neuropsychiatric symptoms.

Methods Betty, a socially-assistive robot was installed in a unit which specialises in the assessment and diagnosis of adults presenting with neuropsychiatric symptoms. She is 39 cm tall, has a baby-face appearance and has the ability to engage individuals through personalised services which can be programmed according to individuals' preferences. These include singing songs and playing games. Training for the nursing staff who were responsible for incorporating Betty into the unit activities was provided. The frequency, duration and type of activity which Betty was involved in was recorded. Patients admitted who could provide informed consent were able to be included in the project. These participants completed pre- and post-questionnaires.

Results Eight patients (mean age 54.4 years, SD 13.6) who had diagnoses ranging from depression and schizophrenia participated. Types of activities included singing songs, playing Bingo and reading the news. Participants reported that they were comfortable with Betty and did not feel concerned in her presence. They enjoyed interacting with her.

Conclusions This pilot project demonstrated that participants found Betty to be acceptable and she was useful in engaging them in activities. Future directions would involve larger sample sizes and different settings.

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

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0100

Risperidone-treated children and adolescents with behavioral disorders: Do drug dose and patients' gender and age relate to drug and metabolite plasma levels?



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Introduction Behavioral disorders, such as conduct disorder, influence choice of treatment and its outcome. Less is known about other variables that may have an influence.

Objectives/Aims We aimed to measure the parent drug and metabolite plasma levels in risperidone-treated children and adolescents with behavioral disorders and investigate the role of drug dose and patients' gender and age.

Methods We recruited 115 children/adolescents with DSM-5 behavioral disorders (females=24; age range: 5–18 years) at the Departments of Psychiatry of the Hospitals of Bolzano, Italy, and Innsbruck, Austria. We measured risperidone and its metabolite 9-hydroxyrisperidone plasma levels and the parent drug-to-metabolite ratio in the plasma of all patients by using LC-MS/MS. A subsample of 15 patients had their risperidone doses measured daily. We compared risperidone and 9-hydroxyrisperidone plasma levels, as well as risperidone/9-hydroxyrisperidone ratio, in males vs. females and in younger (≤ 14 years) vs. older (15–18 years) patients by using Mann-Whitney U test. We fitted linear models for the variables "age" and "daily risperidone dose" by using log-transformation, regression analysis and applying the R2 statistic.

Results Females had significantly higher median 9-hydroxyrisperidone plasma levels ($P=0.000$). Younger patients had a slightly lower median risperidone/9-hydroxyrisperidone ratio ($P=0.052$). At the regression analysis, daily risperidone doses and metabolite, rather than parent drug-plasma levels were correlated ($R^2=0.35$).

Conclusions Gender is significantly associated with plasma levels, with females being slower metabolizers than males. Concerning age, younger patients seem to be rapid metabolizers, possibly due to a higher activity of CYP2D6. R2 suggests a clear-cut elimination of the metabolite.

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

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0101

Grey matter volume patterns in thalamic nuclei are associated with schizotypy in healthy subjects



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Introduction Schizotypy refers to a set of temporally stable traits that are observed in the general population and that resemble, in attenuated form, the symptoms of schizophrenia. In a previous work, we identified volumetric patterns in thalamic subregions which were associated with disease status, and trained a random forests classifier, accounting for such thalamic volumetric patterns, that discriminated healthy controls (HC) from patients with schizophrenia (SCZ) (81% accuracy) [1].

Objectives i) to assess performance of random forests classifier developed by Pergola and coworkers [1], in an independent sample of healthy subjects; ii) to test whether false positives (FP), i.e. HC classified as SCZ based on such classifier would be associated with greater schizotypy compared with true negatives (TN), i.e. HC classified as such.

Methods A total of 167 HC participated in the MRI study and filled the Schizotypal Personality Questionnaire (SPQ). We pre-processed MRI data with SPM8 and DARTEL. Then, we used thalamic grey matter volumes (GMV) as features in the random forests prediction of disease status at the single subject level. Finally, we tested SPQ scores differences between FP and TN with Mann-Whitney test.

Results The classification accuracy was 71%. FP had greater SPQ scores compared to TN ($P=0.007$).

Conclusions Classification accuracy of our classifier in an independent sample suggests that thalamic GMV patterns are reproducible markers of disease status. Furthermore, the present results also suggest that variability of thalamic GMV patterns in HC may have relevance for subclinical phenotypes related to schizophrenia spectrum.

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

Reference

[1] Pergola et al. in press. Schizophr. Res. DOI: 10.1016/j.schres.2016.07.005.

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0102

The impact of relapses in acute schizophrenia's clinical outcome:

A descriptive cross-sectional analysis

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Introduction Recent studies suggest that most of schizophrenia's first-episode patients have the potential for long-term remission. Conversely, some meta-analysis estimate the actual median recovery rate to be 13.5% [1]. Relapses may contribute to the emergence of increased morbidity and treatment resistance.

Objectives To evaluate possible relationships between the numbers of previous admissions, years of diagnosed disease and hospitalization length.

Methods A cross-sectional retrospective study on all patients ($n=202$, 150 men and 52 women) admitted at an acute inpatient unit throughout the year of 2015, diagnosed with schizophrenia (ICD-9, 295). Collection of socio-demographic data, number of previous admissions (PA), years of diagnosed disease (YDD) and hospitalization length (HL). Descriptive statistical analysis, Spearman rank correlation and Mann-Whitney U test.

Results Overall, the sample's mean age was 44.3 years old (std 12.7), being lower in men (42.5 versus 49.7). The average of admissions was 1.2 per year. PA and YDD were significantly associated ($P<0.0001$). Contrarily, there was no statistical association between the number of PA and HL ($P>0.1$), as well as between YDD and HL ($P>0.1$) was found.

Conclusion This study provides additional evidence for schizophrenia's early onset in men. There seems to be no association between relapses and treatment resistance, considering PA, YDD and HL as valuable soft outcomes. Future understanding of

relapses' pathophysiological mechanisms is warranted in order to explain schizophrenia's low median recovery rate.

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

Reference

[1] Catts SV, O'Toole BI. The treatment of schizophrenia: can we raise the standard of care? Aust N Z J Psychiatry 2016;50:1128–38.

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0103

Functioning in schizophrenia: Similarities and differences between clinical, patient and expert perspectives



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Introduction In 2001, the World Health Organization (WHO) created the International Classification of Functioning, Disability and Health (ICF) to offer a comprehensive and universally accepted framework to describe functioning, disability and health. The ICF Core Sets (ICF-CS) are a selection of categories that serve as a minimal standard for the assessment of functioning and disability in a specific health condition. The ICF-CS for schizophrenia was created in 2015 based on four preliminary studies that intend to capture different perspectives.

Objectives The aim of this study is to describe the similarities (i.e. overlap) and discrepancies (i.e. unique contribution) between the clinical, patient and expert perspectives on the most relevant problems in functioning of individuals with schizophrenia, being focused on the European WHO region.

Methods Forty-four experts from 14 European countries participated in an expert survey, patients with schizophrenia were involved in four focus groups, and health professionals assessed 127 patients in relation to daily life functioning. Information gathered from these three preliminary studies was linked to the ICF.

Results Data showed that although a considerable number of second-level ICF categories agreed on the three preparatory studies ($n=54$, 27.7%), each perspective provided a unique set of ICF categories. Specifically, experts reported 65 unique ICF categories, patients 23 and health professionals 11.

Conclusions Even though there were similarities between perspectives, each one underlined different areas of functioning, showing the importance of including different perspectives in order to get a complete view of functioning and disability in individuals with schizophrenia.

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25th European Congress of Psychiatry e-Poster Walk Part 1

e-Poster walk: Anxiety disorders and somatoform disorders

EW0001

Fear crush: Effect of an interventional program for elementary school children with performance anxiety

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The prevalence of mental disorders in Portugal is 23%. Of these, anxiety disorders are most prevalent. Given these data, the development and implementation of remediate programs in general takes urgent character, especially in the younger population, where it is estimated that one in every five children suffer from some mental disorder. Given the lack of intervention programs in performance anxiety, we propose the development and implementation of a group program for elementary school children, targeting both the improvement and possible recovery of this condition as a means of reducing school failure in these children. In this program the following aspects will be addressed: the study and regulation of emotions; perceptions of self-efficacy; and therapeutic strategies based on third generation of cognitive behavior therapy—acceptance and commitment therapy. As a non-randomized controlled study, this project involves the development, implementation and validation of the intervention program. To this end, an assessment protocol will be administered to both control and experimental groups. This latter protocol will be administered at three different times: before and after implementation of the program and as a follow-up evaluation 6 months later. This program aims to promote emotional regulation in children with performance anxiety and, concurrently, to improve chances for their possible recovery as well as the reduction of significant school failure rates among Azorean children. The implementation

of this therapeutic group intervention program with elementary school children may also prevent later interventions in other health and educational settings.

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

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EW0002

Psychological interventions for psychogenic non-epileptic seizures: A meta-analysis

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Introduction and objective Psychological interventions for psychogenic non-epileptic seizures (PNES) show promising results. The aim of this meta-analysis is to evaluate and synthesize the available evidence from the previous 20 years regarding the utility of psychological interventions in the management of PNES.

Method Studies were retrieved from MEDLINE via OvidSP and PsychINFO. Selection criteria included controlled and before-after non-controlled studies including case series, using seizure frequency as an outcome measurement. Studies were required to assess one or more types of psychological intervention for the treatment of PNES in adults. Data from 13 eligible studies was pooled to examine the effectiveness of psychological interventions in treating PNES on two primary outcomes: seizure reduction of $\geq 50\%$ and seizure freedom. A meta-analysis was conducted with data extracted from 228 participants with PNES.

Results Interventions reviewed in the analysis included CBT, psychodynamic therapy, paradoxical intention therapy, mindfulness, psychoeducation and eclectic interventions. Meta-analysis synthesized data from 13 studies with a total of 228 participants with PNES, of varied gender and age. Results showed 82% of people with PNES who complete psychotherapy experience a reduction in seizures of $\geq 50\%$. Additional meta-analysis synthesized data from 10 studies with a total of 137 participants with PNES. This analysis found 47% of people with PNES are seizure free upon completion of a psychological intervention.

Conclusion The studies identified were diverse in nature and quality. Findings highlight the potential for psychological interventions as a favorable alternative to the current lack of treatment options offered to people with PNES.

Disclosure of interest The author has not supplied his/her declaration of competing interest.

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EW0003

Do not be afraid: Novel approaches to the treatment of anxiety disorders

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Introduction Anxiety disorders (AD) are associated with significant morbidity and often are chronic and resistant to the treatment. A fascinating aspect of AD is the interplay of genetic and experiential factors. It is established that abnormal genes predispose to pathological anxiety states; however evidence clearly indicates that traumatic life events and stress are also etiologically relevant. The behavioral theories of anxiety postulates that anxiety is a conditioned response to a specific environmental stimulus. There may be two ways to neutralize fear conditioning either by facilitating a process called extinction or by blocking a process called reconsolidation.

Objectives Review novel approaches to the treatment of AD.

Aims To update on treatment for AD.

Methods A literature search was performed on PubMed database.

Results Cognitive behavioral therapies use exposure techniques, in which the patient has to confront the fear-inducing stimuli in a safe environment in order to facilitate the fear extinction. The therapy is often context-specific, so one way of strengthen extinction learning is by boosting NMDA receptor activation, either with direct acting agonists (D-cycloserine) or with indirect glycine enhancing agents (selective glycine reuptake inhibitors). Memory reconsolidation is based on the notion that memories are dynamic rather than stable. Reactivation of a memory can return it to a labile state from which it must be reconsolidated. Blocking reconsolidation is a therapeutic opportunity of update and alter the memory, weakening traumatic memories. Beta-blockers and opioids may disrupt this process.

Conclusions Psychotherapy and psychopharmacology may have a synergistic role in AD treatment.

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

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EW0004

Symptom validity testing (SVT) and social security disability claims

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Background and aims Over 50% of adult disability claimants fail some form of SVT. While some over report psychological, affective symptoms, others may report incredible cognitive symptoms. We examined effects of different types of response bias on free recall and self-reported depression.

Participants and methods This is a single site cross-sectional study using a convenience sample ($n = 224$) of disability claimants in the Netherlands. The Green Word Memory Test (GWMT) was administered to all subjects. The Amsterdam Short Term Memory Test (AKTG), the Structured Inventory of Malingered. Symptomatology (SIMS), and the beck depression inventory (BDI-II) were administered in subsamples. Participant classification according to GWMT

and SIMS outcomes resulted in four groups, G+/S+, G+/S-, G-/S+ and G-/S-.

Results Average age of the participants was 46.3 years (SD 9.9), 41.5% were female, and 43% were higher educated. GWMT was positive in 48.2% of all subjects, and 27.6% scored positive on both GWMT and SIMS. Analysis of variance of GWMT Free recall and Beck depression scores showed significant group differences [$F(3, 123) = 33.21, P = .000$] and [$F(3, 106) = 25.17, P = .000$] respectively.

Conclusions Non credible test performance was prevalent in this Dutch study of disability claimants. Insufficient effort and over reporting of psychological symptoms are associated with different score profiles on regular tests and self-rating scales.

Disclosure of interest The author receives funding for his work as a neuropsychologist in an expertise setting.

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EW0005

Psychoemotional disorders in pregnancy with hypertensive complications

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Psychoemotional disorders in pregnant women represent a significant medical and social problem as well as the effects caused by this pathology have a profound effect on children born to such mothers, as well as to themselves mothers during and after pregnancy. The goal-psychological correction of psycho-emotional states in pregnant women with hypertensive syndrome by Erickson hypnosis. The study was conducted on the basis of state organization "Research Center for Obstetrics, Gynecology and Perinatology named after Academician VI Kulakov". The study involved 150 pregnant women with hypertensive syndrome. Seventy-five pregnant women with hypertensive syndrome received psychological correction method of Erickson hypnosis in an amount of 15 sessions. To assess the state of mental and emotional techniques used depression scale Beck Anxiety Scale, Spielberger-Hanin. The study was conducted 4 times—the first, second, and third trimesters of three months after childbirth. When comparing the psycho-emotional state of pregnant women with hypertensive syndrome on the background of psychological adjustment method Erickson hypnosis and in pregnant women with hypertensive syndrome who did not receive psychological correction revealed a statistically significant difference. In pregnant women with hypertensive syndrome who received psychological correction method of Erickson hypnosis, revealed lower levels of depression and situational anxiety than women who did not receive psychological correction. Thus, our study proved the need for psychological correction method of Erickson hypnosis and its effectiveness for stabilizing the psycho-emotional state of pregnant women with hypertensive syndrome and pre-eclampsia prevention.

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

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EW0006

Comparing the effects of cognitive behavior therapy or regular physical exercise on sleep in the treatment of patients with panic disorder

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Introduction Seventy percent of patients with panic disorder (PD) have sleep impairment. Cognitive behavior therapy (CBT) effectively treats PD, but the concomitant effect on sleep is understudied. Physical exercise (PE) improves sleep, but this has not been investigated in patients with PD.

Objective To compare the effects of CBT or PE on sleep in PD-patients, and to determine potential mechanisms of action.

Methods Thirty-six PD-patients were randomized to either group CBT for PD or regular PE. Sleep was assessed pre/post with the Pittsburgh sleep quality index. Effects were investigated with repeated measures ANOVA and t-tests. Expected mediators were added to the general linear model to assess mediation.

Results The effect of time was significant, $F(1.33)=10.11$, $P=0.003$, but not the interaction (Time \times group), $F(1.33)=.48$, $P=0.49$. Symptoms were significantly reduced from pre- to post-treatment: PE, $t(16)=3.03$, $P=.008$, and CBT, $t(17)=2.18$, $P=0.044$. CBT-patients changed significantly ($P<0.05$) on Sleep quality, $t(17)=2.47$ and Sleep disturbance, $t(17)=2.38$. PE-patients changed significantly on sleep duration, $t(16)=2.58$ and sleep disturbance, $t(16)=2.58$. A significant interaction with change in fear of bodily symptoms, $F(1.16)=5.53$, $P=.032$, and with change in depression-level, $F(1.16)=12.13$, $P=0.003$ was only found for CBT. A significant interaction with change in physical fitness, $F(1.15)=5.01$, $P=.041$, was only found for PE.

Conclusion Both interventions improve sleep in PD-patients, but differently. The findings also suggest that these changes are related to different mechanisms for PE and CBT.

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

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EW0007

Explanatory and confirmatory factor structure of beck anxiety inventory in college sample



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Introduction The Beck anxiety inventory (BAI) is a widely used 21-item self-report inventory used to assess anxiety levels in adults and adolescents in both clinical and non-clinical populations. The values for each item are summed yielding an overall or total score for all 21 symptoms that can range between 0 and 63 points. A total score of 0–7 is interpreted as a “Minimal” level of anxiety; 8–15 as “Mild”; 16–25 as “Moderate”, and; 26–63 as “Severe”. There is no study until this date that examines the Explanatory and confirmatory factor structure of BAI in college student in Kuwait.

Objectives The current study investigated the original four-factor structure of the (BAI) in non-clinical sample of college students.

Methods Sample one consisted of 540 males and females while sample two consisted of 600 males and females from Kuwait University undergraduates. The Arabic version of BAI was administered to participants. Explanatory factor analysis based on sample one and conformity factor analysis based on sample 2.

Results The results revealed four factor structures of BAI in the two samples of Kuwaiti students. Which included neuro-physiological, subjective, autonomic, and panic factors.

Conclusions The results of both confirmatory and exploratory factor analysis indicated that the original four-factor structures of the BAI do provide the best fit for the college sample.

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

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EW0008

Playing video games – Psychological threat to adults?



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Background Video games become increasingly popular form of spending free time, therefore they are often a research subject. Researchers focus mainly on video games influence over children's psyche and their social interactions, although video games can also have an impact on adult's behaviour.

Objectives Incidence of social anxiety disorder and impulsiveness among video game players and non-players.

Material and methods An anonymous online survey included 263 students of medical university of Silesia (112 M and 151 W). In study group, 142 people (54%) declared to be players. Questionnaire contained questions about playing time, Barratt Impulsiveness Scale and Liebowitz Social Anxiety Scale. Statistical analyses were performed using the statistical software package Statistica 12.

Results Using Liebowitz Scale in 168 (64.86%) all studied people lack of phobia was found, moderate social phobia 39 (15.06%), marked social phobia 26 (10.03%), severe social phobia 17(6.56%) and very severe social phobia 9(3.47%). There was no statistical significance between players and non-players (test χ^2 $P=0.6521$). Also in Barratt Scale statistical significance was not found in attentional impulsiveness (test U M-W $P=0.3267$) and in Motor impulsiveness (test U M-W $P=0.3140$). Statistical significance was observed in Non-planning impulsiveness (players: 23.68 V non-players: 22.02; test U M-W $P=0.0036$).

Conclusions The study did not show clear influence adult's video games playing over social phobia and impulsiveness occurrence.

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

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EW0009

Utilization unspecialized care of patients with anxiety disorder



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Introduction The greatest social and economic burden is divided between the three main anxiety disorders: social phobia (SF), generalized anxiety disorder (GAD) and panic disorder (PD).

Objectives To examine the pathways of patients with PD, SF and GAD since the beginning of the first anxiety symptoms and before the first course of a standardized treatment in a specialized mental health facility.

Aims To evaluate the period of delay in seeking specialized care and to identify the main ways of seeking medical/non-medical care.

Methods Retrospective study ($n = 80$). Structured interview were based on WHO instruments: WHO WMH CIDI and WHO Pathways to care encounter form.

Results Average age was 38 years, more females (72.5%). The delay period was 7 years ($GAD = 8.7$; $SF = 8.2$, $PD = 5.9$), during which at least 2 episodes of the disease. The most popular specialists were: neurologists (19%), psychiatrists (17%) (one-time visits to which were not accompanied by the appointment of a standardized course of treatment for an adequate period of time) and therapists (15%). Non-medical care was 10% of all studied (psychologists–5%, healers–3%, priests–2%). SF–psychiatrists (43%), therapists (14%), psychologists (14%); GAD–psychiatrists (22%), neurologists (19%), psychotherapists (11%), ambulance doctor (11%); PD–therapists (22%), neurologists (22%), ambulance doctor (17%), cardiologists (9%).

Conclusions The findings suggest that patients with anxiety disorders have a long period of delay in receiving specialized care that causes the value of the social and economic burden of anxiety disorders in the community.

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

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EW0010

(Re)examining the factorial structure of the generalized anxiety disorder-7 in a college students sample



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Introduction Generalized anxiety in young adults during college career is a serious public-health problem that untreated has a chronic course. Research has shown that the self-report questionnaire generalized anxiety disorder-7 (GAD-7) is a reliable and valid measure to assess generalized anxiety symptoms severity in heterogeneous psychiatric samples. However, GAD-7 is not available for non-clinical populations and their factor structure has not been re-examined.

Objectives Our objective was to examine factor structure and measurement invariance of the GAD-7 among college students testing two alternatives models.

Aims The original model fit of single-factor was compared to two-factor model that considered in comprehensive approach of generalized anxiety the assessment of cognitive-emotional nature and somatic symptoms.

Methods In this cross-sectional study the GAD-7 was administered to college students ($n = 1031$) recruited in the six schools which compose the Polytechnic Institute of Coimbra, Portugal. Confirmatory factor analysis was used testing two models.

Results Among college students, 32.8% reported significant generalized anxiety symptoms. The original unidimensional structure of GAD-7 was confirmed but the two-factor model comprising cognitive-emotional and somatic factors presented better fit to the data ($\chi^2(1) = 21.01$, $P < 0.001$). This latent factor were positively associated ($r = 0.51$, $P < 0.001$) and presented a good internal consistency ($\alpha = 0.85$ and $\alpha = 0.86$ for cognitive-emotional and somatic items, respectively). The invariance factor of two-factor model across gender was also confirmed.

Conclusions Results indicate that within college communities the GAD-7 integrates two stable generalized anxiety factors related but independent structure. The GAD-7 can be an adequate measure to detected generalized anxiety symptoms in this population.

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

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EW0011

An investigation of childhood trauma in patients with panic disorder



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Introduction It is widely known that childhood traumatic life situations are associated with most of the adult life psychiatric disorders such as disassociative disorders, mood disorders, anxiety disorders and so on.

Objectives and aims The purpose of this study to examine the relationship between childhood traumatic experiences and panic disorder development.

Methods The sample of this study consists of 59 outpatients who applied to the department of psychiatry in addition to 61 healthy individuals serving as the control group. These 59 individuals, located within the range of 18 to 65 years, were selected from outpatients who had been diagnosed with panic disorder based on DSM-V diagnosis criteria who did not have any other mental disorder. The 61 healthy individuals in the control group were selected from hospital attendants who had not received any psychiatric diagnosis. The participants were administered the childhood trauma questionnaire (CTQ) and a socio-demographic form.

Results The participants in the panic disorder group were found to have significantly high scores in comparison to the control group with respect to CTQ subscales (i.e., the emotional neglect and the emotional abuse subscale) and the total CTQ score. Hence, there exists a strong relationship between childhood traumatic experiences and panic disorder development.

Conclusion The results revealed that childhood traumatic experiences play an active role in the development of panic disorder. Moreover, it was found that the type and quality of trauma experienced during the childhood period is one of the predictors for the psychiatric disease that can occur in the future years.

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

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EW0012

Could deficits in the recognition of emotions that indicate social approval be associated with musical performance anxiety?



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Introduction Proper recognition of facial expressions of emotion is crucial for human social relationships. Impairments in the capacity to process facial information may play an important role in the etiology and maintenance of certain mental disorders, especially music performance anxiety (MPA).

Objective To assess the recognition of facial expressions of emotion in musicians compared to a group of subjects from the general population, considering also the presence/absence of MPA.

Methods Hundred and fifty amateur and/or professional musicians who regularly take part in public performances (GM) and 150 subjects from the general population (GP) completed a task of facial emotion recognition and were assessed in terms of accuracy and reaction time. The group of musicians was subdivided between subjects with and without MPA indicators. Data were analyzed using Student's *t* test ($P < 0.05$) within the statistical package for the social sciences.

Results GM were less accurate and had a longer reaction time in the recognition of facial happiness ($P < 0.001$, effect size: 0.25–0.44) compared to GP. Musicians with MPA had a still lower accuracy in the recognition of happiness, as well as longer reaction times for emotions as a whole ($P < 0.04$; effect size: 0.32–0.40) compared to musicians without MPA.

Conclusion The poorer performance of musicians in the recognition of happiness suggests difficulties to recognize indicators of social approval, which may negatively affect performance through increased anxiety and negative thoughts that can favor the onset of MPA.

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

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EW0013

A single dose of oxytocin on music performance anxiety: Results involving a situation of simulated performance



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Introduction Music performance anxiety (MPA) is a persistent and distressing experience that involves apprehension linked with musical performance in public (individual or collective). Anxious individuals concentrate their anxiety in situations that involve social scrutiny, favoring distorted, dysfunctional, and negative interpretations of that situation followed by experiences of physiological symptoms associated with the exposure. The most commonly used substances in the pharmacological management of MPA are beta-blockers and benzodiazepines. However, these options are not fully efficient and cause relevant side effects that interfere mainly with performance. Therefore, investigations on alternative substances to treat MPA are highly opportune.

Objective To assess the acute effects of oxytocin (OT) on physiological and cognitive variables during an experimental model of simulated performance.

Methods We assessed 12 musicians with MPA pre-treated with intranasal OT (24 UI) or placebo in a crossover trial involving an experimental situation of public performance. Cognitive and physiological measures (heart rate, blood pressure, salivary cortisol) were recorded before/during performance (anticipatory performance anxiety). Statistical analyses were made using Stata Direct.

Results The results showed no effects of OT on physiological symptoms ($P > 0.190$). In respect to anticipatory anxiety, however, we found a tendency for OT to reduce negative cognitions associated with music performance ($P = 0.06$). No side effects were reported by musicians throughout the trial.

Conclusion These tendencies, if confirmed through the expansion of the sample, have important implications for the practice of amateur and professional musicians who could benefit from interventions as the one described, possibly with a lesser impact of side effects.

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

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EW0014

Music performance anxiety: Perceived causes and coping strategies



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Introduction The understanding of the causes of music performance anxiety (MPA) and of strategies to cope with it is important for the comprehension/management of this common condition in musicians.

Objective To investigate the causes of MPA reported by Brazilian musicians and the efficacy of the most commonly used strategies to cope with it.

Methods Two hundred and fourteen Brazilian musicians (53% professional/musicians from orchestras, 67% male, mean age: 34.02 years, 65% with over 11 years of education, 42% of which played string instruments) completed different self-rating scales to assess the presence/absence of MPA.

Results Thirty-nine per cent of the musicians had indicators of MPA. The most commonly reported causes were repertoire difficulty (57%), concerns about audience response (52%), and self-pressure (51%). The most common coping techniques included breathing/relaxing techniques (66%) and increased practice (53%), regarded as efficient by at least 49% of the musicians. Strategies like seeing a doctor/psychiatrist/psychologist and taking antidepressant/anxiolytic medication were among the least frequently used in the sample. Also, 18% of musicians with MPA used beta-blockers and 6% used non-prescribed medications. Comparatively, musicians with MPA believed that it was associated with a higher number of conditions and regarded coping techniques as less efficient.

Conclusion Musicians consider internal situations to be the most frequent causes of MPA and use different coping strategies with average effectiveness. Results highlight the poor use of well-established therapeutic resources and the occurrence of self-medication in the sample, which together point to the need for attention on the part of mental health professionals to this specific group.

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

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EW0015

Pregabalin in somatoform disorders



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Somatoform disorders (SD) are an example of the complex interaction between mind and body.

To estimate the efficacy of pregabalin (PG) versus combination of pregabalin and antidepressants in patients with SD who were previously on long-term treatment with at least three antidepressants (SSRI, SNRI, SARIs, SNDIs, MAOI, TCAs) in an adequate therapeutic dose and had a partial response on it. In this open label trial investigators diagnosed 41 patients by standard clinical interview as F 45.0 and F 45.4 according to ICD-10 criteria and divided them in two groups: experimental (Pregabalin, 20 patients) and control

group (Pregabalin + antidepressant, 21 patients). Patients also had comorbid diagnoses as follows: F 41.1, F 32, F 33 or F 34. Assessment was done by 100 mm Visual analogue scale (VAS) and by Clinical Global Impression Scale (CGI). Within both groups there was a statistically significant improvement measured by VAS and CGI scales in all repeated measurements, except for the CGI scale in both groups between the second and ninth month where there was no statistical difference. There were no statistically significant differences between CG and EG on both scales either in the beginning or in repeated measurements. There was no difference in the effects of the drugs between EG and CG on both scales- VAS & CGI. Pregabalin as mono or as an adjuvant therapy had equally good efficiency in patients with SD who had partial response on various antidepressants therapy after long-term treatment.

Disclosure of interest Results from part of this trial were published as abstract in European Psychiatry, Volume 30. Supplement 1, 28–31 March 2015, Pages 534 – “Somatoform Disorders—a New Target for Pregabalin”, [http://dx.doi.org/10.1016/S0924-9338\(15\)30418-1](http://dx.doi.org/10.1016/S0924-9338(15)30418-1).

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EW0016

Dissociation and therapy of depressive and anxiety disorders with or without personality disorders



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Objective Goal of the study was to analyze the impact of dissociation on the treatment of the patients with anxiety/neurotic spectrum and depressive disorders, and with or without personality disorders.

Methods The sample consisted of inpatients who met the ICD-10 criteria for the Depressive disorder, Panic disorder, GAD, Mixed anxiety-depressive disorder, Agoraphobia, Social phobia, OCD, PTSD, Adjustment disorders, dissociative/conversion disorders, Somatoform disorder or other anxiety/neurotic spectrum disorder. The participants completed Beck Depression Inventory, Beck Anxiety Inventory, subjective version of clinical global impression-severity, Sheehan Patient-Related Anxiety Scale, and Dissociative Experience Scale, at the start and the end of the therapeutic program.

Results The total of 840 patients with anxiety or depressive spectrum disorders, who were resistant to pharmacological treatment in outpatients basis and were referred for hospitalization for the six-week complex therapeutic program, were enrolled in this study. Six hundred and six of them were statistically analyzed. The patients' mean ratings on all measurements were significantly reduced during the treatment. The patients without comorbid personality disorder improved significantly more than patients with comorbid personality disorder in the reduction of depressive symptoms. However, there were no significant differences in change of anxiety levels and severity of the disorder between the patients with and without personality disorders. The higher degree of dissociation at the beginning of the treatment predicted minor improvement. The higher therapeutic change was connected to the greater reduction of the dissociation level.

Conclusions Dissociation presents an important factor influencing treatment effectiveness in the treatment-resistant patients with anxiety/depression with or without personality disorders.

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

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EW0017

Pharmacogenetic association between glutamatergic genes and sri treatment response in obsessive compulsive disorder



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Introduction Pharmacogenetic studies in obsessive-compulsive disorder (OCD) primarily focussing on serotonergic and dopaminergic polymorphisms, provided inconsistent findings. There is recent evidence for glutamatergic abnormalities in OCD.

Aims Examine the association glutamatergic genes with serotonin reuptake inhibitor (SRI) response in OCD.

Objectives To study pharmacogenetic association between SLC1A1 and GRIN2B polymorphisms with SRI response in OCD.

Methods DSM-IV OCD patients were recruited from a specialty OCD clinic and evaluated using the Yale-Brown obsessive compulsive scale (YBOCS), Mini International Neuropsychiatric Interview (MINI) plus, Clinical Global Impression scale (CGI). They were subsequently reassessed with YBOCS and CGI. To study extreme phenotypes, we included only full responders (>35% YBOCS improvement and CGI-I score of 1 or 2) to any SRI ($n=191$) and non-responders (<25% YBOCS improvement and CGI-I score ≥ 4) to adequate trial of at least two SRIs ($n=84$). Partial responders were excluded. Genotyping was performed using an ABI9700 PCR machine.

Results Genotype frequencies did not deviate significantly from the values predicted by the Hardy-Weinberg equation. Case-control association analyses revealed no significant association between genotype/allele frequencies with SRI response.

Conclusion Our data does not show any association between polymorphisms in glutamatergic genes and SRI response in OCD though such associations have been found in other studies. More SNPs in the same gene could be responsible for the pharmacogenetic associations. More homogenous sample considering symptom dimensions and other phenotypic variables may be needed. It may be critical to go beyond “usual suspect” candidate gene research. In this regard, a novel approach to identify SRI response biomarkers is the use of cellular models.

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

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EW0018

Long term effect of cognitive behavioral therapy in patients with health anxiety



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Introduction Cognitive-behavioral therapy (CBT) has been found to be an effective treatment of excessive health anxiety (HA), but the long-term effect over 18 months has not been examined.

Objectives Several studies have shown effect of CBT for HA-patients. However, these effects have been short or immediate after therapy. To our knowledge no studies have examined long-term effect of CBT for HA over 18 months.

Aims To investigate the long-term effect of CBT on HA, focusing on level of HA, quality of life, subjective health complaints and general anxiety. Follow-up time was at least 10 years. Our hypothesis was that the effect was sustained.

Methods Patients with HA received 16 sessions of CBT over a period of 12–18 months, and were followed up over at least 10 years. All patients fulfilled criteria for F45.2, hypochondriacal disorder according to ICD-10.

The patients answered several questionnaires, exploring areas such as HA, Quality of life, somatization, and mental health problems. Questionnaires were answered before CBT, after CBT and at follow up. Mixed model analysis was performed in SPSS 23.0 for all questionnaires.

Results All scores were found to be significant in the Pre-CBT–Post-CBT and Pre-CBT–FU (0.034– <0.001), and none were found to be significant in the Post-CBT–FU.

Conclusions Our findings suggest that for the majority of patients with HA, CBT has a significant and lasting long-term effect. This effect lasts up to ten years post therapy.

Disclosure of interest The author has not supplied his/her declaration of competing interest.

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e-Poster walk: Bipolar disorders - part 1

EW0019

Metabolic syndrome in patients with bipolar disorder treated with atypical antipsychotics, their first-degree relatives and control group



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Introduction and objective Patients with serious mental illness have lower life expectancy and higher prevalence of metabolic syndrome compared to normal population. Although, we have little evidence about their first-degree relatives.

Aims To compare metabolic syndrome in patients with bipolar disorder treated with atypical antipsychotics, their first degree relatives and healthy subjects in two age groups: under and over 40.

Methods This cross-sectional study was conducted on 100 patients with bipolar disorder treated with atypical antipsychotics, 50 first degree relatives and 135 healthy subjects. The prevalence of metabolic syndrome was assessed based on National Cholesterol Education Program (NCEP).

Results Under the age of 40, the prevalence of metabolic syndrome was 15.4% in patients with Bipolar disorder, 17.6% in first degree relatives and 7% in healthy subjects. Systolic blood pressure was significantly higher in bipolar disorder patients ($P=0.004$). In those over 40, the prevalence of metabolic syndrome was 31.8% in patients with bipolar disorder, 33.3% in first-degree relatives and 32.8% in healthy subjects. Serum levels of HDL were significantly lower in bipolar disorder patients ($P=0.002$).

Conclusion Patients with bipolar disorder and their first-degree relatives have greater chance for cardiovascular disease due to

higher metabolic syndrome. Further investigations are needed for evaluating serious mental illness patients and their relatives.

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

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EW0020

The effect of long-term lithium treatment on renal functions in patients with bipolar disorder



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Introduction The effect of lithium on tubular functions leading to decreased urinary concentrating ability is recognized. Although there are several studies type, severity and frequency of renal impairment and its correlation with duration of lithium therapy are not well established.

Objectives To explore long-term effects of lithium on patients with chronic bipolar disorder.

Aims We aimed to assess patients with bipolar disorder using lithium at least for six years in terms of renal functions, starting from mild impairments to full blown chronic renal failure.

Methods Fifty-one patients with bipolar disorder and 38 age and sex matched healthy controls were enrolled for the study. Serum BUN, creatinine, uric acid, electrolytes, calcium (Ca), phosphorus (P), vitamin D (25-OH D3) and eGFR levels were measured. The correlations between renal function and mean lithium levels, duration of lithium treatment and GAF scores were calculated.

Results Mean eGFR level of patients with bipolar disorder was significantly lower than that of controls. Serum creatinine, uric acid, Ca and PTH levels were higher, 25-OH D3 levels were lower in the patients than in controls. The duration of lithium treatment was positively correlated with serum creatinine and uric acid levels, negatively correlated with eGFR levels. Mean lithium levels were positively correlated with serum creatinine levels and negatively correlated with eGFR.

Conclusions The study revealed that glomerular functioning of the patient group was significantly lower than that of the control group. The findings suggested that both duration of lithium treatment and high serum lithium levels may have a negative impact on glomerular functions.

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

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EW0021

Protocol for developing and validating a multivariable prediction model to individualize the risk of recurrence of bipolar disorder in the perinatal period



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Introduction For women with bipolar disorder, childbirth is a high-risk period with 40–50% experiencing a recurrence and 20% developing a severe episode of postpartum psychosis. Bipolar episodes in the perinatal period affect women and their families.

Managing bipolar disorder in pregnancy and postpartum is a challenge. There is lack of literature to inform that and an urgent need for more data.

Objectives To develop and validate a risk prediction model for individual prognosis of the risk of recurrence of bipolar disorder for women in the perinatal period.

Aims To provide evidence-based information to help women and the clinicians that look after them make decisions about their care, taking into account the most recent scientific knowledge and their individual characteristics.

Methods The development of the model will be done in retrospective data from a large clinical cohort from the Bipolar Disorder Research Network (BDRN.org). The validation will be done in a prospectively recruited sample.

Participants will be 2181 parous women with a lifetime diagnosis of bipolar disorder from BDRN and 300 prospectively recruited pregnant women with a history of postpartum psychosis or bipolar disorder.

Predictors will be chosen based on clinical experience and literature, from data collected via semi-structured interview (in pregnancy and 3 months postpartum, medical and psychiatric notes) e.g. medication, smoking, parity, obstetric complications and sleep.

Results N/A.

Conclusions We will present the full prediction model (regression coefficients and model intercept) and report performance measures (with CIs).

We will discuss its potential clinical use and implications for future research.

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

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EW0022

Review of risk prediction approaches for bipolar episodes in the perinatal period



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Introduction The perinatal period is a high-risk period for the development of illness episodes in women with bipolar disorder. Relapse rates vary between 9 and 75% depending on the study. The overall risk of a severe episode is approximately 20%. The impact on women, the relationships with their babies and their families can be devastating. In the UK costs to society are £8.1 billion per year-cohort of births. The advice currently given to women is based of general risk rates. Women's needs of information for decision-making in the perinatal period are not being met.

Objectives To review the risk prediction approaches used for women with bipolar disorder in the perinatal period.

Aims To understand the existing risk prediction models and approaches used for prognosis of risk of recurrence of bipolar disorder for women in the perinatal period.

Methods Systematic literature search of public medical electronic databases and grey literature on risk prediction for bipolar episodes in the perinatal period.

Results We will present the existing models and approaches used for risk prediction of illness episodes in the perinatal period.

Conclusions Awareness of existing risk prediction models for recurrence of bipolar disorder in the perinatal period will allow better informed risk-benefit analysis of treatment and management options.

This person-centred approach will help women and clinicians in their decision-making at this crucial high-risk period.

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

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EW0023

Physical health in early and late stages of bipolar disorder



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Introduction Bipolar disorder (BD) is related to high prevalence of somatic comorbidities, health care costs, and premature mortality [1]. Some evidence supports the view of BD as chronic, progressive and multisystem disorder in which not only mental system, but also somatic systems are involved [2].

Aim To investigate differences in physical health in patients with bipolar disorder at different stages (early vs. late) of the disease.

Methods Cross-sectional, naturalistic, multicenter study. Sample: 110 outpatients with BD [68 early stage (diagnosed at least 5 years earlier) and 42 late stage (at least 20 years earlier)]. Assessment: demographic and clinical variables; psychopathology: HDRS, YMRS and CGI; biological information: anthropometric, vital signs and lab results.

Results Early stage group: mean age 40.1 (11.9), 66.2% females and CGI = 3.6 (1.4). Late stage group: mean age 55.8 (8.2), 69.0% females and CGI = 4.0 (1.4). Patients in early stage have significantly higher levels of glucose ($t = -4.007$, $P < 0.001$), urea ($t = -2.724$, $P = 0.008$), creatinine ($F = 0.560$, $P = 0.022$), triglycerides ($t = -3.501$, $P = 0.001$), Fe ($t = 2.871$, $P = 0.005$) and insulin ($t = -3.223$, $P = 0.002$). Moreover, they have higher Body Mass Index (BMI) ($t = -3.728$, $P < 0.000$), abdominal circumference ($t = -4.040$, $P < 0.000$) and greater number of somatic comorbidities ($t = -2.101$, $P = 0.041$).

Conclusions – patients with bipolar disorders in late stages have worse physical health than those in early stage.

– these results could be an indication that bipolar disorder might better viewed as a multisystem disorder.

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

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EW0024

The late-onset bipolar disorder: A comparative study



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Introduction Bipolar disorders (BP) with late onset are underestimated by their frequency, their misleading presentations and therapeutic difficulties due to the high prevalence of somatic comorbidities.

Aim To identify sociodemographic, clinical and therapeutic characteristics in subjects with a late-onset BP.

Patients and methods Retrospective and comparative study of 101 patients followed for a BP (12 patients with BP started after 50 years and 89 patients with BP started earlier) from 2009 to 2015, in the department of psychiatry of the University Hospital Farhat Hached, Sousse, Tunisia.

Results The mean age of subjects with late-onset TBP was 46.11 ± 12.85 years. Women were in the majority (65.3%). Ten patients had a novo mania, four patients had a late-onset mania and one patient had a secondary mania. Regarding the socio-demographic data, only the regular professional activity was more reported in the elderly ($P=0.017$). Regarding clinical data, BP type 1 and secondary mania were more reported in elderly with ($P=0.050$ and $P=0.000$ respectively). Elderly had significantly fewer depressive episodes ($P=0.026$), fewer hypomanic episodes ($P=0.000$). The durations of the latest episodes and the last intervals were shorter in elderly ($P=0.045$ and $P=0.000$). Concerning therapeutic data, elderly had fewer hospitalizations ($P=0.045$), required lower mean doses of lithium ($P=0.04$) and greater mean doses of tricyclic antidepressants ($P=0.047$).

Conclusion It is always necessary to look for an organic cause in manic syndrome in late-onset BP. Doses of lithium should be lower. However, doses of TAD should be higher.

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

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EW0025

Serum of bipolar patients induces pro-inflammatory activation of macrophages



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Introduction Evidence has suggested that immune imbalance is involved with bipolar disorder (BD); however, its precise mechanism is poorly understood.

Objective This study investigated whether biochemical changes in the serum from BD patients could modulate the phenotype of macrophages.

Methods Eighteen subjects with BD and healthy individuals ($n=5$) were included in this study. The human monocyte cell line U-937 was activated with PMA (phorbol 12-myristate 13-acetate) and polarization was induced with RPMI-1640 media supplemented with 10% serum from each patient for 24h. Gene expression of selected M1 and M2 markers was assessed by qPCR.

Results Macrophages exposed to serum of manic and depressive BD patients displayed an increase of IL-1 β (6.40 ± 3.47 and 9.04 ± 5.84 versus 0.23 ± 0.11 ; $P < 0.05$) and TNF- α (2.23 ± 0.91 and 2.03 ± 0.45 versus 0.62 ± 0.24 ; $P=0.002$ and $P=0.004$, respec-

tively) compared to remitted group. In parallel, U-937 macrophages treated with serum of patients in acute episode displayed a down-regulation of CXCL9 (0.29 ± 0.20 versus 1.86 ± 1.61 ; $P=0.006$) and CXCL10 expression (0.36 ± 0.15 and 0.86 ± 0.24 versus 1.83 ± 0.88 ; $P < 0.000$ and $P=0.04$) compared to remitters.

Conclusions Our results are consistent with previous studies showing that changes in peripheral blood markers could modulate M1/M2 polarization in BD. The evidence of macrophages as source of inflammatory cytokines might be helpful to unravel how the mononuclear phagocyte system can be involved in the etiology of BD.

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

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EW0026

Cognitive functions and cognitive styles in young euthymic patients with bipolar I disorder



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Background Cognitive deficits impair patients working and functioning status and may have negative impact on other aspects of thinking.

Objectives Assess the prevalence of cognitive dysfunction in patients with bipolar disorder in euthymic state and to explore cognitive style problems.

Method Case-control naturalistic study, 60 patients with bipolar I disorder in euthymic state according to DSM-IV were recruited and subdivided into two groups each contains of 30 patients; (Group BPM) euthymic patients with recent manic episode, Group BPD euthymic patients with recent depressive episode. Both groups were further compared with control group (Group C) consisted of 30 frequency matched healthy volunteers. Groups were subjected to the following: (1) clinical psychiatric examination, (2) (HAMD-17) and Bech-Rafaelsen Melancholia Scale (MES) for (BPD), (3) (YMRS) and Bech-Rafaelsen Mania Scale (MAS) for (BPM), (4) assessment of euthymic state of mood included both MAS and MES, (5) MMSE, MTS and CDT were performed to assess cognitive functions, (6) cognitive styles evaluation the Social Dysfunction and Aggression Scale SDAS-9 and Arabic Anger Scale.

Results Definite cognitive function impairment and different patterns of cognitive style were detected in case groups. MMSE, MTS and CDT scores were statistically significant. Fear of Failure Scale Scores were higher in BPM; 16 (53.33%) reported severe intensity compared to 16 (53.33%) of BPD Group reporting moderate intensity and 30 (100%) of the control group reporting only mild intensity of fear of failure with statistically significant differences.

Conclusions Patients in euthymic state suffer from cognitive dysfunction and some aspects of cognitive styles that negatively interfere with their performance.

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

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EW0027

Improving and assessing public beliefs, knowledge and attitudes towards bipolar disorder in Pakistan



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Background Studies have shown that beliefs, attitudes and knowledge towards bipolar disorder are influenced by country-specific social and cultural factors. Our study aims to improve and assess public beliefs, knowledge and attitude towards bipolar disorder in Pakistan.

Methods We targeted 500 population. A questionnaire was organized into four sections in order to investigate knowledge about bipolar disorder, attitudes and beliefs, treatment options and fighting stigma and help seeking attitudes.

Results Of the 500 participants, 28% people were aware of exact definition of bipolar disorder. A widespread belief (85%) was that people suffering from bipolar disorder should avoid talking and telling about their illness. According to 50% respondents people experiencing bipolar disorder “are dangerous to others”, 68% population viewed it as a result of black magic. Sixty-five per cent thought that the best way to recover from bipolar disorder consisted in seeking help from Psychiatrist. Twenty per cent thought to take help from religious people and shrines. Most of people seemed convinced that drugs are addictive (70%) and may cause serious side effects (80%).

Conclusions Mental health illness including bipolar disorder can be improved by the positive influence of education, employment availability, respect, social support, rehabilitative services, justice and equity. Lack of education, stigmatization, and cultural norms are the leading barriers towards.

Disclosure of interest The author has not supplied his/her declaration of competing interest.

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EW0028

Association between HbA1c and number of episodes in individuals with bipolar disorder

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Introduction Bipolar disorder (BD) is associated with an impaired glucose metabolism (IGM) leading to diabetes mellitus Type II (DM). DM influences the medical state of BD individuals and leads to increased mortality. However, there is evidence that IGM is associated with psychiatric symptoms, as well.

Aim The study aimed to investigate the association between IGM and number of episodes and their ratio in individuals with BD, separated for gender.

Methods HbA1c levels from fasting blood were measured of 162 individuals (46% females) with BD. Furthermore, clinical parameters e.g. number of depressive and (hypo)manic episodes were gathered.

Results After adjustment for illness duration and BMI there was a positive correlation in male individuals between HbA1c and number of depressive ($M = 13.86$, $SD = 14.67$; $r = .308$, $P < 0.05$) as well as (hypo)manic episodes ($M = 17.23$, $SD = 24.24$; $r = 0.263$, $P < 0.05$). There was no association in females as well as between HbA1c levels and ratio of episodes.

Conclusion Associations between HbA1c and number of episodes in male individuals with BD were found. As there are correlations between IGM and somatic co-morbidities as well as the course of illness the treatment of glucose metabolism is important in BD. However, number of episodes might have an impact on the glucose metabolism due to inflammation processes, but further investigations have to focus on the direction of the found correlation. As gender differences are known in different pathways, they should be considered in research, diagnosis and therapy.

Disclosure of interest The author has not supplied his/her declaration of competing interest.

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EW0029

Gender difference among admitted patients with bipolar disorder in a psychiatric service during a three-year period

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Introduction Gender differences in bipolar disorder are becoming apparent, but have been less studied compared with major depression. The presentation, clinical features, course and evolution of bipolar disorder differ between men and women. Research data on these differences will help determine whether gender is important in influencing illness variables.

Objectives Determine whether men and women with bipolar disorder have statistical significant differences in socio-demographic and clinical data.

Methods Charts of all patients with a diagnosis of bipolar disorder admitted in the Coimbra Hospital and University Center over a three-year period (between 2013 and 2015) were reviewed to gather data on socio-demographic, clinical and psychopathological variables to assess differences across genders. Statistical analysis of data with “SPSS21”.

Results During a three-year period, 189 patients were admitted with bipolar disorder, the majority were female patients, with ages between 21 and 84 years old. The authors will analyse if there is any statistical significant difference between gender in the rate of bipolar I or II diagnoses, age at onset, symptom presentation, delay in diagnoses, number of depressive, or manic episodes, hospitalisations, involuntarily admissions, number of suicide attempts, co-morbidity rates, negative life events, family history and treatment options. Sociodemographic characteristics will also be analysed.

Conclusion Gender differences in bipolar disorder is a controversial issue in the literature. The importance of gender on the course and outcome in bipolar disorder has been widely acknowledged. The limited data suggest that the prevalence is similar between sexes but that the course of illness may be different.

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

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EW0030

Epidemiological and clinical variables related with the predominant polarity on bipolar disorder: A systematic review

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Introduction Type I and type II classification of bipolar disorder (BD) may not provide useful information to the clinician regarding epidemiological and clinical correlates.



New classifications have recently been proposed, such as the Predominant Polarity (PP) classification, which is based on the tendency of the patient to relapse in the manic (Manic Predominant Polarity [MPP]) or the depressive (Depressive Predominant Polarity [DPP]) poles along the course of the disease.

Objectives To explore the epidemiological and clinical correlates of PP.

Methods We performed a search of the PubMed and Web of Science databases up to June 1st 2016, using the keywords “bipolar disorder”, “polarity” and “predominant polarity”.

Results The initial search identified 1598 articles. Only 17 articles met inclusion criteria. Factors associated with MPP are manic onset, history of drug abuse and a better response to atypical antipsychotics and mood stabilizers. Meanwhile DPP is associated with depressive onset, more relapses, longer acute episodes, and a higher risk of suicide. Moreover, delay until diagnosis, mixed episodes and comorbid anxiety disorders are more prevalent in DPP patients, whose treatment often involves quetiapine and lamotrigine.

Limitations Few prospective studies. Variability of results.

Conclusions PP classification may be useful for the clinical management of BD. Further research in this field is needed. Future research should use standardized definitions and more comparable methods.

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

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EW0031

Late onset bipolar disorder: Clinical characterization



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Introduction Bipolar disease is a chronic mental illness with a deep personal and social impact. Alongside with the considerable progress in understanding and treating bipolar disorder, and despite the growing interest in geriatric psychiatry, late onset bipolar disorder has been relatively little studied so far.

Objectives To review the literature regarding the epidemiology, characteristics and clinical implications of late onset bipolar disorder.

Methodology A literature review was performed by searching articles in Pubmed, using the following search terms: “late onset bipolar disorder” and “elderly bipolar disorder”. All literature in English published in the last 15 years was examined and 11 articles were selected.

Results Although the frequency of bipolar disorder type 1 or 2 decrease with age, approximately 6 to 8% of the new cases of bipolar disorder develop in people over 60 years of age. Clinically, late-onset bipolar disorder appears to be associated with a better level of pre-morbid functioning, a less severe psychopathology as well as a smaller family burden of psychiatric illness. The term “secondary mania” postulated by Krauthmamer Klerman has been used to describe a bipolar disease variant associated with a variety of organic factors that may be responsible for this late-onset disease.

Conclusions Late onset bipolar disorder is probably a different diagnostic than the entity that occurs in younger patients, since it presents with a different clinical presentation. It is a heterogeneous disease with a complex etiology that still needs more research.

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

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EW0032

High cognitive reserve in bipolar disorders as a moderator of neurocognitive impairment



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Background Cognitive reserve (CR) reflects the capacity of the brain to endure neuropathology, minimize clinical manifestations and successfully complete cognitive tasks. The present study aims to determine whether high CR may constitute a moderator of cognitive functioning in bipolar disorder (BD).

Methods One hundred and two patients with BD and 32 healthy controls were enrolled. All patients met DSM-IV criteria for I or II BD and were euthymic (YMRS \leq 6 and HDRS \leq 8) during a 6-month period. All participants were tested with a comprehensive neuropsychological battery, and a Cerebral Reserve Score (CRS) was estimated. Subjects with a CRS below the group median were classified as having low CR, whereas participants with a CRS above the median value were considered to have high CR.

Results Participants with BD with high CR displayed a better performance in measures of attention (digits forward: $F=4.554$, $P=0.039$); phonemic and semantic verbal fluency (FAS: $F=9.328$, $P=0.004$; and Animal Naming: $F=8.532$, $P=0.006$); and verbal memory (short cued recall of California Verbal Learning Test: $F=4.236$, $P=0.046$), after multivariable adjustment for potential confounders, including number of admissions and prior psychotic symptoms.

Conclusions High cognitive reserve may therefore be a valuable construct to explore for predicting neurocognitive performance in patients with BD regarding premorbid status.

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EW0033

Cognitive function in older euthymic bipolar patients



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Objectives To assess cognitive function in older euthymic bipolar patients. To investigate the relationship between cognitive disorders and clinical features in this population.

Methods We conducted a cross-sectional study during the period from August to November 2015. It included 34 stable bipolar outpatients, aged at least 65 years. We used the Montreal Cognitive Assessment (MoCA) to screen for cognitive disorders. Our patients were clinically euthymic, as checked by the Hamilton depression scale and the Young mania scale.

Results The sex ratio was 1. The mean age of our patients was 68.2 years. Most of them were married (82.4%), unemployed (55.8%),

living in urban area (82.4%), had low educational level (58.8%) and low income (64.7%).

The majority was bipolar type 1 (67.6%). The most recent episode was manic in 55.9% of cases, including psychotic features in 50% of cases. Subsyndromal affective symptoms were noted between episodes in 23.5% of them. The average MoCA score was 23.6. Cognitive disorders were found in 61.5% of patients, who showed impairments across all cognitive domains. The most frequent deficits were found in attention (100%) and executive functions (85.3%).

Cognitive dysfunction correlated to psychotic features during the last episode ($P=0.005$), subsyndromal affective symptoms between episodes ($P=0.13$), high number of mood episodes ($P=0.007$) and hospitalisations ($P=0.014$).

Conclusion Our study confirmed that cognitive dysfunction was frequent in older bipolar patients in Tunisia. Preventing mood episodes, screening for addictive and somatic co-morbidities, as well as cognitive rehabilitation, are suitable strategies for improving cognitive functioning among these patients.

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

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EW0034

First psychotic episode and predictors of bipolar disorder progression



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Introduction Many studies on the identification and early treatment of psychotic disorders have focussed less on a solution to the issue of the evolution of an acute psychosis.

Objective To identify some predictive elements of an evolution to bipolar disorder during a first psychotic episode.

Methods We proceed with a retrospective study concerning 55 patients having developed a first psychotic episode and admitted in the psychiatry B department during the period extending between January 2010 and December 2015. Data were collected on a predetermined questionnaire exploring the following items (socio-demographic data, personal and psychiatric family antecedent, prodromes and psychotic episode symptomatology).

Results Our sample was composed by 55 patients divided into 74% ($n=41$) men and 26% ($n=14$) women with a mean age of 26.5 ± 6.27 years. The evolution to a bipolar mood disorder concerned 22% of patients. The prodromal phase was always present. Prodromes correlated with progression to bipolar disorder are: thymic symptoms 44.1% of patients ($P=0.001$), modification of volition 42.9% ($P=0.05$), anger/irritability 66.7% ($P=0.032$) and sadness 83.3% of patients ($P=0.05$). Psychotic episode's symptoms correlated with the evolution towards a bipolar disorder corresponded to thymic symptoms. The latter was present in 44.1% of patients ($P=0.01$).

Conclusion Through our study, we were able to identify some factors positively correlated with a progression towards bipolarity during a first psychotic disorder. So it would be important to monitor closely and to educate our patients and their families about the evolutionary potential of a first psychotic episode.

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

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EW0035

Emotional face recognition in bipolar disorder



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Introduction Emotional face recognition is significant for social communication. This is impaired in mood disorders, such as bipolar disorder. Individuals with bipolar disorder lack the ability to perceive facial expressions.

Objectives To analyse the capacity of emotional face recognition in subjects diagnosed with bipolar disorder.

Aims To establish a correlation between emotion recognition ability and the evolution of bipolar disease.

Methods A sample of 24 subjects were analysed in this trial, diagnosed with bipolar disorder (according to ICD-10 criteria), who were hospitalised in the Psychiatry Clinic of Timisoara and monitored in outpatients clinic. Subjects were introduced in the trial based on inclusion/exclusion criteria. The analysed parameters were: socio-demographic (age, gender, education level), the number of relapses, the predominance of manic or depressive episodes, and the ability of identifying emotions (Reading the Mind in the Eyes Test).

Results Most of the subjects (79.16%) had a low ability to identify emotions, 20.83% had a normal capacity to recognise emotions, and none of them had a high emotion recognition capacity. The positive emotions (love, joy, surprise) were easier recognised, by 75% of the subjects, than the negative ones (anger, sadness, fear). There was no evident difference in emotional face recognition between the individuals with predominance of manic episodes than the ones who had mostly depressive episodes, and between the number of relapses.

Conclusions The individuals with bipolar disorder have difficulties in identifying facial emotions, but with no obvious correlation between the analysed parameters.

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

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EW0036

Treatment with risperidone vs. olanzapine in naturalistic study of bipolar manic inpatients



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Introduction There are very few comparative controlled trials of risperidone versus olanzapine in manic patients. No previous naturalistic study has compared the efficacy of these two antipsychotics in the natural environment of manic inpatients.

Objective The aim of this retrospective and naturalistic study was to evaluate the efficacy of acute treatment with risperidone vs. olanzapine in Bipolar I manic inpatients.

Methods (1) Patients: the study includes all the inpatients diagnosed with bipolar I manic episode (DSM-IV) who were admitted during the years 2009 to 2014. Patients treated with risperidone and olanzapine concomitantly ($n=6$) and patients not treated with risperidone or olanzapine ($n=129$) were excluded. The patients finally included ($n=183$) were separated in two groups:

- treated with risperidone ($n=89$);
- treated with olanzapine ($n=94$).

(2) The Student-T test was used to compare, between the groups, the mean of scores in YMRS and CGI-S scales and the mean of length of stay.

Results Baseline characteristics were similar between the groups. The majority of patients were also treated with mood stabilizers (46% with lithium and 45% with valproate).

The mean decrease in CGI-S scores from baseline to the day of discharge was significantly ($P < 0.003$) higher in the risperidone group (-2.81 vs. -2.36). The length of stay was significantly ($P < 0.004$) lower in the olanzapine group (mean of 23.03 days vs. mean of 30.3).

Conclusions (1) The CGI-S scores in manic patients treated with risperidone decreased more than in patients treated with olanzapine during admission. (2) The length of stay was significantly lower in patients treated with olanzapine.

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

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EW0037

Switching bipolar disorder patients treated with clozapine to another antipsychotic medication: A mirror image study

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Introduction Bipolar disorder (BD) is associated with periodic symptoms' exacerbations, leading to functional impairment, substance abuse, and increased risk of suicide and accidents. Clozapine has never been approved for the treatment of BD but it is used in severe episodes.

Aims The aim of the study is to evaluate the risks and benefits of switching remitted BD patients treated with clozapine to another antipsychotic medication.

Objectives We assessed the proportion of relapsed patients after switching clozapine, time until relapse, type of relapse and the number of admissions.

Methods This was an observational, mirror image study of 62 remitted BD outpatients treated with clozapine. Following a change in drug reimbursement rules by which clozapine was no longer reimbursable for patients with BD, 25 patients were switched to another antipsychotic and the rest of 37 continued on clozapine agreeing to pay treatment.

Results The mean score of CGI-BP at admission in study was in on both groups almost similar (2.3 vs. 2.4). After switching, a significant proportion of patients relapsed (77%), in 100% cases with a manic episode requiring hospitalisation. The mean YMRS score at relapse was significantly higher compared with the evaluation at the time prior to switching (31.78 (SD = 9.72) vs. 11.99 (SD = 7.29), $P < 0.01$).

Conclusions Despite the limitations of this naturalistic study, the results suggest that switching from clozapine to another antipsychotic may increase the risk of relapses in remitted patients with BD. The risks, costs and consequences of symptoms exacerbation should be weighed against the quest to control pharmacy costs.

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

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EW0038

Treating cognitive impairments in bipolar disorders: New leads in the cognitive remediation field

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Cognitive deficits have been overlooked in bipolar spectrum disorders, despite their significant impact on patients' quality of life. Indeed, nearly sixty percent of stabilized bipolar patients suffer from major cognitive impairments that impede their everyday life functioning. Without proper care, these impairments remain throughout lifespan and increase with hospitalisations, social isolation or pharmacological treatments. Cognitive remediation is a cost-effective tool well accepted by patients and caregivers that has proven its efficacy for treating cognitive impairments in several disorders such as schizophrenia. However, for bipolar disorders, this psychosocial intervention based on brain plasticity is still in its early stages. After depicting the state of the art on cognitive impairments and cognitive remediation in mood disorders, we will introduce the ECo program that was specifically designed for bipolar disorders. We will then present the preliminary results ($n = 18$) of a double-blind randomised controlled study that assessed the effect of this program on cognitive impairments and psychosocial functioning, at short term and long term (three and nine months). First results support the hypothesis of a positive impact of the ECo cognitive remediation program on bipolar patients' neuropsychological functioning, self-efficacy and quality of life. Cognitive remediation may be a promising tool for bipolar disorders that meets the needs of patients, their caregivers and the community.

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

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EW0039

Bipolar disorder and cannabis

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Introduction People with bipolar disorder frequently struggle with substance abuse and dependence. Typically, cannabis is the most commonly abused drug in individuals with bipolar disorder. Some investigators have implied that cannabis may actually be mood stabilizing in patients with bipolar disorder. However, the relationships between cannabis use and bipolar disorders are complex and remain incompletely described.

Objective The aim of this study was to identify the characteristics of addiction to cannabis in bipolar patients type I and determine the consequences of cannabis on the expression of bipolar illness and prognosis.

Methods This is a comparative cross-sectional study which included patients followed in the psychiatry department of the G Razi hospital for bipolar disorder type I and for substance dependence according to DSM IV diagnostic criteria. Hetero-questionnaire on sociodemographic variables, clinical and treatment.

Results The average age was 41 years. The average hospital stay was 9.18 days. 33.33% of patients were monitored regularly. Most patients were single and worked as a day labourer. Cannabis was the most consumed substance. Cannabis use was prior to the expression of psychiatric illness in 55% of cases. The average number of hospitalisation in patients with a cannabis addiction was significantly greater than that observed in the non-addicted group.



Similarly, the average number of suicide attempts among patients with cannabis addiction was significantly higher than the group without cannabis addiction.

Conclusions Aggressive drug abuse treatment immediately after a first psychiatric hospitalisation might decrease rates of recurrence and new cases of cannabis use disorder in the course of bipolar disorder.

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

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EW0040

The role of micrnas in regulating redox modulation in bipolar disorder



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Introduction Alterations in redox modulation are consistently reported in bipolar disorder (BD). MicroRNAs are targeted regulators of gene expression.

Objectives and aims We aimed to examine if microRNAs that target redox modulators can discriminate between BD and healthy controls.

Methods Data from brains of individuals with and without BD were obtained from Array Collection datasets. MicroRNAs targeting redox modulators were assessed for their ability to discriminate BD from the control group using machine-learning algorithms. Methylation of microRNAs, expression of their transcription factors and redox targets were assessed with ANCOVA with FDR correction. For validation, we acquired plasma samples belonging to 2 families of individuals with and without BD ($n=9$). Plasma microRNAs were sequenced using the Ion Total RNA Sequencing Kit (Thermo Fisher Scientific), and microRNAs identified from the in silico analysis were examined in the validation dataset.

Results We identified 5 miRNAs (hsa-miR-299, hsa-miR-125a, hsa-miR-145, hsa-miR-30b, hsa-miR424) that were common in two of the four in silico datasets. Target genes glutathione peroxidase 4, ATP5A1, ATP5G1, NDUFS1, NDUFC2, and catalase were expressed at different levels between BD and the control group. Furthermore, our results showed that transcription factors CTCF and USF1 might control the expression of hsa-miR-145, while methylation differences were not found. Finally, hsa-miR-30b was significantly increased in the plasma of patients with BD compared to controls in the validation experiment.

Conclusions Our study demonstrates that microRNAs may have an important role in the initiation of redox changes in BD.

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

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EW0041

Co-morbid obsessive-compulsive disorder and bipolar disorder in highly endogamous population: Which came first?



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The aim of this study was to determine the prevalence of co-morbidity with obsessive-compulsive disorder (OCD) among bipolar disorder (BD) patients in order to assess the impact of

OCD on the socio-demographic and clinical features of patients in a highly endogamous population. A cohort study was carried out on 396 patients enrolled between November 2011 to October 2013. We employed the WHO Composite International Diagnostic Interview (WHO-CIDI) and Structured Clinical Interview for Diagnostic and Statistical Manual of Mental Disorders, Fourth Edition-IV/Clinical Version for diagnoses, the Yale-Brown Obsessive Compulsive Scale Symptom Checklist for scoring OCD. Patients were grouped in BD patients with OCD (BD-OCD) and BD patients without OCD.

Groups were compared for socio-demographic and clinical variables. There were no significant differences for age, gender, BMI, and marital status, between BD patients with and without OCD. We found significant differences in level of education ($P=0.022$), occupation status ($P=0.025$), household income, ($P=0.049$), cigarette smoking ($P=0.038$), sheesha smoking ($P=0.007$), and prevalence of consanguinity ($P=0.036$) among these groups. Number of hospitalizations and Young Mania Rating Scale score were not different among BD patients with or without OCD whereas there were significant differences in Hamilton-Depression score, Clinical Global Impression-BD Score, duration of illnesses, and Global Assessment of Functioning (GAF). Also specific phobia, somatization, depression, mania, any mood disorder, oppositional defiant disorder, ADHD and personality disorder were more common in BD than OCD-BD group. This study confirms that BD-OCD is a common comorbidity, largely under-recognized in clinical practice, which may significantly change BD presentation and outcome.

Disclosure of interest The author has not supplied his/her declaration of competing interest.

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EW0042

A comparison between manic patients with or without antipsychotic continuation treatment: Data from a 12-months follow-up study at mood disorder unit of San Raffaele-Turro hospital



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Introduction Several studies suggest that in severe bipolars there is a long-term benefit in continuing antipsychotic therapy plus a mood stabilizer also after remission from a manic episode. Nevertheless, the long-term use of antipsychotics is associated with significant side effects which can interfere with patient global functioning. In this sense, antipsychotics should not be continued unless the benefits outweigh the risks.

Objectives The present study describes the course of illness between bipolar patients remitted from a manic episode, in continuation treatment with or without antipsychotic therapy during a 12-months follow-up period.

Methods Cinquante-six bipolars (22 male and 44 female) remitted (Young < 12) from a severe manic episode were observed during a 12-months follow-up. According to clinical judge, as continuation treatment, 21/56 (37.5%) took antipsychotic plus mood stabilizer (AP+MS); 35/56 (62.5%) took mood stabilizers monotherapy (MS). During follow-up period YMRS and HAM-D were administered at 6th and 12th month to verify remission.

Results At the end of follow-up up, 33/56 patients (58.9%) maintained remission, 23/56 (41.1%) relapsed (56.5% depressive, 31.4% manic). The greater number of relapses occurred within 6th month: 16/56 (28.8%). In AP+MS group 12/21 patients relapsed (57.14%); in

MS group 11/35 patients relapsed (31.4%). No statistical difference between the two continuation treatment strategies was observed (Chi-square = 3.586; $P = 0.06$).

Conclusions Our data confirm the efficacy of mood stabilizers monotherapy in long-term treatment of our severe (psychotic features, revolving-doors) bipolar patients. In fact, once the remission was obtained, the clinical choice of discontinuing antipsychotic therapy did not worsen the course of illness without a higher risk of relapse.

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

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e-Poster walk: Child and adolescent psychiatry—part 1

EW0043

A psychometric evaluation of the Parents as Social Context Questionnaire (PASCQ), Swedish version

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To understand parent and child relations researchers have used three bipolar dimensions (warmth and rejection, structure and chaos, autonomy support, and coercion). These dimensions are not necessarily bipolar but could work as unipolar dimensions. The Parents as Social Context Questionnaire (PASCQ) has been used in parenting studies but needs to be further investigated in different populations to ensure the validity and reliability of the scale. The present study explored the structures of and provided evidence regarding validity and reliability of the PASCQ. This study aimed to examine whether the Swedish version of the PASCQ is a reliable questionnaire when measuring the six dimension of parenting. The participants consisted of 1634 adolescents (58.6% females) born in 1997 (52%) and 1999. Factor analyses were conducted to investigate whether the Swedish scale generated six dimensions. Regression analyses were conducted to measure the different factors and spearman correlations between dimensions were conducted. The analysis indicates that the PASCQ consists of five dimensions, however rejection (negative) and warmth (positive) loaded on the same dimension and are referred to as two separate factors, making the questionnaire consistent of six dimensions. All items had a factor score >0.4 and loaded in a coherent manner. Therefore, the PASCQ can be used to assess six dimensions of parenting styles. The PASCQ Swedish version can be used as a measure of parenting styles in a Swedish population. Further research is necessary to evaluate the validity and reliability in other samples as well.

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

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EW0044

Childhood sexual abuse among new psychiatric outpatients in a city in Northern Alberta—prevalence rate and demographic/clinical predictors

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Child sexual abuse (CSA) is a major global health problem with serious adverse effects at later ages. Our paper examines the prevalence rates and the demographic and clinical predictors of CSA among adult psychiatric outpatients. A data assessment tool was used to compile information on the demographic and clinical characteristics of all new patients assessed in four psychiatric outpatient clinics between 1st January 2014 and 31st December 2015. The 12-month prevalence rate for CSA among new psychiatric outpatients in Fort McMurray was 20.7% (10.7% for males and 26.9% in females). With an odds ratio for sex of 3.30 (CI = 2.06–5.29), female patients are about three times more likely to report a history of CSA compared to male patients when controlling for other factors. Similarly patients with at most high school education (OR = 1.8, CI = 1.145–2.871) and those with previous contact with psychiatric services (OR = 1.7, CI = 1.124–2.616) were about two times more likely to report a history of CSA compared to the patients with college/university education or those with no previous contact with psychiatric services respectively. Similarly, patients with histories of substance abuse (OR = 1.5, CI = 1.179–2.642) and patients with family histories of mental illness (OR = 1.8, CI = 1.032–2.308) had higher likelihoods of reporting histories of CSA compared to patients without histories of substance abuse or family histories of mental illness respectively. Our findings suggest that victims of CSA are an at-risk population in need of ongoing mental health and educational support.

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

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EW0045

Burden for caregivers of children with attention-deficit/hyperactivity disorder in Oman

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Introduction Nurturing children with neurodevelopmental disorders such as ADHD is associated with psychological burden to the caregivers. Oman has a pyramidal population structure with the bulk of the population are in the pediatric age group. Previous studies have indicated that ADHD is common in Oman.

Objectives To measure level of burden of care among caregivers of children with ADHD and the relationship between the degree of burden, subtypes of ADHD and socio-demographic factors.

Methods A cross sectional study conducted in a tertiary hospital in Oman. Arabic-version of the Zarit Burden Interview (ZBI) was used to evaluate the level of burden among the caregivers. The severity and subtypes of ADHD were quantified using Vanderbilt ADHD Parent/Teacher Rating Scale. Socio-demographic background and clinical data were gathered from medical records.

Results The study included caregivers of 100 children with ADHD. The mean ZBI score was significantly high for the parents of children with ADHD. As for the relationship with socio-demographic background, mothers of children with ADHD reported a higher mean ZBI score compared to fathers. Factors such as income, number of siblings, and severity/subtypes of ADHD played significant roles.

Conclusion To our knowledge, this is the first study of Arab/Islamic population exploring the burden of care for children



with ADHD. Some of the risk factors appear to have direct effects. If this study will withstand further scrutiny, concerted effort is needed in emerging economies such as Oman to address the issue of burden among the caregivers of children with ADHD.

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

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EW0046

Caregiver depression screening in a child and adolescent clinic seeking consultation for their children with attention-deficit/hyperactivity in Oman



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Introduction Studies have shown that caregivers of children with (ADHD) are at a higher risk of mood disorders such as depression. The presence of mood disorders among the caregivers of children with ADHD has negative repercussion in terms of prognostic indicator, utilization of the health care service and the resultant quality of life.

Objectives To solicit the performance of indices of depression among caregivers of children with ADHD and to explore the relationship between severity of mood score, subtypes of ADHD and socio-demographic factors.

Methods A cross-sectional study conducted in a tertiary hospital in Oman dispensing child and adolescent mental health services. Arabic-version of PHQ-9 was used screen for the presence of depression among the caregivers of children diagnosed with ADHD based on DSM 5. The severity and subtypes of ADHD were quantified using Vanderbilt ADHD Parent/Teacher Rating Scale. Socio-demographic background and clinical data were gathered from medical records or attending caregivers.

Results The study included 100 caregivers of children with ADHD. Most of the primary caregivers were mothers (92%). Using the cut-off score of 12 on the PHQ-9, rates of depression for the mother was 14%. Some socio-demographic factors were strongly associated with severity of depressive symptom.

Conclusion This study suggests that depressive symptoms as elicited by PHQ-9 are common among caregivers of children with ADHD. The rate of depressive symptoms is higher compared to the general population in Oman. This study lays groundwork for contemplating mechanisms to mitigate depressive symptoms among caregivers of children with ADHD.

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

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EW0047

Prevalence of attention deficit hyperactivity disorder among primary school children in Riyadh, Saudi Arabia; 2015–2016



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Introduction ADHD is one of the most common neurodevelopmental disorder among children. It is described as a chronic impairing disorder that negatively affects the academic attainment and social skills of the child. Furthermore, ADHD symptoms con-

tinue into adulthood in 30–60% of affected children. Consequently, they will most likely be missed from employment many times.

Aims Determine the prevalence of attention deficit hyperactivity disorder among children in Saudi Arabia.

Objectives Determine the prevalence of attention deficit hyperactivity disorder among both governmental and private primary Saudi school children aged 6–9-year-old. And to measure the gender difference of ADHD prevalence. Also, to determine any association between the socio-demographic characteristic of parents of children with ADHD.

Methods An observational cross-sectional study of 1000 primary school children belonging to 1st, 2nd and 3rd grade. The selected students were screened by the ADHD rating scale using multistage sampling technique. The first stage was selection of 20 schools from all Riyadh regions by simple randomization. The second stage was choosing children whom serial numbers were multiplies of five in each class. The ADHD rating scale was filled by both parents and teachers along with a socio-demographic questionnaire for the parents.

Results The estimated prevalence of ADHD was 3.4%. ADHD manifestations affect boys more than girls. In addition, ADHD was more frequent among children of illiterate mothers. Finally, ADHD was significantly more prevalent among first grade children.

Conclusion This epidemiological study filled the data gap of ADHD prevalence in Riyadh. The study's findings go in line with many nearby and global studies.

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

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EW0048

Benzodiazepines intake at youth–experience from adolescent consultation at centro hospitalar Lisboa Norte



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Introduction The increasing intake of psychotropic medication by children and adolescents is a reality that worries many mental health professionals. Recently, European school survey project on alcohol and other drugs showed that tranquillizers and sedatives were mainly consumed by Portuguese youth, without medical prescription, bringing this topic to medical and health stakeholders' attention.

Objectives Characterize benzodiazepine prescription in the youth population followed in a psychiatric consultation at centro hospitalar Lisboa Norte psychiatric department.

Aims Discuss Portuguese trends in mental health among youths. **Methods** Analysis of 127 adolescents, seen for the first time from January to December of 2015, using Microsoft office excel.

Results Our sample is comprised by adolescents from 12 to 20 years old, 81 female and 46 male. Only 16% of the adolescents were medicated with benzodiazepines, although low neuroleptic doses were often required, and 30% carried out psychotherapy. Sixty-five per cent of the diagnosis corresponds to anxiety, depressive and impulse control disorders.

Conclusion Although trends in Portuguese youth mental health seem to be encouraging, as highlighted by local reports, European Union Joint Action on Mental Health and Well-Being recommends community and school active roles in primary and secondary prevention. Our experience shows that benzodiazepines' use is rarely necessary and symptoms as anxiety, impulsivity and insomnia decreased with other strategies. Coping strategies must be discussed with the adolescents, in formal psychotherapy or in a supportive and containing therapeutic relationship, as well as dis-

cussed in family interventions. Community initiatives promotion and increased mental health care services accessibility should be priorities.

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

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EW0049

Information to improve awareness, contribution to evidence-based practice – What does the Brazilian population know about autism

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The present prevalence of autism spectrum disorders (ASD) demands changes in health policies highlights barriers that are inherent to the national diversity and therefore poses great challenges to the planning and delivering specialized services. Systematic data regarding the level of knowledge and information about autism in the general population may help in building a set of evidences to support decision-making processes about intervention proposals directed towards this population. Aiming to contribute to evidence-based practice, this study used a digital-delivered questionnaire to assess the knowledge by the general population about autism in Brazil. A self-explanatory questionnaire was made available on-line. It was comprised by 57 questions divided in five domains: data about the answerer; information about how the person had access to the issue of autism; information about the concept of autism (signs, symptoms and etiology); information about the characteristics of persons with autism and what are the professionals that are essential in the team that assists these individuals. Participants were contacted via e-mail and given full information on the nature of the research. They were 4282 persons living in the five large regions of Brazil. Results indicate that most of the participants were mothers, followed by teachers. The analysis of the answers demands consideration of the hypothesis that although most of the participants have answered that they knew what is Autism, this knowledge is based on lay beliefs and not on scientific-based information. This reality must be taken into account when proposing intervention programs directed to persons with ASD.

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

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EW0050

Clinico-social character of delinquent form of dissocial (deviant) behavior

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Introduction Among great variety of the manifestations of juvenile deviation of behavior, with its social significance, delinquency draws a special attention, in particular, with its aggressive manifestation.

Objectives Our task is specification of psychopathological peculiarities of two forms of aggressive behavior of delinquency.

Methods Fifty delinquent juveniles from 14 to 18 years of age (inclusive) have been examined. Two forms of aggressive mani-

festations have been picked out: non-pathological: 36 (72%) and pathological: 14 (28%).

Results Non-pathological aggression basically is conditioned by the influence of micro-social negative conditions and stress situations. The contents of aggressive acts are closely connected with the peculiarities of characterological features; aggressive behavior is characterized with an episodic appearing, less severity and is often manifested in threatening. Marked cruelty, sadism and vandalism are found comparatively seldom. The violation of social adaptation is found in them in stresses, stipulated with negative micro-social factors; they are more manageable and comparatively quickly regress.

The peculiarities of pathological aggression are represented by super valuable and sadistic manifestations, comparatively seldom—with signs of dysphoria. The aggression, stipulated by pathocharacterological reactions is manifested in the form of pathologically super valued and affective situational acts of behavior.

Conclusions Aggressive behavior of delinquency is chiefly observed in its non-pathological form, which can be explained by the hard social-economical background, visible growth of aggressiveness in an immense part of population, moral and ethic deprivation and frustration. The society itself is a certain indicator of aggressiveness.

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

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EW0051

Regulation disorders of sensory processing—Understanding the complexities of child-parents relationship

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Introduction Many authors have agreed on the clinical importance of sensory regulation for a child's cognitive, affective and social development. Sensory regulation abilities are fundamental for an efficient modulation of internal states and the development of appropriately graded responses to the constantly changing sensory experiences. Sensory modulation deficit is an essential feature of regulation disorders of sensory processing (RDSP), that is characterized by difficulties in regulating emotions, behaviors and motor abilities, in response to sensory stimulation and lead to impairment in functioning. We also know that, through daily interactions and early relationship (child's attachment), parents play a crucial role on child's regulation in terms of their emotional and physical availability and how they interpret and respond to child needs.

Objective The authors will present a clinical case of a two-year child who has been diagnosed with RDSP, highlighting the main features, types (hypersensitive; hyposensitive/under-responsive; sensory-stimulation seeking/impulsive) and challenges of this disturb.

Aims Explore the association between sensory regulation difficulties, RDSP and child attachment.

Methods Systematic literature review.

Results Recent studies showed the high prevalence of sensory regulation difficulties (33–76%) and insecure attachment (80%) in children with psychiatric disorders. Results also revealed that children with greater sensory impairment were significantly more likely to show elevated scores of insecurity (avoidance and dependence) to their caregiver.

Conclusions This work underscores the caregiver's role as a facilitator of child integration and response to sensory stimuli and its importance on the development of behavioral and emotional disorders. This can help early diagnosis and better treatment who prevent future psychiatric conditions.

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

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EW0052

Pediatric autoimmune neuropsychiatric syndrome (PANS), developmental regression and autism



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Introduction Pediatric autoimmune neuropsychiatric syndrome (PANS) is a term used to describe a clinical picture which includes sudden onset of psychiatric symptoms and a possible autoimmune genesis. The sudden decline in neuropsychiatric functioning as well as the multiple combinations of symptoms may lead to a clinical phenotype similar to that in infantile autism (IA) with regressive features. We are conducting a study with the aim to evaluate a diagnostic test for PANS currently marketed by Moleculera Labs. All patients in Sweden who had taken the test ($n = 154$) were invited to the study.

Objectives The aim of the study is to characterize a subgroup of patients with IA within the PANS diagnosis study.

Methods Participants ($n = 53$) were examined for psychiatric and somatic symptoms and evaluated for PANS caseness by an experienced psychiatrist. Because the criteria for entering the study was having taken the diagnostic test for PANS, the participants in the study comprise a group with mixed symptoms.

Results Twelve participants had IA. Eleven of these reported a developmental regression with loss of abilities. Two of the IA patients also fulfill criteria for PANS. Eight of the IA patients had been treated with antibiotics for psychiatric symptoms and 4 reported a positive effect of this treatment. Nine of the patients had elevated test results suggesting possible PANS according to Moleculera Labs.

Conclusions Very early onset on PANS may be phenotypically similar to IA with regressive features. Further analysis of the immunological attributes of patients with autism with regressive features is warranted.

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

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EW0053

Psychoaffectives repercussions of autism on parents



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Introduction Caring for a child with autism is a stressful experience for parents. The daily stress of this handicap has a major impact and triggers in the parents a series of adverse psychological reactions.

Aim To reveal sociodemographic characteristics of parents of autistic children and to estimate the prevalence of anxiety and depressive symptoms among these parents.

Methods A cross-sectional study conducted among parents of autistic children supported by four of autistic children rehabili-

tation centers under the Tunisian Association for the Promotion of Mental Health. Data were collected through a questionnaire to explore the sociodemographic data of parents of autistic children. Depressive symptoms were assessed by the Beck scale and anxiety symptoms by the Hamilton scale.

Results Fifty-two parents were collected. The middle age was 35.73 years. They lived in an urban area in 96% of cases. The majority had an average socioeconomic level (88.4%). The respective rates of depressed or anxious parents as Beck scales and Hamilton were 48% and 23%. The association between depressive and anxious symptoms was found in 19%. In addition, depression was more common in mothers ($P < 10^{-4}$) and anxiety was also more evident among mothers ($P = 0.01$).

Conclusion The presence of an autistic child causes profound changes in families and can be a source of tension and stress. The anxious and depressive impact on parents is important and frequent. The intervention that designs the psychiatrist to help children with autism should necessarily include an action for parents.

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

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EW0054

Efficacy of the “cooperative assessment” diagnostic procedure to early improve acute symptoms in a sample of adolescents with anxiety and mood disorders



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Introduction Anxiety and mood disorders are common in adolescence and predict poor mental health outcomes and low quality of life in adulthood. Although early intervention seems to be critical, dropouts in the early stages of treatment are frequent and associated with low insight and severe symptoms. Therefore, a diagnostic assessment phase aimed to increase insight and early reduce symptoms appears to be essential in adolescents.

Objectives The objective of this study is to demonstrate that the diagnostic method Cooperative Assessment is able to early reduce symptoms in adolescents with anxiety and mood disorders.

Methods A sample of 88 patients, aged 14–19 years were included. All were recruited at the first visit and evaluated with the Cooperative Assessment. This manualized procedure was created from principles of collaborative and therapeutic assessment and aim to involve the patient in a co-developed diagnosis thor-

ough the collaborative use of test results. Patients were evaluated before (T0), in the middle (T1) and after (T2) the assessment using CGI, GAF, HAM-A, HAM-D and MRS scales.

Results Eighty-eight adolescents, 56.8% females, diagnosed with anxiety (47.7%) and mood disorders (52.3%) completed the protocol. HAM-A, HAM-D, MRS, CGI and GAF significantly improved at T1 and T2 with respect to T0 (T0: HAM-A 17.31 ± 8.22 ; HAM-D 16.97 ± 8.37 ; MRS 5.78 ± 6.17 ; GAF 59.3 ± 11.06 ; CGI 3.63 ± 1.35 ; T2: HAM-A 11.41 ± 6.82 ; HAM-D 11.1 ± 6.91 ; MRS 3.82 ± 3.87 ; GAF 67.5 ± 10.76 ; CGI 3.03 ± 1.26 ; $P < 0.001$; Wilcoxon signed-rank test for repeated measures).

Conclusions Cooperative assessment is able to early improve symptoms in adolescents with mood and anxiety disorders.

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

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EW0055

Organizational skills training for children with ADHD

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Introduction In addition to problems with inattention and hyperactivity, children with ADHD show poor organizational skills required for managing time and materials in academic projects. Poor organizational skills are associated with academic underachievement as well as psychosocial, occupational and economic difficulties. Behavioral approaches for ADHD are effective in reducing hyperactivity symptoms and behavioral problems, but the effects on academic functioning have been modest. An increasing emphasis on treatment of organizational skills has emerged in recent years, as difficulties with time management and organization of materials tend to persist and increase with age despite medication and behavioral treatments.

Objectives The primary objective is to investigate whether organizational skills training has a positive effect on organizational skills. The secondary and exploratory objectives are to investigate the effect on ADHD symptoms, adaptive functioning, academic performance and cognitive functions with a 24 weeks follow up.

Aims Our goal is to provide cost-effective group-based treatment for children with ADHD and their parents. This will be the first randomized and controlled trial of organizational skills in Denmark.

Methods Participants are included in two sites in Southern Denmark and will be randomized to Organizational skills training or treatment as usual. Organizational skills training will be provided in a group format for children and parents over 10 weeks.

Perspectives Given the strong association between organizational skills and functional outcome, it is very important to address organizational skills in children and adolescents with ADHD as organizational skills deficits hinder the academic performance of even gifted students with ADHD and increase with age.

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

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EW0056

Children with somatic symptoms disorders and disruptive behavior disorder: Which is the role of anger to caregivers?



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Introduction The quality of adult-infant interactions represents a critical context in which child adaptation problems could evolve, and child psychopathology could develop. Literature has investigated the role of attachment to caregivers, nevertheless, there is a paucity of studies on middle-childhood and early adolescence in patients with somatic symptoms disorders and disruptive behavior disorders.

Objective This study investigates the attachment to caregivers in children with somatic symptoms disorders and disruptive behavior disorders, focusing on the role of Anger to mothers and fathers.

Aims The aims are to verify the presence of: – high frequency of insecure attachment;

- an overrepresentation of attachment disorganization;
- high levels of Anger to caregivers.

Method Fifty-six patients with somatic symptoms disorders, and 42 patients with disruptive behavior disorders, aged from 8 to 15, are administered the child attachment interview.

Results Findings show: – Insecure attachment in more than half of the patients;

- a significant presence of disorganized attachment with respect to both parents;
- higher levels of anger to father in children with somatic symptoms disorders.

Conclusion Considering the attachment to have a regulatory function, the knowledge of the different attachment strategies in middle-childhood and early adolescence may enhance our understanding and improve the management and the treatment of patients with somatic symptoms disorders and disruptive behavior disorders.

Disclosure of interest The author has not supplied his/her declaration of competing interest.

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EW0057

Disruptive behavior disorders in childhood and adolescence: Attachment models and post-traumatic symptomatology



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Introduction In line with a consistent literature, young patients with disruptive behavior disorders in childhood and adolescence have experienced some traumatic events, such as abuse, rejection and violence assisted. Recent studies are focusing the attention on the role of attachment and post-traumatic symptomatology for a better evaluation of this clinical condition.

Objective This study investigates attachment models and post-traumatic symptomatology in young patients with disruptive behavior disorders.

Aim(s) The following objectives are set by the present study: – to evaluate attachment models in a group of children diagnosed with disruptive behavior disorders;

- to evaluate their post-traumatic symptomatology;
- to test the extent of the association between post-traumatic symptomatology and attachment organization in young patients with disruptive behavior disorders.

Method Forty-two Italian patients aged from 8 to 15 previously diagnosed with disruptive behavior disorders are compared to 42 healthy control subjects. We administer the child attachment interview and trauma symptom checklist for children-adolescent.

Results Insecure attachment are found in more than half of the patients diagnosed with disruptive behavior disorders and disorganization are highly over-represented. Furthermore, low levels of post-traumatic symptoms are found in young patients with disruptive behavior disorders.

Conclusion This study suggests that attachment organization may be a fundamental element to be assessed in the evaluation of disruptive behavior disorders in children and adolescents. Nevertheless, traumatic experiences do not seem expressed through psychic symptoms. The clinical implications are discussed.

Disclosure of interest The author has not supplied his/her declaration of competing interest.

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EW0058

Impulsivity in adolescent with depressive disorders



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Introduction However, impulsivity is more likely to be present in externalizing disorders, little focus seems to have been made on the research of impulsivity in depression.

Objective On this study, we sought to investigate impulsivity among adolescent with Depressive disorder compared to a control sample.

Subjects and methods Employing a matched case-control study, participants included 100 adolescents divided into two groups: 30 adolescents (12 to 17 years) with depressive disorder and a control sample of 70 adolescents. Participants were recruited during a period of 2 years (2015, 2016). Depressive disorder patient were drawn from the consultation unit or inpatient unit of the department of child psychiatry in Sfax, Tunisia. Controls were recruited from two secondary schools and they haven't depressive symptoms according to the child depression inventory (CDI). Impulsivity was evaluated in the two groups by the Barratt Impulsiveness Scale (BIS-11), an instrument designed to measure trait impulsivity.

Results Adolescents with depressive disorder displayed significantly higher total BIS-11 impulsivity scores than controls (71.6 ± 16 vs 61.6 ± 9 ; $P=0.003$). They scored significantly higher than the controls on motor ($P=0.0001$) and attentional impulsivity ($P=0.006$). There was no difference in non-planning Impulsivity between the two groups. Motor impulsivity was high in adolescents with history of suicide attempt.

Conclusion Our findings suggest that trait impulsivity is increased among adolescents with depressive disorder. Impulsivity seems to be a risk factor for suicide attempts, so it that should be systematically evaluated in depressive disorder.

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

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EW0059

Aerobic exercise training in children and adolescents with inflammatory bowel disease: Influence on psychological functioning, sleep and physical performance



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Background and aims Patients with inflammatory bowel disease (IBD) report increased mental health issues, poorer sleep quality

and less engagement in physical activity (PA). Standard treatment consists of immune modulating pharmaceuticals, though evidence is growing that aerobic exercise training (AET) might serve as adjuvant option to reduce disease symptoms and improve mental health. The aim of the present study was to investigate possible AET effects on psychological functioning, depressive symptoms, sleep and PA behavior in paediatric patients with IBD.

Methods Twenty-one paediatric patients with IBD and 23 gender and age-matched healthy controls (HC) were assessed. The IBD group was split into a "remission-group" (IBD-RE; $n=14$) and an "active disease group" (IBD-AD; $n=7$). All participants completed an 8-week AET exergame intervention reaching 60–80% of maximal heart rate for 5 days per week. At baseline and after 8 weeks, psychological functioning, depressive symptoms, objective sleep EEG, subjective sleep and objective and subjective PA were assessed.

Results AET significantly improved the exercise capacity of all participants. Self-reported fitness and daily PA behavior significantly increased in IBD-AD, but not in IBD-RE and HC. No improvements were observed for psychological functioning, depressive symptoms and subjective or objective sleep dimensions. Descriptively, the IBD-AD group reported lower psychological functioning and poorer subjective sleep quality.

Conclusions Results suggest that children and adolescents in an active disease state were at increased risk to descriptively report lower scores of psychological functioning and sleep. Further, an exergaming intervention has the potential to improve exercise capacity, self-reported fitness and daily PA.

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

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EW0060

Disturbed sleep and activity in toddlers with early signs of ADHD



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Introduction Attention-deficit-hyperactivity-disorder (ADHD) is a frequent psychiatric disorder present in childhood, where sleep-problems are a prominent, pervasive and clinically important feature. However, our understanding of whether sleep-problems mimic or exacerbate daytime ADHD-symptom expression remains insufficient.

Objective Research examining sleep and daily activity in toddlers with early signs of ADHD might help identify early risk factors.

Aims To investigate whether disturbed sleep patterns and daily activity level is associated with early signs of ADHD in toddlers.

Methods Twenty-four toddlers from the Danish Odense Child Cohort scoring above the 93rd percentile on the ADHD scale of the Child Behaviour Checklist for ages 1½–5 were categorized as cases and compared to 25 age and gender-matched controls scoring below the 50th percentile. Daytime and nocturnal activity for 49 toddlers were assessed through seven days of actigraphy. Parents completed Children's Sleep Habits Questionnaire (CSHQ) and the ADHD Rating Scale IV Preschool Version (ADHD-RS).

Results Actigraphic data revealed an increased night-to-night variability, prolonged total sleep time, fewer sleep interruptions and fewer minutes in moderate-to-vigorous-physical activity (MVPA) in cases compared to controls. Increased night-to-night variability was found significantly associated with higher total scores on both the CSHQ and ADHD-RS. Further, fewer minutes in MVPA were associated with a higher parent-reported motor activity on the ADHD-RS.

Conclusion Findings show that early signs of ADHD are associated with irregular sleep patterns and lower daytime activity, as illus-

trated by actigraphy. Studies investigating early ADHD risk factors could lead to a preschool ADHD risk index to help guide future early intervention.

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

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EW0061

Executive functioning, response inhibition and attentional process impairments in impulsive children

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Impulsivity is a multidimensional concept that incorporates failure of response inhibition, rapid processing of information, novelty seeking, and inability to delay gratification. Aggressive, suicidal and violent behaviors have been shown to be associated with impulsivity and difficulty in inhibiting responses. As explorers of executive function (EF) and impulsivity research areas believe this two are generally considered conceptually distinct, and suggest that they may be antipodes (i.e., widely separated on a common continuum, upon which they are related), We selected subjects with high ($n = 25$) and low ($n = 25$) levels of impulsivity among 537 students of ages 8 to 10 years-old, who were measured by Conners Teacher Rating impulsivity Scale. Using computerized versions, response inhibition was examined by their performance in a Go/No Go task, general performance in executive functions (EF) was measured by tower of London Test and continuous performance test (CPT) was used to assess their attentional processes. Using independent t-test and ANOVA, the results revealed that overall performance of executive functions in impulsive children in all three areas were remarkably damaged: they had impaired performance regarding Go/No Go task results; also have consumed more time and committed more errors and a worse general performance; and had more errors and weaker performance in attentional processes. The results of this study along with similar results would be effective in achieving a brighter image of impulsive children's cognitive problems in order to provide efficient treatments focused on improving their executive functions.

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EW0062

Assessing discomfort and avoidance of social situations due to weight and physical appearance in adolescents: An exploratory factor analysis of a new measure

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Introduction In adolescence experiencing weight and physical appearance concerns is common. These body and weight-related preoccupations are associated with anxiety and may lead adolescents to avoid social situations where their body image is exposed.

Aim The present study aimed to conduct an exploratory factor analysis and explore the psychometric properties of a new measure of social situations discomfort and avoidance due to weight or physical appearance (DASSWPA) in a sample of adolescents.



Methods The sample comprised 357 adolescents aged between 12 and 18-years-old, 195 males and 162 females, with a mean age of 14.69 (SD = 1.68). Participants completed a set of self-reported questionnaires concerning anxiety, stress and depression symptoms (DASS-21), bullying experiences (BIVES-A) and body image related shame feelings (BISS).

Results The DASSWPA is comprised of two separate scales: one regarding discomfort/anxiety and another one related to avoidance of social situations. Results suggested that both scales presented a similar two-factor structure. Both scales revealed good psychometric properties, including high internal consistency ($\alpha = 0.91$) and an excellent temporal stability. Moreover, DASSWPA showed significant and positive associations with body image related shame feelings, victimization experiences, and anxiety, stress and depression symptoms. Gender differences were also found, with girls presenting significantly higher levels in the anxiety/discomfort scale than boys.

Conclusion The DASSWPA proved to be a reliable and stable measure to assess anxiety and avoidance of social situations due to one's physical appearance and weight in adolescents.

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

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e-Poster walk: Child and adolescent psychiatry–part 2

EW0063

Medication effects on EEG biomarkers in attention-deficit/hyperactivity disorder

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EEG biomarkers have become increasingly used to aid in diagnosis of ADHD. Despite several studies suggesting that EEG theta/beta ratio may help discriminating ADHD from other disorders, the effect of medications on theta/beta ratio is not known. Forty-three children with ADHD that were evaluated with quantitative EEG before and after methylphenidate were included in the study. Theta/beta ratio, theta and beta powers for whole brain, central and frontal areas were calculated. Theta/beta power decreased significantly after treatment; however this change was largely due to an increase in beta power, rather than a fall in theta power. The results suggest that beta power is sensitive to medication effects, while theta power remains as a trait biomarker unaffected by medication status. The value of EEG biomarkers for monitoring neuropsychological performance and clinical status should be explored by future studies.

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

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EW0064

The association between problem behaviors and Yin-Yang temperament in Korean middle school students

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Objectives The Yin-Yang represents two opposing and complementary traits of nature such as introvert-extrovert and passive-active, and has been primary framework of medicine for thousands of years in the East. The purpose of this study was to examine the problem behaviors of the middle school students, which is a major social and psychopathological issue in Korea, from the Yin-Yang temperaments.

Methods Subjects of 670 middle school students (365 boys and 305 girls) finished Korean version of youth self-report (YSR) for describing the problem behaviors and Sasang personality questionnaire (SPQ) for measuring Yin-Yang temperament. The high (30%) and low (30%) SPQ score groups were shown to represent Yin and Yang temperament groups with acceptable reliability and validity. We examined the correlation between YSR and SPQ, and YSR subscale differences between high and low SPQ score groups.

Results The SPQ significantly ($P < 0.01$) correlated positively with YSR externalizing problem ($r = 0.148$, $r = 0.182$) and negatively with YSR Internalizing Problem ($r = -0.212$, $r = -0.177$) in boys and girls, respectively. The Yang temperament group (8.42 ± 6.24 , 8.36 ± 6.59) is significantly ($P < 0.01$) higher than Yin group (6.17 ± 4.82 , 5.83 ± 5.32) in Externalizing Problem, and the Yin temperament group (9.55 ± 7.72 , 11.38 ± 8.18) is significantly ($P < 0.01$) higher than Yang group (6.01 ± 5.95 , 8.28 ± 7.49) in Internalizing Problem with boys and girls, respectively.

Conclusion These results showed that the Yin-Yang temperament of traditional eastern medicine might be clinically useful for screening psychopathological problems in adolescents. Implications and suggestions for cross-cultural psychological study of the East and West are also suggested.

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

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EW0065

Cognitive vulnerability to depression in adolescents with depression, their healthy siblings and a control group: A cross-sectional study

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Introduction At least half of first depressive episode appear before adulthood. A negative cognitive bias is present among individuals who suffer from major depression. This bias is also reported among individuals at high risk of major depression (e.g. child of depressed mother). When present, cognitive vulnerability may predispose to major depression. No study to date aimed to evaluate the cognitive vulnerability of siblings of depressed individuals.

Objectives and aims To review the principles behind cognitive vulnerability. To assess cognitive vulnerability in depressed adolescents, in healthy siblings and in a control group.

Methods Eighty adolescents (27 adolescents treated for depression, 24 healthy siblings and 29 controls), aged between 12 and 20 years old, were recruited and assessed using validated measures of bio-psycho-social vulnerabilities. All diagnoses were confirmed using a K-SADS interview. Cortisol level samples were obtained through morning saliva. Cognitive vulnerability was assessed using self-report questionnaires (CES-D, LEIDS-R, EPQ) as well as computer-based tasks (Ekman's tasks of facial recognition and the movie for assessment of social cognition [MASC]). We translated the MASC from German to French. The parents of the adolescents also filled the LEIDSR and the CESD.

Results The LEIDS-R presented a significant increase in certain subscales (hopelessness, aggression and rumination) compared to

the healthy siblings and the controls. Interestingly, there was also a correlation between the LEIDS R results of the parents and of the depressed adolescent ($r = 0.43$, $P = 0.04$).

Conclusions The LEIDSR appears to be the most sensitive task to detect cognitive vulnerability. A relation between the parent response and the depressed adolescent response could be found.

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

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EW0066

The relationship between physical and mental disorders in a pediatric population



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Introduction Few studies examine comorbidity in a pediatric population. This poster presents results that extend our understanding of the relationship between mental disorder and physical disorders using a population-based study approach.

Objectives and aims To review the evidence behind comorbidity of psychiatric disorders and other medical disorders. To propose an informatic approach that evaluates those comorbidity on a population-scale.

Methods Using an informatics approach, a dataset containing physician billing data for 235,968 (51% male) individuals up to 18 years old spanning sixteen fiscal years (1994–2009) in Calgary, Alberta, was compiled permitting examination of the relationship between physical disorders and mental disorders, based on the International classification of diseases (ICD).

Results All major classes of ICD physical disorders had odds ratios with confidence intervals above the value of 1.0, ranging from 1.08 (Perinatal Conditions in 4–6 year olds) to 4.95 (Respiratory Conditions in 0–3 year olds). Distinct major class ICD disorder patterns arise in comparing all children with adults and specific age strata for those under 19 years of age.

Conclusions This study represents the first evidence reported in a population-based data set of the effect of mental disorders on each major class of ICD diagnoses related to a physical disorder. The focus on the early intertwinements between physical and mental disorders in a pediatric population may help to target strategic areas for future research and investment.

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

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EW0067

Psychosis in adolescence: A prognosis or a diagnosis? Integrated treatment with psychodynamic peer support



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Introduction Our work comprises an integrated intervention strategy for the treatment of psychotic manifestations and functioning in adolescents which, following the theories of Laufer and Chan, questions the usefulness of the diagnosis 'psychotic' during adolescence. We apply an "open light treatment" (IPOLT), which includes psychodynamically oriented peer-support.

Objectives To build a new form of therapeutic alliance with peer-support based on shared real life experiences enabling adolescents to reintegrate within their environment and re-establish cogni-

tive functioning which has become disorganised, aiding a gradual return of the cohesion of ego and self and in some cases, cessation of psychotic symptoms.

Methodology An observational study of one year on a group of ten adolescents aged 17 to 20 in institutional and private settings with psychotic manifestations and functioning. The group were tested at the start and end of the study using WAIS-IV and MMPI-A.

Results The adolescents recruited showed a faster recovery of the cohesive processes of their fragmented ego as well as a quicker resumption of social relations. Our model provided an organising function and a flexible yet secure 'container' (Bion, 1988) for the young people's psychic structure. The tests showed a demonstrable improvement in their verbal comprehension, visual-spatial reasoning, fluid reasoning, working memory and processing speed.

Conclusions Psychotic manifestations occurring in adolescence may decrease with an immediate integrated and rehabilitative intervention, without need of an institutional psychiatric setting. In conclusion, we find that "psychosis" in adolescence is a prognosis and not a diagnosis.

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

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EW0068

Pregnancy and cord vitamin D status and symptoms of autism spectrum disorders in toddlers: An Odense child cohort study



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Introduction Vitamin D deficiency is widespread globally in pregnant women and is suggested to contribute to offspring risk of symptoms of autism spectrum disorders (ASD), but findings are inconsistent.

Objectives To investigate whether low prenatal 25OHD exposure and 25OHD status in early life increase risk of early symptoms of ASD.

Aims To investigate early signs of ASD.

Methods From the prospective birth cohort, Odense child cohort ($n=2.549$), Denmark, we included singletons with their mothers with available serum concentrations of 25OHD at early pregnancy ($n=1.231$), late pregnancy ($n=1.361$), and birth ($n=2.082$). ASD symptoms were rated by parents on the pervasive developmental problem (PDP) scale of the Child behavior checklist for ages 1½-5 (CBCL 1½-5). Associations between 25OHD and PDP score were analyzed by multiple linear and logistic regression models. A priori included covariates were gestational age, child gender, birth weight, season of birth, parity, parental psychiatric diagnoses, maternal age, smoking habits, alcohol consumption, education level, vitamin D supplementation, and pre-gestational BMI.

Results Means (SD) of 25OHD for early pregnancy, late pregnancy, and cord were 65.5 (21.5), 78.7 (27.0), and 47.0 (21.7) nmol/L, respectively. PDP data were obtained at a mean (SD) of 2.7 (0.6) years of age. Data from the regression analyses are pending.

Conclusions In this well-off cohort with relatively high levels of cord 25OHD, power calculations allows us to detect a true change

of 0.02 PDP scores per 10 nmol/L change in 25OHD. Further studies will clarify whether early PDP scores track later ASD diagnosis.

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

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EW0069

Psychiatric assessment of cases with self-inflicted poisoning in a sample of Egyptian children and adolescents



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Introduction Suicide in children and adolescents is commonly underreported and studied. It is an interplay area of multiple static (sociodemographic), and modifiable (impulsivity, psychiatric morbidities, adverse life events (ALE), abuse, bullying) variables.

Objectives and aim To assess and identify relative significance of dependent and independent risk factors in youngsters attempting self-inflicted poisoning.

Methods Consecutive recruitment of patients aged 7–18, with normal IQ, admitted to poison control centre over 13 continuous months, with self-induced poisoning. All were assessed after guardians' written informed consent for different risk factors identified for suicidal behavior using appropriate scales (PPS, SRRS-Y, FSSCS, BIS-11, J-TCI, Mini-Kid). Controls with no history of suicidal attempt were matched for age, sex and sociodemographics among their families.

Results One hundred and twenty cases (16.7 years \pm 1.6 SD, 91% females) and 100 controls (age 16.4 years \pm 1.7 SD, 90.8% females) were assessed. In cases, 90.8% were of low/middle socioeconomic status, 73.5% had previous attempt, average within 10 months, 17.5% planned their attempt, 10.8% had a witnessed attempt. Stressor within 2 days was reported in 75.9%, severe in 40%. Impulsivity was more in its cognitive, planning and motor components ($P=0.001$ in each) among attempters. Cases scored more on Novelty seeking, harm avoidance and reward dependence than controls who had more persistence, self-directedness and cooperativeness. Attempters had significantly more past medical and psychiatric history ($P=0.001$, 0.05 respectively), 77.5% had a working psychiatric illness, 2% in controls.

Conclusion Repeated suicidal attempts were the majority, with impulsivity as a predictive risk, especially if psychiatric morbidity or ALE in youths were encountered.

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

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EW0070

Families of children with autism spectrum disorders: Communication and mental health



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Persons with autism need special care during all life and therefore the caretakers need attention too. Parental stress in families with children with autism is significantly higher than the observed in families with children with other disorders or with typical development. Communication is specially affected in autism, is one of parent's first concerns and may increase stress. This study asked if parents of non-verbal children with autism have higher levels of stress than parents of verbal children with autism. The purpose

of this study was to assess the stress levels of parents of children with autism and to verify its association with the inability of verbal communication and the relationship to quality of life. Participants were parents of 75 children with autism and 100 parents with no complaints about their children development. They were divided in 3 groups. All participants responded to questionnaires regarding: socio-demographic date, stress level and quality of life. Most parents presented medium level of stress. Presence of speech did not yield to significant differences. More parents of children with autism reported high levels of stress. Associations between the stress level and the quality of life were also observed. It can be concluded that the stress level of parents of children with autism not influenced by their lack of verbal communication.

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EW0071

Improvement of autism symptoms after comprehensive intensive early interventions in a clinical setting



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Introduction The last two decades increase in early detection and diagnosing children with autism spectrum disorders (ASD) has challenged child and youth habilitation centers to offer the best and most appropriate treatment and support.

Objectives and aims To evaluate an ongoing Comprehensive Intensive Early Intervention (CIEI) program for children with ASD based on principles of behaviour learning and developmental science, implemented in the child's natural setting.

Method The change in autism symptoms among children participating in CIEI (intervention group, $n=67$) was compared with children who received traditional habilitation services only (comparison group, $n=27$). Symptom changes were measured as evaluation-ADOS-R-scores, total-, severity-, and module-adjusted-scores (ADOS-MAS), minus the corresponding baseline-scores, divided by the time between baseline and evaluation, and estimated using ANOVA adjusting for confounders. The ADOS-MAS were developed to allow improved communicative functions to be counted in the overall symptom improvement.

Results Children in both study groups improved their autism symptoms as measured with the ADOS-MAS, and the improvement was statistically significantly larger among children without any developmental delay ($P<.001$). When adjustments were made for developmental delay, there was a statistically significant larger improvement of ADOS-MAS among children in the intervention group than in the comparison group ($P=0.047$). Similar results were found for ADOS-R-total and ADOS-severity scores ($P=0.023$ and $P=0.060$, respectively).

Conclusion The results of the current study indicate that the CIEI program significantly improve social and communicative skills among children with autism, and that children with developmental delay could benefit to a similar degree as other children.

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

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EW0072

Emotional and behavioral problems in early adolescents and association with socio-demographic risk factors



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Aim The aim is to analyse the frequency emotional and behavioural problems early adolescents and association with socio-demographic risk factors.

Subject and methods We analysed a group of 240 early adolescents (11–15 years) from the area of Tuzla Canton, Bosnia and Herzegovina, in the general population. For the assessment of children's emotional and behavioural problems, the Strength and Difficulties Questionnaire – SDQ is used. Data were processed by descriptive statistics. For the assessment association between socio-demographic risk factors and emotional and behavioural problems in early adolescents we used Pearson correlation test.

Results The result show that the frequency of emotional and behavioural problems are present in 3% of cases, The results of correlation sociodemographic risk factors and emotional and behavioral problems, showed that unemployed mothers have a significant increased risk of developing behavioral disorders in early adolescents ($P<0.05$). Low family economic status leads to a significantly higher frequency of emotional symptoms in early adolescents, poor attitude towards society and significantly higher overall difficulties ($P<0.05$). Higher levels of parental education was significantly associated with a higher frequency of behavioral problems and illness in the family leads to a much more emotional problems ($P<0.05$).

Conclusion The obtained results of this study indicate that early adolescents showed low levels of emotional and behavioral problems. There is a significant correlation between socio-demographic risk factors and emotional and behavioral problems early adolescents.

Keywords Emotional problems; Behavioral problems; Children; Early adolescents; Sociodemographic factors.

Disclosure of interest The author has not supplied his/her declaration of competing interest.

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EW0073

What are the mental health impacts on adults coming from childhood bullying?



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Though there is no universal definition of childhood bullying, the term is often used to describe when a child repeatedly and deliberately says or does things that causes distress to another child. Research shows that persistent bullying can cause depression and anxiety and contribute to suicidal behaviour.

This paper will bring into focus some studies done by the Department of Mental Health that show that the impact of bullying in childhood can cause depression, anxiety and especially OCD in adult. Also strongly contributes to bullying in suicidal behaviour. The study involved 177 children aged 9–15 years old and were followed until they were 19–25 years old. The study ended in 2013. The subjects in this group were found to be 6 times more likely to have a serious physical illness, or develop a psychiatric disorder in adulthood than those who were not involved in bullying.

Another study in 2014 found that the negative effects at social, physical and mental health of childhood bullying are still evident up to 40 years later. Victims of bullying are 6 times more likely to

have a physical nature of infectious diseases, to burn regularly or develop a mental disorder in adulthood more than those not exposed to bullying, 11 times more likely to develop anxiety disorder but especially obsessive-compulsive disorder.

Some experts think that bullying results in a kind of “toxic stress” that affects children’s physiological responses, possibly explaining why some victims of bullying go on to develop health problems.

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

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EW0074

Growth and sexual maturation in a 2-year, open-label clinical study of lisdexamfetamine dimesylate in children and adolescents with ADHD



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Introduction Individuals with attention-deficit/hyperactivity disorder (ADHD) may require long-term medication.

Objectives To measure growth and sexual maturation of children and adolescents with ADHD receiving lisdexamfetamine dimesylate (LDX) in a 2-year trial (SPD489-404).

Aims To investigate the impact of long-term LDX treatment on growth and maturation.

Methods Participants (6–17 years) received dose-optimized, open-label LDX (30–70 mg/day) for 104 weeks. Weight, height and BMI z-scores were derived using the Centers for Disease Control and Prevention norms [1]. Sexual maturation was assessed using the Tanner scale (participant-rated as closest to their stage of development based on standardized drawings).

Results Of 314 enrolled participants, 191 (60.8%) completed the study. Mean z-scores at baseline and last on-treatment assessment (LOTA) were 0.53 (standard deviation, 0.963) and 0.02 (1.032) for weight, 0.61 (1.124) and 0.37 (1.131) for height, and 0.32 (0.935) and –0.27 (1.052) for BMI. In general, z-scores shifted lower over the first 36 weeks and then stabilized. At LOTA, most participants remained at their baseline Tanner stage or shifted higher, based on development of hair (males, 95.5%; females, 92.1%) or genitalia/breasts (males, 94.7%; females, 98.4%).

Conclusions Consistent with previous studies of stimulants used to treat ADHD [2], z-scores for weight, height and BMI decreased, mostly in the first year, then stabilized. No clinically concerning trends of LDX treatment on sexual maturation or the onset of puberty were observed.

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EW0075

The effect of cognition enhancement program using toy-robot for children



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Objectives The purpose of this study was to verify the effect of Cognition Enhancement Program (CEP) using toy-robot for children aged 5–10 years. We thought that CEP using toy-robot might be a more kids-friendly method for improving cognitive ability than traditional programs. The enhancement of cognitive functions such as attention, response inhibition, memory, and working memory after the cognition training were the focus of the study.

Methods One hundred and twenty children aged 5 to 10 were randomly assigned to 3 groups: (1) experimental group receiving CEP training using toy-robot, (2) control group receiving previously developed internet-based cognitive training, (3) waiting list. The children of experiment and control groups received individual 8 training sessions. The effect of the program was measured with Smart Toyweb’s cognitive assessment tools we had developed (smart device based assessment) as well as traditional neuropsychological tests throughout 3 times (pre-training, post-training, and 1-month follow-up).

Results The training is in progress since it started in October 2016. We observed some of children on the CEP training tend to show improvement of cognitive function. The final assessment is planned for February 2017.

Conclusions The CEP using toy-robot could be very promising and useful in that it is a non-invasive and non-pharmacological treatment for children with attention or memory problem in home and clinical settings.

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

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EW0076

Treated versus untreated mental health problems in adolescents: A six-year comparison of emotional and behavioral problem trajectories



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Introduction Multidisciplinary guidelines in adolescent mental health care are based on RCTs, while treatment efficacy can be different from effectiveness seen in ‘the real world’. Studies in the real world conducted so far suggest that treatment has a negligible effect on follow-up symptomatology. However, these studies did not incorporate the pre-treatment trajectory of symptoms nor investigated a dose-response relationship.

Objectives To test whether future treatment users and non-users differed in emotional and behavioural problem scores, whether specialist mental health treatment (SMHT) was effective in reduc-

ing problem levels while controlling for pre-treatment trajectory, and to seek evidence of a dose-response relationship.

Methods Six-year follow up data were used from the Tracking Adolescents' Individual Lives Survey (TRAILS). We identified adolescents with a clinical level of problem behaviour on the Child Behaviour Checklist or Youth Self Report and first SMHT between the ages 13 and 16. Adolescents with a clinical level of problem behaviour but without SMHT use served as control group. A psychiatric case register provided data on number of treatment contacts. Using regression analysis, we predicted the effect of treatment on post-treatment problem scores.

Results Treated adolescents more often had a (severe) diagnosis than untreated adolescents. Pre-treatment trajectories barely differed between treated and untreated adolescents. Treatment predicted an increase in follow-up problem scores, regardless of the number of sessions.

Conclusion The quasi-experimental design calls for modest conclusions. We might however need to take a closer look at real-world service delivery, and invest in developing treatments that can achieve sustainable benefits.

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

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EW0077

Perceived competence in adolescents having prosocial behaviour: A Tunisian study



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Introduction Perceived competence (PC) is a self-perception of an individual in its capabilities and ability to control his environment. It is posited to orient individuals to the possibility of success and to facilitate the adoption of approach goals.

Objectives We aimed to assess the PC of adolescents engaged in prosocial activities and to determine factors that influence it.

Methods We led a transversal study, over four months, from June until September 2016. It included 90 adolescents aged 14–20 years and members of voluntary association in Sfax (Tunisia). PC was assessed using the “perceived competence in life domains” (PCLD) for the life spheres of leisure, interpersonal relationships, school, and general domains.

Results The average age of participants was 16 (14 to 20 years). The sample was female-dominated (53%). All participants were secondary school pupils. Almost 70% were from a high socio-economic level and over 60% had parents' high level of education. The mean scores of PC ranged from 19 (SD = 5.4) in leisure domain to 16 (SD = 4) in interpersonal relationships domain. PC was significantly correlated with socio-economic level ($P = 0.00$), participating in sports and extra-curricular activities ($P = 0.00$), academic proficiency ($P = 0.01$) and smoking ($P = 0.00$).

Conclusion Overall, our results evidenced the positive self-perception of competence among adolescents having prosocial activities. It indicated that high socio-economic level, participating in sports and extra-curricular activities and smoking were enhancing factors of adolescents PC.

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

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EW0078

Evaluation of anxiety in children with acute leukemia: A prospective study of 20 cases



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Introduction The occurrence of acute leukemia (AL) in childhood causes a profound upheaval in the child itself and also within his family. Exposure to this test could contribute to the emergence of anxiety.

Objective Our work aims to describe the characteristics of anxiety in this population during the management of the AL.

Patients and methods Our study, still in progress, is prospective and conducted among 20 children hospitalised in hematology department of UMC Hedi Chaker Sfax (Tunisia) during the year 2015–2016. It is performed in two times. The anxiety was assessed using the STAI scale.

Preliminary results The average age of our population is 7 years (minimum age = 4 years, maximum age = 11 years). The majority of our patients come from urban areas (76.9% of cases). About their sibling rank, they are mostly the youngest in 53.8% of cases, the oldest in 30.8% of cases and juniors in 7.7% of cases. The most common diagnosis is the lymphoblastic B AL (46.2% of cases).

Referring to the STAI scale, 30% of our patients were anxious and had high scores during the first evaluation. Then, the anxiety level attenuates gradually during management period and only 15% were anxious at the 2nd evaluation time.

Conclusion Several factors such as hospitalisation, diagnosis announcement and cancer treatment contribute to the triggering and maintaining of anxiety. Early detection of anxiety and the good listening between the care team and the parents could appease the high level of anxiety and ensure better management.

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

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EW0079

Early screening for autism spectrum disorder



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Introduction Most parents to children with Autism Spectrum Disorder (ASD) can report concerns about their child's development within the first year of life. In spite of this, children with ASD are rarely diagnosed before the age of 3–4 years. Early identification allows early intervention, which seems to be substantial for improvement of core behavioural symptoms in children with ASD. The Child Behaviour Checklist for ages 1½ to 5 (CBCL/1½–5) have shown promising utility for early detection of children with ASD.

Objectives This study will estimate the positive predictive value of CBCL/1½–5 Pervasive Developmental Problems (PDP) scale in a 2 phase screening study. Furthermore, it will analyse the stability of the CBCL/1½–5 PDP-score in pre-school children from 2½ to 5 years.

Aims The present study aims to validate CBCL/1½–5 for early screening of ASD in a general population sample.

Methods Parents, enrolled in the Odense Child Cohort (OCC), answered the CBCL/1½–5 when the child reached 27 months of age. Parents with children above the age of four and a raw score ≥ 5 (90th percentile) on the PDP scale, received the Social Responsiveness Scale (SRS) questionnaire. Children with a high score on the SRS were invited to a clinical examination consisting of ADOS and ADI-R. Children in OCC were re-assessed with CBCL/1½–5 again at age five years.

Results Results will be presented at the EPA conference 2017 in Florence.

Conclusions The results may contribute to enhance the outcome of treatment by detecting children with ASD at an earlier age.

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

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e-Poster walk: Co-morbidity/dual pathologies and guidelines/Guidance – part 1

EW0080

Prevalence and predictors of ADHD symptoms in adults admitted for substance use disorder treatment: A prospective cohort study

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Introduction Substance use disorders (SUD) are common in adults with ADHD. A co-occurring ADHD diagnosis is associated with poorer treatment outcomes for both the ADHD and the SUD and higher rates of relapse to substance use.

Objectives To explore the relationship between ADHD and SUD longitudinally to identify factors to help improve treatment outcomes.

Aims Prevalence of ADHD symptoms was investigated in a national cohort of SUD patients one year after SUD treatment initiation. Factors at baseline related to ADHD symptoms were explored at follow up.

Methods Five hundred and forty-eight individuals were interviewed in a multi-center study involving 21 treatment facilities at treatment initiation and one year later ($n = 261$). ADHD symptoms were measured by the Adult ADHD Self Report Scale (ASRS-v.1-1) at follow-up. Individuals who screened positively for ADHD (ADHD+) were compared to those who screened negatively on baseline variables. Emotional distress was measured by Hopkin's Symptom Check List-25.

Results At follow-up 35% screened positively for ADHD. In bivariate analysis the ADHD+ group was older, was less likely to have children, reported lower educational level, had more frequent use of stimulants, cannabis and benzodiazepines, and experienced higher degree of emotional stress. When controlling for other significant variables in a logistic regression analysis, the ADHD+ group was associated with more frequent use of cannabis (OR 2.14; CI 1.08–4.23) and of higher psychiatric symptom burden (OR 1.79; CI 1.22–2.61).

Conclusions A high prevalence of ADHD symptoms and associated challenges underline the importance of systematic screening of individuals entering SUD treatment.

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

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EW0081

The duration of undiagnosed bipolar disorder: Impact of substance use disorders co-morbidity

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Aims Study the impact of substance use disorders (SUD) co-morbidity on the duration of undiagnosed bipolar disorder (DUBP).
Methods Case-control study during a period of six months from July 2015 to December 2015. One hundred euthymic patients with BD (type I, II or unspecified) were recruited in the department of psychiatry C Razi Hospital, during their follow-up. Two groups were individualized by the presence or not of a SUD co-morbidity. In our study DUBP was defined as the period between the first symptoms and the beginning of treatment by a mood stabilizer.

Results The beginning of addictive behaviour preceded the installation of bipolar disease in 32% of cases. Installation of bipolar disorder preceded the installation of addictive behaviour in 12% of cases. The beginning of addictive behaviour was concomitant with the installation of bipolar disease in 6% of cases. The average DUBP in the full sample was 4.80 years with a standard deviation of 8.04 and extremes ranging from 0.08 to 37.5.

The average DUBP in patients with SUD co-morbidity was 5.91 years with a standard deviation of 8.16 and extremes ranging from 0.08 to 35, and 3.68 years with a standard deviation of 7.84 and extremes ranging from 0.08 to 37.5 in patients without SUD co-morbidity.

Conclusions According to studies over two thirds of patients with bipolar disorder received misdiagnoses before diagnosis of BD, and among the factors involved can report the presence of SUD co-morbidity. Hence, we should detect BD among patients with SUD.

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

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EW0082

Smoking, preparing the patient with a severe mental disorder for change

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Introduction Smoking is a serious health problem for people with mental illness like the bipolar disorder patients. The developmental of motivational tools such as brief intervention it is necessary in the context of community care.

Objectives Evaluating the change in motivational stage after brief intervention and evaluating the clinical and smoking factors in relation with this.

Methods Two hundred and twenty patients diagnosed with bipolar disorder (according DSM-5 criteria) that were in the euthymic phase (defined as less than 7 points in YMRS and 10 points in HDRS) and attended the community care centers of three provinces of Andalusia (Spain). Patients who consumed in the last month qualified for the level of motivation for change (measured by URICA scale).



Results After brief intervention the 29.3% of the smoking patients change in their motivational stage. The results of the multivariate analysis showed three factors in relation with difficult the progression of the evolution of motivation to change. The high punctuation in Hamilton anxiety scale (OR = 0.53; IC95%, $P = 0.002$), the high punctuation in the Fageström scale (OR = 0.56, IC95%, $P = 0.01$), and have high autoperception of the capacity of change (OR = 0.52; IC95%, $P = 0.002$).

Conclusions The anxiety (measure with Hamilton anxiety scale) plus factors in relation with smoking, like the punctuation in Fageström scale and the autoperception of the capacity of change decrease the possibilities to change.

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

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EW0083

Psychiatric vulnerability in adults with intellectual disability and autism: A literature review

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Introduction Adults with Intellectual disability (ID) and Autism Spectrum Disorder (ASD) are more vulnerable to mental health problems than the general population.

Objectives/aims This study investigates presence and rate of psychiatric disorders in comparison with ID or ASD alone, and appropriateness of assessment and diagnostic procedures or tools.

Methods A systematic mapping of the literature was carried out on the basis of the above mentioned issues. The search was conducted using PubMed and ScienceDirect, according to the following keywords: psychiatric comorbidity, psychiatric disorders, autism, ASD, intellectual disability, mental health problems, adults, assessment tools, diagnosis. Twenty-eight papers were selected for pertinence to mapping issues among more than 500.

Results Many studies show that ASD is an important vulnerability factor for psychiatric co-morbidity and for challenging behaviors (CBs) in adults with ID. Highest rates were reported for psychotic, mood, anxiety, and obsessive-compulsive disorders. Few studies show that the difference between adults with ID plus ASD and adults with only ID are not statistically significant, but for the presence of CBs in those with ID plus ASD. The disagreement of results is based on a variety of factors such as diagnostic over-shadowing, scarcity of specific assessment tools, consideration of the introspective and communication difficulties, incompleteness of medical records, and low reliability of information sources.

Conclusions Although low studies concordance, the literature mapping suggests the presence of ASD in ID to be associated with higher rates of psychopathology. Since the relevant implications for prevention and clinical management, further research with high-level evidence is hoped.

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

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EW0084

The influences of antipsychotics therapy at cognitive impairments in schizophrenia spectrum disorders

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Significant degree of cognitive impairment represents one of the basic cornerstones among clinical manifestations of the schizophrenia spectrum disorders and accordingly to some authors it is present in up to 75% patients with these syndromes. The aim of this study was to examine degree of cognitive impairment, firstly among patients on first generation antipsychotics therapy (FGA) compared to the patients on second generation antipsychotics therapy (SGA), and secondly to compare both groups of patients with healthy controls.

Material and methods Prospective, parallel research was conducted, in which the sample of patients and employees of Specialized Psychiatric Hospital Kotor was tested with Montreal Cognition Scale (MoCA). There were 66 participants in the samples and they were divided on four subgroups: (1) patients with FGA; (2) patients with SGA; (3) patients with combined FGA and SGA; (4) Healthy controls.

Results All groups of patients had statistically significantly lower mean MoCA scores in the comparison with healthy controls. The fact that among 83.7% of patients was diagnosed significant degree of cognitive decline (MoCA score bellow 26) strongly speaks in favour of high sensitivity of MoCA test in detection of cognitive impairment among patients with schizophrenia spectrum psychotic disorders. In addition, the group of patients with FGA also had statistically significantly lower mean MoCA score compared to patients with SGA.

Discussion The mechanisms of explanation of these results can be additionally enlightened with further studies on larger samples of patients, which would investigate the correlation between extrapyramidal symptomatology, anticholinergic therapy and cognitive deficit.

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

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EW0085

Subtypes of psychosis among difficult-to-treat patients – A cluster analytical replication study among chronically psychotic, institutionalized dual diagnosis patients

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Background Research is lacking on possible subtypes of psychosis in difficult-to-treat patients that require long-term institutionalisation due to a combination of psychosis, substance abuse and problem behaviours after multiple failed treatments.

Aim The aim of this study is to increase our knowledge of this group of patients in order to apply more targeted interventions.

Objective To identify subtypes of psychosis among this group by cluster analysis and compare these subtypes on different clinical variables.

Methods PANSS data was acquired for 117 patients. Separate clusters were identified by using Ward's method of hierarchical cluster analysis, replicating Dolfus et al., 1996 [1], who used this method in a cohort of schizophrenia patients. Subtypes of psychosis were identified using PANSS items. Clusters were compared on several clinical variables, f.e. course of admission.



Results Four distinct clusters were identified (Fig. 1): (1) a 'positive cluster', (2) a 'mild cluster', (3) a 'negative cluster', and (4) a 'mixed group'. These clusters are similar to those found by Dolffus et al.

There was a significant association between cluster and co-morbid personality disorder, $P < 0.05$. No significant association was found between clusters and other clinical variables.

Conclusions Among difficult-to-treat institutionalised patients four distinct subtypes of psychosis could be identified, comparable to those found in a cohort of schizophrenia patients.

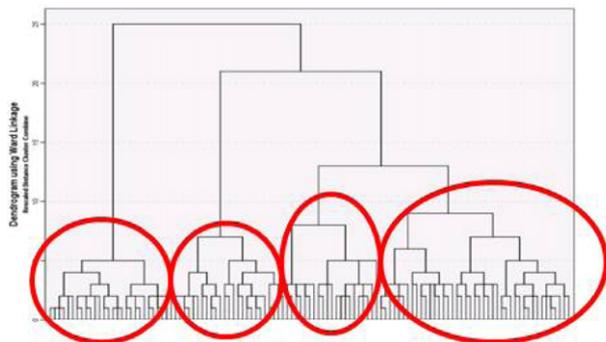


Fig. 1 Dendrogram showing a 4 cluster solution.

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

Reference

[1] Dolffus, et al. Identifying subtypes of schizophrenia by cluster analyses. *Schizophrenia Bulletin* 1996;545–55.

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EW0086

Relationship of severity of ADHD symptoms with the presence of psychological trauma while controlling the effect of impulsivity in a sample of university students

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Objective The aim of the present study was to evaluate relationship of severity of ADHD symptoms with the presence of psychological trauma while controlling the effect of impulsivity in a sample of university students.

Method Participants included 321 volunteered university students. Participants were evaluated with the Short Form Barratt Impulsiveness Scale (BIS-11-SF), the Adult ADHD Self-Report Scale (ASRS) and the Traumatic Experiences Checklist (TEC).

Results Age and gender did not differed between those with the history of psychological trauma ($n = 271$, 84.4%) and those without ($n = 50$, 15.6%). BIS-11-SF and subscale scores did not differ between groups, other than motor impulsivity, which was higher among those with the history of psychological trauma. ASRS score, inattentiveness and hyperactivity/impulsivity subscale scores were higher among those with the history of psychological trauma than those without. Severity of ADHD symptoms, particularly inattentiveness score, predicted the presence of psychological trauma, together

with the severity of motor and attentional impulsivities in a logistic regression model.

Conclusion These findings suggest that the severity of ADHD symptoms may be related with the presence of psychological trauma, while severity of motor and attentional impulsivities may have an effect on this relationship among young adults.

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

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EW0087

Relationship of high PTSD risk with severity of ADHD symptoms while controlling the effect of impulsivity in a sample of university students

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Objective The aim of the present study was to evaluate relationship of high PTSD risk with severity of ADHD symptoms while controlling the effect of impulsivity in a sample of university students.

Method Participants included 271 volunteered university students. Participants were evaluated with the Short Form Barratt Impulsiveness Scale (BIS-11-SF), the Adult ADHD Self-Report Scale (ASRS) and PTSD Checklist Civilian version (PCL-C).

Results Age and gender did not differed between those with the high PTSD risk ($n = 224$, 82.7%) and those without ($n = 47$, 17.3%). BIS-11-SF and subscale scores, other than non-planning impulsivity (which showed no difference), and ASRS scores were higher among those with the high PTSD risk than those without. Severity of ADHD symptoms, particularly inattentiveness (IN) score, predicted the high risk of PTSD, together with the severity of motor impulsivity in a logistic regression model.

Conclusion These findings suggest that the severity of ADHD symptoms is related with the high risk of PTSD, while severity of motor impulsivity may have an effect on this relationship among young adults.

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

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EW0088

Dual diagnosis: On the way to an integrated treatment model?

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Introduction Substance use disorders (SUD) with psychiatric comorbidity (dual diagnosis) represent a challenge for both mental health and addiction networks. Dual patients present greater disorder severity and worse prognosis than those with SUD or psychiatric disorders alone. There is a lack of consensus regarding which treatment model (sequential, parallel or integrated) is the most appropriate for them. Despite integrated treatment is seen as the model of excellence, it is a standard difficult to achieve.

Objectives/Aims To describe the presence of dual diagnosis and treatment model received in a sample recruited from a drug abuse community center in Barcelona (CAS Barceloneta).

Methods Cross-sectional descriptive analysis of an outpatient center for SUD clinical sample regarding psychiatric co-morbidity (DSM-IV-TR criteria), social-demographic characteristics and treatment model received.

Results In the moment of this study, a total of 574 SUD patients are attended at CAS Barceloneta. Of them, 300 (52%) present a dual diagnosis, 64% men, mean age = 48 (SD = 11.29). Thirteen percent ($n=40$) of dual patients have psychotic disorder (PsyD) diagnosis and their SUD co-morbidities are: alcohol-UD (12.5%, $n=5$), cocaine-UD (7.5%, $n=3$), cannabis-UD (15%, $n=6$), opioids-UD (17.5%, $n=7$) and multiple SUD (47.5%, $n=19$). Half of dual patients with PsyD ($n=20$) are attended in parallel in community mental health centers.

Conclusions Our results suggest there is an important percentage of SUD patients that present psychiatric co-morbidity treated in drug abuse community centers. Parallel treatment is mainly for PsyD patients and sometimes they get lost in the gaps. We would need to develop specific dual programs to give these patients an integrated assistance.

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

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EW0089

Chronic somatic and psychiatric co-morbidities are associated with psychiatric treatment success; A nested cross-sectional study



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Introduction A rich body of literature dealt with somatic co-morbidities of psychiatric illnesses. However, relatively few explored the association of somatic and psychiatric co-morbidities with psychiatric treatment success.

Objective Objective of this analysis was to explore chronic somatic and psychiatric co-morbidities association with the average number of psychiatric re-hospitalisations annually.

Methods This cross-sectional analysis was done on the baseline data of prospective cohort study "Somatic co-morbidities in psychiatric patients" started during 2016 at Psychiatric hospital Sveti Ivan, Zagreb, Croatia. We included 798 patients. Outcome was the average number of psychiatric re-hospitalisations annually since the diagnosis. Predictors were number of chronic somatic and psychiatric co-morbidities. Covariates that we controlled were sex, age, BMI, marital status, number of household members, education, work status, duration of primary psychiatric illness, CGI-severity at diagnosis, treatment with antidepressants and antipsychotics.

Results Interaction of somatic and psychiatric co-morbidities was the strongest predictor of the average number of psychiatric re-hospitalisations annually ($P < 0.001$). Mean number of re-hospitalisations annually adjusted for all covariates, was increasing from 0.60 in patients with no chronic co-morbidities,

up to 1.10 in patients with ≥ 2 somatic and ≥ 2 psychiatric co-morbidities.

Conclusion Somatic and psychiatric co-morbidities are independently associated with the psychiatric treatment success. Further studies should look at possible causal pathways between them, and interdisciplinary treatment of psychiatric patients is urgently needed.

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

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EW0090

Obsessive compulsive personality disorder and autism spectrum disorder traits in the obsessive-compulsive disorder clinic



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Introduction Obsessive Compulsive Personality Disorder (OCPD) is a common, highly co-morbid disorder. Subjected to comparatively little research, OCPD shares aspects of phenomenology and neuropsychology with obsessive-compulsive spectrum disorders and neurodevelopmental disorders such as autism spectrum disorder (ASD). A greater understanding of this interrelationship would provide new insights into its diagnostic classification and generate new research and treatment heuristics.

Aims To investigate the distribution of OCPD traits within a cohort of OCD patients. To evaluate the clinical overlap between traits of OCPD, OCD and ASD, as well as level of insight and treatment resistance.

Method We interviewed 73 consenting patients from a treatment seeking OCD Specialist Service. We evaluated the severity of OCPD traits (Compulsive Personality Assessment Scale; CPAS), OCD symptoms (Yale-Brown Obsessive Compulsive Scale; Y-BOCS), ASD traits (Adult Autism Spectrum Quotient; AQ) and insight (Brown Assessment of Beliefs Scale; BABS).

Results Out of 67 patients, 24 (36%) met DSM-IV criteria for OCPD, defined using the CPAS. Using Pearson's test, CPAS scores significantly ($P < 0.01$) correlated with total AQ and selected AQ domains but not with BABS. Borderline significant correlation was observed with Y-BOCS ($P = 0.07$). OCPD was not over-represented in a highly resistant OCD subgroup.

Conclusion Disabling OCPD traits are common in the OCD clinic. They strongly associate with ASD traits, less strongly with OCD severity and do not appear related to poor insight or highly treatment-resistant OCD. The impact of OCPD on OCD treatment outcomes requires further research.

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EW0091

Psychiatric co-morbidities in a French cohort of adults with high-functioning autism (HFA)



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Background and rationale Psychiatric co-morbidities are shown to be very prevalent in patients diagnosed with Autism Spectrum Disorder (ASD), up high to 53% for mood, 50% anxiety and 43% for ADHD disorders in an European cohort of adults with HFA. Using a new approach, our study proposes to explore aspects of co-morbidities in the largest French cohort of HFA adults (C0733/InfoR) by implying qualitative and quantitative clinical tools.

Aims To explore: (1) the prevalence rates of psychiatric co-morbidities; (2) the interplay between co-morbidities and the ASD symptoms.

Methods Diagnosis was made according to DSM 5 criteria. Dimensional evaluation used Social Responsiveness Scale (SRS), Systemizing Quotient (SQ) and Empathy Quotient (EQ). We used T-test, Mann–Whitney test and linear regression models.

Results We included 103 patients (mean age 29.3, sex ratio M/F: 3.4:1). Lifetime prevalence rates of 53.5% for depressive disorder 73.5% for anxiety disorders and 37.5% for ADHD were found. Subjects with psychotic co-morbid symptoms had a more severe social deficit (SRS score 66.2 vs 77.9 $P < 0.05$); patients with ADHD, lower cognition (mean IQ total 107.7 vs 99.0 $P < 0.05$). SQs ($P < 0.05$) were significantly higher in patients with co-morbid psychosis, dysthymia, suicide attempts, and depressive disorders and directly correlated with age ($\beta = 0.35$, $P < 0.05$). SQ and EQ were inversely correlated.

Discussion The results reproduce the high prevalence of co-morbidities in other studies and explore its association with social functioning and cognition. Identification of associated psychiatric conditions in subjects with HFA is therefore a crucial clinical issue potentially guiding the treatment.

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

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EW0092

Group experience and dual pathology and addictions in a regional hospital in Spain



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Introduction Dual pathology is a term applied to those subjects suffering simultaneously from addiction and other mental disorder. Group psychotherapy can be used in people who have both diagnoses with good results in improvement of addiction and disease stabilization.

Objectives The purpose of this study is to analyse to efficacy of a group of psychotherapy for patients with alcohol addiction and other mental disorder, and analyse the presence of personality disorder in this group and how it affects its evolution.

Methods The study was conducted on a sample of 16 patients diagnosed with alcohol abuse or dependence with psychiatric co-morbidity who attended a therapy group for 6 months from January 16 to June 16. The study was conducted in ambulatory care (outpatient), being an open and heterogeneous group.

Results Main diagnosis was unspecified personality disorder and mood disorder (25%) followed by borderline personality disorder and mood disorder (18.75%), attention deficit disorder and hyperactivity (18.75%), mood disorder (12.5%), substance use disorder without other psychiatric co-morbidity (12.5%), narcissistic personality disorder (6.25%) and impulse control disorder (6.25%). Regarding progress in the stages of change, results were as follows: 31.5% of patients progressed to the stage of preparation for action, 25% alternating periods of abstinence from alcohol with brief relapse, 25% advanced to the stage of action, 18.5% managed to stay alcohol withdrawn.

Conclusions In our sample, we can conclude that a therapeutic group including patients at different stages of change and diagnoses is positive. At the end, improvement in mood and anxiety was observed.

Disclosure of interest The author has not supplied his/her declaration of competing interest.

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EW0093

The impact of cannabis in Schizophrenia: Pafip three-year longitudinal study on outcome and functionality after a first episode of psychosis



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Introduction The association between cannabis and psychosis makes crucial the intervention on cannabis use disorder at first episodes of psychosis (FEP), especially among young population. In this group of patients, the harmful potential of cannabis is more evident by its influence on neurodevelopment. However, the nature of the association cannabis–psychosis is not clearly described. It seems to represent a mediating factor for an increased risk of psychosis in healthy and high-risk populations, determining an earlier age of onset and worsening long term outcome.

Objectives To assess the impact of cannabis in terms of functional and clinical prognosis in patients recruited after a FEP.

Material and methods PAFIP is an early intervention program for early stages of psychosis. One hundred and sixty-three were included, followed-up at regular intervals of six months for three years with administration of clinical and functional scales (BPRS, SAPS, SANS, CDRS, GAF and Drake). Patients were divided into three groups: (1) those non-users neither before the onset nor during follow-up (nn) PEP, (2) consumers before the FEP and during follow-up (ss) and (3) consumers before the FEP that gave up consumption during follow-up (sn).

Results No statistically significant differences were observed in terms of functionality at three-year follow-up endpoint but a trend to a better-preserved functionality in the sn group. The sn group presented lower scores in scales for positive symptoms with respect to the comparison groups.

Conclusions The interruption in cannabis use may have a beneficial effect on short-term clinical prognosis and functionality on long term.

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

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EW0094

Dual diagnosis and medical co-morbidity: Data from a specialized brief psychiatric in-patient unit



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Introduction Previous research on the prevalence of medical disorders among adults with dual diagnosis (DD) has been inconclusive.

Objectives The purpose of this study was to assess dual diagnosis and medical co-morbidity at the Brief Psychiatric Inpatient Unit of Marqués de Valdecilla Hospital, Santander in the period from January 2014 until March 2015.

Methods Ninety-three patients were admitted at our hospital from December 2014 until March 2015. The sample was analyzed retrospectively. Sixty-two of the patients (66.7%) met criteria for Dual Diagnosis. We collected socio-demographic variables, drug abuse, mental pathology, and treatment received.

Results The mean age of the sample was 42.95 years (± 14 DS) with a male:female ratio of 1.8:1 (no significant differences by gender). Hypertension was more prevalent among patients without dual pathology (22.5%). Patients with dual diagnosis presented hypertension less likely (6.5%) ($P < 0.005$). This can be explained by the fact that patients without dual diagnosis had a higher mean age (47 years) than patients with dual diagnosis (42 years). We did not find statistically significant differences between both groups respect to diabetes mellitus, vascular brain disease, HIV and dyslipidemia.

Conclusions Hypertension was less likely to appear among patients with dual pathology admitted to an ultra brief psychiatry unit. This could be explained for an earlier mean age at admission among these patients.

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

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EW0095

The association between autistic traits and post-traumatic stress disorder: Preliminary findings among typically-developing adults in Israel



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Background and aims Although studies show that those suffering from autism spectrum disorders (ASD) face an increased risk of exposure to trauma (bullying, physical abuse), the co-morbidity between autistic symptoms/traits and post-traumatic stress disorder (PTSD) was almost entirely neglected by researchers. The aim of this preliminary study is to explore the possible associations between these two conditions among typically-developing college students.

Methods Participants were 39 students, recruited from 2 Israeli universities. Twenty-four participants were psychology students, and 15 were business administration students. Participants completed self-report questionnaires tapping sociodemographic background, trauma exposure, PTSD (the PTSD Checklist-5, PCL-5), and autistic traits (the Autism Spectrum Quotient, AQ).

Results Our preliminary findings revealed a positive association between symptoms of PTSD and autistic traits. More specifically, among those in the 3rd and 4th highest quartiles of AQ scores, 87.5% met the cut-off score for a probable PTSD diagnosis ($\chi^2(3) = 8.25, P < 0.05$). In addition, t-tests comparing the PTSD and non-PTSD groups showed significant differences in 3 out of 5 AQ sub-scales: social skill ($t(37) = -2.12; P < 0.05$), attention switching ($t(37) = -2.09; P < 0.05$) and communication ($t(37) = -2.80; P < 0.01$). Thus, higher AQ scores were reported by those in the PTSD group.

Conclusions ASD may serve as a significant risk factor for post-traumatic symptomatology. The associations between these two conditions may be mediated by a variety of potential shared vulnerabilities, including increased rumination, dysregulated emotion and impaired social cognition. Further research is needed in order to explore these mechanisms, as well as to assess co-morbidity in clinical samples of both ASD and PTSD.

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

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EW0096

Diet and physical activity intervention effectiveness in acute mental patients, during hospitalization: A matched case-control study



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Introduction Diet and physical activity interventions are effective in psychiatric outpatients that suffer from obesity, namely those treated with antipsychotic drugs. However, there is less evidence related to these interventions in hospitalised acute patients.

Aim To evaluate the effect of a diet and physical activity program on weight and BMI variation in acute psychiatric patients during hospitalisation.

Methods Matched case-control study from January to September 2016. Inclusion criteria: patients with at least 15 days of hospitali-

sation in an acute psychiatry ward, evaluated by a nutritionist in the admission and medical discharge. The intervention consisted in a diet and physical activity program, with total restriction to visitors to bring food to the patients. Statistical analysis was done with T-student and multiple linear regression taking into account the effect of age, sex, daily dose of antipsychotics, and days of hospitalisation. **Results** Sixty-six patients were studied (34 cases and 32 controls). Groups were statistically similar concerning the average of age, daily dose of antipsychotics, days of hospitalisation and sex. The differences of weight gain during hospitalisation were 0.088 kg (cases) versus 1484 kg (controls), $P < 0.05$. And the differences of the increased BMI during the hospitalisation were 0.041 kg/m² (cases) versus 0.509 kg/m² (controls), $P < 0.05$.

Conclusions Obesity presents challenging health problems for individuals with severe mental illness that require inpatient treatment. This study provides evidence that individuals with acute mental illness can benefit from weight control interventions during their hospitalisation, in special a total restriction to visitors to bring food to the patients.

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

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EW0097

Update and revision of the RANZCP clinical practice guidelines for mood disorders

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In 2015, the Royal Australian and New Zealand College of Psychiatrists (RANZCP) published its new Clinical Practice Guidelines (CPGs) for Mood Disorders. The Mood Disorder CPG focuses on 'real world' clinical management of depressive and bipolar disorders, addressing mood disorders as a whole to recognise the overlap between distinct diagnoses and changes in diagnoses along the mood disorder spectrum. This presentation will provide an overview of the process and methodology used in the development of the guidelines, as well as the key principles established in the new CPG for the assessment and management of depressive and bipolar disorders.

Disclosure of interest The author has not supplied his/her declaration of competing interest.

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EW0098

Psychiatry's and psychiatrists' contract with society

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Introduction The World Psychiatric Association (WPA) is a worldwide association of national psychiatric associations, aiming to increase knowledge and skills necessary for work in the field of mental health and care of the mentally ill. It was suggested that Psychiatry's relationship with society should be seen as a contract [1]. This implicit understanding usually specifies the scope, principles, quality and outcome of this agreement. It also implies a series of reciprocal rights and duties, privileges and obligations, as well as expectations from both sides.

Aim To investigate the extent of existing social contracting of WPA Member Associations (MAs) and WPA structures regarding:

- communities they serve;
- general public;
- medical institutions;

- other practitioner groups in the multidisciplinary team;
- administrations, managers and funders.

Objectives Include to describe the current scope of psychiatric practice across WPA regions and the content of existing social contracts.

Methods A mixed-methods, explorative, descriptive, theory generating inquiry, with different phases, including a systematic review of literature and WPA documentation, electronic questionnaires to MAs and focus group discussions with WPA ZS chairs/representatives.

Results MA profiles and progress indicators were identified and summarised. A transcription of group discussions was made, while pertaining documents, questionnaires and in depth/focus group interview content was analysed.

Conclusions This presentation will report on progress with this study to date.

Disclosure of interest The author has not supplied his/her declaration of competing interest.

Reference

- [1] Bhugra D. Introduction. In: Bhugra D, Malik A, Ikkos G, editors. Psychiatry's Contract with Society: Concepts, controversies and consequences. Oxford: Oxford University Press; 2011.

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e-Poster walk: Depression–part 1

EW0099

Effect of electroconvulsive therapy on serum serotonin level in patients with treatment-resistant major depressive disorder

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Background This study aimed to determine the effect of Electroconvulsive Therapy (ECT) on serum serotonin level of patients with major depressive disorder (MDD).

Methods In this experimental study, 36 patients (age: 20–65 years old) with MDD were allocated to ECT group ($n = 21$) and non-ECT group ($n = 15$). Serum serotonin level of the ECT group was measured before ECT, 15 minutes and two, six, and 24 hours after the first session, and 24 hours and 30 days after the last ECT session. Measurements were performed at the time of admission and one month after hospitalisation in the non-ECT group. Data analysed with t-tests, repeated measures analysis of variance by SPSS16.

Results The mean serotonin levels of the two groups were significantly different 24 hours and 30 days after the last session of ECT ($P = 0.048$ and $P = 0.04$, respectively). The difference of mean serotonin levels in the ECT group before & 15 min after ECT ($P = 0.044$) before & 6 hour after ECT ($P = 0.015$), before & 24 hour after ECT ($P = 0.007$), before & 24 hour after last ECT (0.002) was meaningful.

Conclusion Altogether, our results showed that serum serotonin levels significantly increase following ECT in MDD patients.

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

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EW0100

Supportive text messages for patients with depression – A randomized controlled trial



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Background Depression is projected to be the primary cause of disability worldwide by 2030. Our aim was to test the feasibility of a supportive text messaging mobile health intervention in improving treatment outcomes in depressed patients.

Methods We performed a single-rater-blinded randomised trial involving 73 patients with Major Depressive Disorder. Patients in the intervention group ($n = 35$) received twice-daily supportive text messages for 3 months while those in the control group ($n = 38$) received a single text message every fortnight thanking them for participating in the study.

Results After adjusting for baseline BDI scores, a significant difference remained in the three month mean BDI scores between the intervention and control groups: (20.8 (SD = 11.7) vs. 24.9 (SD = 11.5), $F(1, 60) = 4.83$, $P = 0.03$, $\eta^2 = 0.07$). The mean difference in the BDI scores change was significant with an effect size (Cohen's d) of 0.67. Furthermore, after adjusting for baseline scores, a significant difference remained in the three month mean self-rated VAS scores (EQ-5D-5L scale) between the intervention and control groups, 65.7 (SD = 15.3) vs. 57.4 (SD = 22.9), $F(1, 60) = 4.16$, $P = 0.05$, $\eta^2 = 0.065$. The mean difference in change mean self-rated VAS scores was also statistically significant with an effect size (Cohen's d) of 0.51.

Conclusions Our findings suggest that supportive text messages are a potentially useful psychological intervention for depression, especially in underserved populations. Further studies are needed to explore the implications of our findings in larger clinical samples.

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

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EW0101

Mobile health program to reduce psychological treatment gap in mental healthcare in Alberta through daily supportive text messages – Cross-sectional survey evaluating Text4Mood



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Background To complement the oversubscribed counselling services in Alberta, the Text4Mood program which delivers daily supportive text messages to subscribers was launched on the 18th of January, 2016. This report presents an evaluation of self-reports

of the impact of the program on the mental wellbeing of subscribers.

Methods An online link to a survey questionnaire was created by an expert group and delivered via text messages to mobile phones of all 4111 active subscribers of the Text4Mood program as of April 11, 2016.

Results Overall, 894 subscribers answered the survey (overall response rate 21.7%). The response rate for individual questions varied and is reported alongside the results. Most respondents were female (83%, $n = 668$), Caucasian (83%, $n = 679$), and diagnosed with a psychiatric disorder (38%, $n = 307$), including Depression (25.4%, $n = 227$) and Anxiety (20%, $n = 177$). Overall, 52% ($n = 461$) signed up for Text4Mood to help elevate their mood and 24.5% ($n = 219$) signed up to help them worry less. Most respondents felt the text messages made them more hopeful about managing issues in their lives (81.7%, $n = 588$), feel in charge of managing depression and anxiety (76.7%, $n = 552$), and feel connected to a support system (75.2%, $n = 542$). The majority of respondents felt Text4Mood improved their overall mental well-being (83.1%, $n = 598$).

Conclusion Supportive text messages are a feasible and acceptable way of delivering adjunctive psychological interventions. Given that text messages are affordable, readily available, and can be delivered to thousands of people simultaneously, they present an opportunity to help close the psychological treatment gap for mental health patients.

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

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EW0102

Explanatory and confirmatory factor structure of beck scale for suicide ideation in non-clinical sample



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Introduction The Beck Scale for Suicidal Ideation (BSS) is a self-report 19-item scale preceded by five screening items. The BSS and its screening items are intended to assess a patient's thoughts, plans and intent to commit suicide. All 24 items are rated on a three-point scale (0 to 2). In this study, scores from the five screening items were included in the overall score. Therefore, total scores could range from 0 to 48. There is no study until this date that examines the factor structure of BSS among Kuwaitis.

Objectives The current study investigated the original three-factor model of the (BSS) in non-clinical sample.

Methods Sample one consisted of 285 males and 300 female students from Kuwait University while sample two consisted of 201 males and 302 females from Kuwait University. The Arabic version of BSS was administered to participants. Explanatory factor based on sample 1 and conformity factor analysis based on sample 2 of BSS were used in this study.

Results The explanatory and confirmatory factor analysis of (BSS) extracts three factors and three structures of BSS. Factor I = active suicidal desire; Factor II = preparation; Factor III = passive suicidal desire. In addition, the results revealed no significant gender differences in the factor structure of BSS.

Conclusions The results of both confirmatory and exploratory factor analysis indicated that the original three-factor model provided the best fit for the two genders.

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

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EW0103

Targeting kynurenine pathway in olfactory bulbectomised mice: Inflammatory and neurodegenerative pathway of depression

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Aims and objectives The aim of study was to evaluate the pharmacotherapeutic efficacy of NDGA in experimental paradigm of depression i.e. olfactory bulbectomy (OB) specifically targeting kynurenine pathway.

Materials and method Depression like behaviours was induced in OB mice and evaluated by assessment of various behavioural (olfactory deficit test, forced swim test, splash test, open field test, sucrose preference test), biochemical (catalase, reduced glutathione, SOD, nitrite, MAO-A, MDA, corticosterone), inflammatory cytokines (TNF- α , IL-1 β , IL-6, IFN- γ) levels and alterations in delta sleep was recorded using EEG. Kynurenine pathway metabolites were determined in plasma and brain using HPLC method. After 14 days post-surgery, olfactory bulbectomized (OBX) mice were administered nordihydroguaiaretic acid (5 mg/kg, 10 mg/kg and 25 mg/kg) daily i.p.

Results We have developed a new HPLC method for simultaneous estimation of monoamines and kynurenine pathway metabolites in plasma and brain samples of mice. Chronic treatment with nordihydroguaiaretic acid significantly restored all behavioural, biochemical and neurochemical alterations in OBX mice and increase in quinolinic acid and decrease in kynurenic acid point out the neurodegeneration hypothesis of depression.

Conclusion Nordihydroguaiaretic acid showed potent neuropharmacotherapeutic effect in OBX mice by virtue of its strong anti-oxidant, anti-inflammatory, anti-stress and by restoring quinolinic acid levels.

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

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EW0104

Prefrontal theta cordance in the prediction of antidepressant response to various classes of antidepressants in patients with depressive disorder

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Introduction and objectives Previous studies demonstrated efficacy of reduction of QEEG prefrontal theta cordance (RC) after the first week of treatment in the prediction of antidepressant response.

Aims The study aimed to compare the ability of RC in the prediction of response to various antidepressant classes.

Methods All patients ($n = 142$) were treated with antidepressants (SSRI-58, SNRI-47, NDRI-22, NaSSA-15) for ≥ 4 weeks. Response was defined as MADRS reduction $\geq 50\%$. EEG were performed at baseline and week 1 of treatment and cordance was calculated for 3 prefrontal electrodes (Fp1, Fp2, Fz).

Results Logistic regression identified RC as a predictor of response to SSRI, SNRI and NDRI but not for NaSSA. Predictive parameters of RC for response to mentioned antidepressant classes are displayed in the [Table 1](#).



Areas under curves of ROC analysis (AUC) of RC for response prediction were not significantly different among antidepressant classes. **Conclusion** The predictive efficacy of RC for response to SSRI, SNRI and NDRI was comparable.

This study was supported by the grants of MH CZ nr.15-29900A, MH CZ – DRO (NIMH-CZ, 00023752) and by the project Nr. LO1611 from the MEYS under the NPU I program.

Table 1

	SSRI	SNRI	NDRI
n	58	47	22
AUC RC week 1 (95%CI)	0.77 (0.65–0.87)	0.77 (0.62–0.88)	0.87 (0.66–0.97)
Positive predictive value of RC week 1 (95%CI)	0.81 (0.64–0.93)	0.72 (0.51–0.87)	0.91 (0.59–1.00)
Negative predictive values of RC week 1 (95%CI)	0.73 (0.52–0.89)	0.84 (0.60–0.97)	0.82 (0.48–0.98)
Accuracy of prediction	0.78	0.77	0.86

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

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EW0105

Major depressive disorder: Recurrence risk factors

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Introduction In spite of the frequency and the gravity of the depressive episodes, the major depressive disorder (MDD) is diagnosed and treated today insufficiently and the risk factors of its recurrence are little approached.

Aims of the study Describe the socio-demographic, clinical and therapeutic characteristics of patients with MDD and identify the factors involved in the recurrence risk.

Methodology This is a retrospective study carried out in the university hospital of Mahdia, Tunisia during two years. We have included patients with a follow up for at least two years and diagnosed with MDD, isolated episode or MDD, recurrent episode according to the DSM-IV-TR criteria. Data collection was performed using two pre-established questionnaires respectively with 51 and 92 items. We have estimated the time to recurrence with the Kaplan-Meier estimator.

Results We have collected 150 patients. The time to recurrence was 109 months. Five factors were associated with recurrence: early age at onset of the disorder, family history of mood disorders, severity of the index major depressive episode, persistent residual symptoms and ceasing treatment.

Conclusion Depression is a very common mental illness that is highly recurrent in individuals. There is great interest in the development of strategies that might reduce the recurrence of depression.

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

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EW0106

A person-centered approach to burnout-depression overlap

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Introduction Burnout has widely infiltrated the popular culture and has been extensively studied in both psychiatry and psychology. However, there are currently no consensual or binding diagnostic criteria for burnout. A major obstacle to the elevation of burnout to the status of nosological category is the overlap of burnout with depression.

Objectives We examined whether burnout and depressive symptoms can be distinguished from each other using a person-centered approach.

Methods A total of 1759 French schoolteachers took part in the present study (77% female; mean age: 41; mean length of employment: 15). Burnout symptoms were assessed with the Shirom-Melamed Burnout Measure (14 items) and depressive symptoms with a dedicated module of the Patient Health Questionnaire (9 items). Data were primarily processed using two-step cluster analysis. Correlation analysis and analysis of variance (ANOVA) were additionally carried out.

Results Considered as continuous variables, burnout and depression were found to be closely intertwined ($r=0.81$; disattenuated correlation: 0.91). Our cluster analysis revealed four different participant profiles, identifiable as “minimal burnout-depression” ($n=542$; 31%), “low burnout-depression” ($n=566$; 32%), “medium burnout-depression” ($n=412$; 23%), and “high burnout-depression” ($n=239$; 14%). Burnout and depression played equivalently important roles in cluster construction. Our ANOVA confirmed that the four clusters differed from each other in terms of burnout and depressive symptoms.

Conclusions Our findings are consistent with the view that the burnout syndrome is depressive in nature. A diagnostic category dedicated to burnout may therefore not be needed.

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

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EW0107

Is it time to characterize burnout as a depressive syndrome? A review of recent researchR. Bianchi^{1,*}, I.S. Schonfeld², E. Laurent³*¹ University of Neuchâtel, Institute of Work and Organizational Psychology, Neuchâtel, Switzerland**² The City College of the City University of New York, Department of Psychology, New York City, NY, USA**³ University of Franche-Comté, Department of Psychology, Besançon, France*

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Introduction More than 40 years after the introduction of the construct in the literature, the status of “burnout” remains unclear. Whether burnout is anything other than a depressive syndrome has been increasingly discussed in recent years.

Objectives We examined the extent to which burnout can be considered distinct from depression.

Methods We reviewed the literature dedicated to burnout-depression overlap over the last decade.

Results Recent research suggests that burnout and depression overlap in terms of (a) etiology, with (chronic) unresolvable stress a common, key causal factor, (b) clinical picture and course, with burnout and depressive manifestations inextricably linked such that they increase or decrease together over time, (c) cognitive

biases, with burnout and depressive symptoms similarly predicting increased attention to negative stimuli and decreased attention to positive stimuli, (d) dispositional correlates (e.g. neuroticism, rumination, pessimism), and (e) allostatic load—an index of the biological cost of adaptation to life adversity. Hypocortisolism has been linked to both burnout and depression with atypical features—a highly prevalent form of depression. The often-invoked argument that burnout is singularized by its job-related character is actually invalid given that (a) depression can also be job-related and (b) the “job-relatedness” of a syndrome is not nosologically discriminant in itself.

Conclusions Robust evidence that burnout overlaps with depression has accumulated in recent years. The burnout construct is unlikely to capture a distinct pathological phenomenon. We propose that burnout be characterized as a depressive syndrome for the sake of conceptual parsimony, theoretical clarity, and effective public health policies.

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

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EW0108

Antidepressants augmented with aripiprazole in the treatment of major depressive disorderS. Bise^{1,*}, G. Sulejmanpasic², D. Begic³, M. Ahmic⁴*¹ Psychiatric hospital, women, Sarajevo, Bosnia and Herzegovina**² Clinical Center University of Sarajevo, Psychiatric clinic, intensive care, Sarajevo, Bosnia and Herzegovina**³ Psychiatric hospital, intensive care, Sarajevo, Bosnia and Herzegovina**⁴ Psychiatric hospital, men, Sarajevo, Bosnia and Herzegovina*

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Introduction Major depressive disorder (MDD) does not consistently respond to any single antidepressant (AD) therapy. Adjunctive therapy with atypical antipsychotics (AA) showed higher response rates compared with AD monotherapy. Aripiprazole, an oral quinolinone, is the first AA agent to be approved in the US as adjunctive treatment in adult patients with MDD.

Aim The aim was to evaluate the efficacy and safety of adjunctive low-dose aripiprazole combined with AD versus AD monotherapy in patients with MDD with minimal improvement after 4 weeks of prior AD monotherapy.

Methods Ten patients with MDD and a history of minimal improvement to 4 weeks of AD monotherapy (escitalopram 10–15 mg/day, sertraline 50–100 mg/day) were included in this study. The patients were randomly assigned to 2 groups: one ($n=5$) with AD plus aripiprazole 5–7.5 mg/day and the other ($n=5$) with AD alone. After baseline assessment, the subjects were followed up at weeks 2, and 4. The primary efficacy was the mean change in (HAM-D17) and CGI-I.

Results The aripiprazole group exhibited significantly better efficacy than the AD group in mean total score changes of HAM-D17 and CGI from the baseline to weeks 2, and 4. The item “work and social activities” of HAM-D 17 showed significant improvement at week 4, and the item “somatic symptoms (GI)” showed significant improvement at week 2.

Conclusions Adjunctive aripiprazole therapy significantly improved depressive symptoms in MDD who didn’t respond to AD monotherapy. Aripiprazole augmentation is an efficacious, well-tolerated and safe treatment for patients with MDD.

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

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EW0109

Mood disorders in elderly patients hospitalized for acute exacerbation of COPD



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Introduction Chronic obstructive pulmonary disease (COPD) represents the most common cause of chronic respiratory failure and it's associated with several comorbidities such as depression. Depression is about four times more frequent in elderly patients with COPD compared to peers who are not affected and its prevalence increases with the degree of disease severity.

Objective To assess mood and perception of the quality of life in elderly patients hospitalized for acute exacerbation of COPD.

Methods Thirty-five elderly patients hospitalized for reactivation of COPD were examined; they were subjected to spirometry test for the calculation of FEV1 and to COPD Assessment Test (CAT) and Hamilton Rating Scale for Depression (HAM-D) to evaluate impact of COPD on patients' quality of life and depressive symptomatology, respectively. The number of COPD exacerbations in the last year prior to hospitalization and the number of recovery days required for the stabilization of patients were also recorded.

Results There were strongly significant correlations ($P < 0.001$), positive between HAM-D scores, CAT scores, number of exacerbation in the last year and hospital length of stay and negative between HAM-D scores and FEV1 values. Furthermore, females were more depressed, with lower FEV 1 ($P = 0.043$) and with a longer length of stay ($P = 0.039$) as compared to males.

Conclusions A greater severity of depressive symptoms is related to a greater severity of COPD exacerbations, disability associated with it and perceived by the patient, as well as a higher number of recovery days and annual acute exacerbations, particularly in female gender.

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

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EW0110

Cortisol awakening response and depression in acute coronary syndrome patients



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Introduction Although the available evidence strongly supports an association between depression and coronary heart disease (CHD), the possible biological link between these two conditions still remains to be clarified. The hypothalamus-pituitary-adrenal (HPA) axis is the main endogenous system mediating the stress response and changes in cortisol secretion have been associated with depressed mood in patients with CHD. Therefore, the study of the correlation between cortisol levels and depressed mood in acute coronary syndrome (ACS) patients could help to clarify the nature of the relationship between ACS and the risk to develop a depressive syndrome.

Objective We aimed to explore the relationships between HPA axis activity and depressed mood in ACS patients.

Aims The purpose of this study was to determine whether the cortisol awakening response (CAR) is associated and/or predict depressive symptoms in patients with an ACS.

Method Patients admitted to an ACS ward were asked to fill in the Beck Depression Inventory (BDI) and to collect saliva samples in the morning to measure their CAR. All the procedures were carried out within 1 week after an ACS. Patients were asked again to fill in the BDI six months after their ACS.

Results A lower CAR was associated with higher BDI scores after 6 months from an ACS.

Conclusions Our preliminary results suggest that hypoactivity of the HPA axis in the first week of an ACS may predict more severe depressive symptoms after 6 months from the ACS.

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

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EW0111

Rewarding network mechanism of left orbito-frontal cortex transcranial magnetic stimulation in depression



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Objective The difficulties in the clinical antidepressant treatment lead to the pursuing of more effective methods such as transcranial magnetic stimulation (TMS). Mixed findings from DLPFC targeted TMS result in the exploration of optimal stimulation location. Disturbed function of orbitofrontal cortex (OFC) has been indicated in depression, which is involving in the remission of depression. However, whether it could be a more specific treating target is not tested. Simultaneously, disturbed reward network (RN) has been confirmed in depression, however, whether this could be improved by TMS treatment remains unclear.

Methods Fourteen patients with major depressive disorder (MDD) were allocated in a four-week course of OFC targeted TMS. Motivated by the literature, before and after the treatment, the function connectivity of RN with the seed of ventral striatum was conducted. The results were also compared with the data from 33 healthy controls.

Results The OFC targeted TMS improved the clinical depression significantly and enhanced the function connectivity within the RN effectively. Specifically, lower baseline dorsolateral striatum connectivity predicted strong therapeutic effect of TMS on depression, while lower baseline insula connectivity predicted weak therapeutic effect on depression.

Conclusions The findings offer the first experimental evidence of the therapeutic effect of OFC targeted TMS on clinical depression, enhanced function connectivity within RN might be the potential neural mechanism (Fig. 1). Lower dorsolateral striatum connection might be a reliable neural biomarker of strong responding for TMS treatment, which helps to identify the patients who will be cured by TMS most effectively.

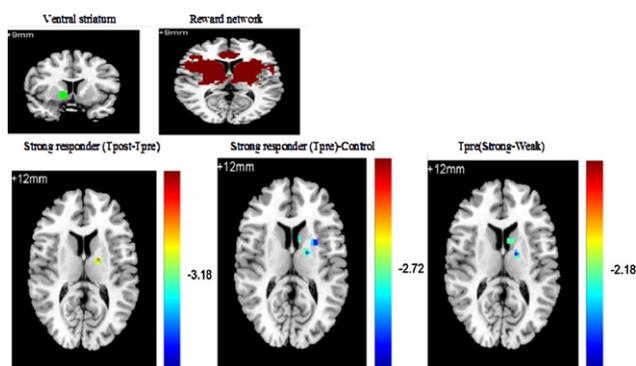


Fig. 1

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

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EW0112

Study on dimensional facets of personality as putative mediating factors for perinatal depression and anxiety in women who gave birth in Timis County

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Introduction Antepartum depression has garnered wide recognition from the scientific community in recent years. This has led to the replacement of the term postpartum with perinatal in the 5th edition of the DSM with regards to pregnancy associated depression. Personality may play a significant role in the susceptibility for developing perinatal depression.

Objectives The current research aimed to analyze the role of different facets of personality in mediating the occurrence of both, perinatal depression and perinatal anxiety, in women who gave birth in our region.

Methods A prospective survey was conducted at “Bega” Clinic Timisoara in 118 women being monitored during their antepartum period. Of these, 80 women attended to the second assessment between 6 to 8 weeks of their postpartum period. Postnatal depression was assessed by the Edinburgh Postnatal Depression Scale using a cut-off > 13. Personality was assessed by using the NEO-FFI Inventory that is five-factor model based.

Results The presence of antepartum depression was identified in 28 (23.7%) of pregnant women while postpartum depression was detected in 7 new mothers (8.8%). Among the NEO-FFI Inventory factors only Neuroticism had significant higher mean scores in both antepartum and postpartum depressive women ($P=0.003$ and $P=0.016$ respectively). There were also significant correlations between Neuroticism and antepartum and postpartum levels of both trait and state anxiety.

Conclusions In the psychological management and approach of delivering women Neuroticism should be taken into account as a possible mediating factor for both depression and anxiety during their perinatal period.



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

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EW0113

The subjective perception of time as a factor of the course of depressive disorders

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Introduction Personal peculiarities of the individual are the separate significant factor of formation and course of depression that has a predictive value.

Objectives Investigation of an emotionally significant attitude of patients to their past, present, future and also depending on the severity of depressive symptoms.

Methodology Forty patients with depressive episodes (F 32.0, F 32.1, F 32.2) and 35 persons without mental disorders were examined. An integrated approach was applied using the method of “Semantic time differential”.

Results Correlation analysis showed that in mild depression patients experienced their present condition changed, it is associated with emotional assessment of the past ($r=-0.441$) and extrapolated their experiences for the future—feeling doubt about their implementation in the future, including its activity ($r=-0.484$) and size ($r=-0.523$). In an moderate degree of depression patients in the present acutely realized that they had depression and from the point of view of this condition perceived their past and future—feeling a structureness and size of the past ($r=0.500$) and worrying about the emotional background, structureness and activity of the future ($r=-0.500$, $r=-0.756$ and $r=-0.500$, respectively). In severe depression patients did not associate their condition with the past, realized the presence of depression in the present, and did not expected to improve their emotional conditions in the future ($r=-0.432$).

Conclusions The data can be used to assess the dynamics of patient’s conditions with depressive episodes as well as to develop an adequate psychotherapy.

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

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EW0114

Cognitive impairment in major depressive disorder and severe depressive episode with psychotic symptoms

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Introduction Cognitive impairment in patients with depressive disorder is a subject of intensive research.

Objectives This study deals with the cognitive impairment in patients with severe depressive episode with psychotic symptoms and patients with major depressive disorder during the acute state of illness.

Aims The aim was to define domains and the level of cognitive impairment in both groups of patients.



The next aim was to compare profiles of cognitive impairment in both groups of patients.

The last aim was to find out a relationship between cognitive performance and severity of depressive episode during the acute state of illness.

Methods We have used neuropsychological test battery (Auditory–Verbal Learning Test, Rey–Osterrieth Complex Figure Test, Logical Memory, Digit span test, Trail making test, Verbal Fluency Test, Block Design and Benton Visual Retention Test) for the evaluation of the cognitive functions in patients with severe depressive episode with psychotic symptoms ($n=5$) and patients with major depressive disorder ($n=8$).

Results We found cognitive impairment in all examined domains in both groups of patients.

More profound cognitive impairment was found in patients with severe depressive episode with psychotic symptoms, particularly in visual memory, visuo-constructive abilities, speed of cognitive processing and executive functions. We found no correlation between cognitive performance and severity of depressive episodes.

Conclusions Our findings suggest a strong correlation between psychotic symptoms in depression and cognitive performance.

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

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EW0115

Maternal depressive symptom trajectories and psychosocial functioning in young adults: A 27-year longitudinal study

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Introduction Maternal depression is a well-known risk factor for child development. Longitudinal studies extending from pregnancy to adulthood, however, are rare.

Objectives The aim of the study was to investigate whether maternal high depressive symptom trajectories (chronic or intermittent depressive symptom patterns) from pregnancy to the adolescence of the children predict lower adaptive functioning or higher levels of emotional or behavioural symptoms in young adults.

Methods The sample comprised 329 first-time mothers from maternity centres in Tampere, Finland. Maternal depressive symptoms were assessed with the Edinburgh Postnatal Depression Scale (EPDS) antenatally and at two months, six months, 4–5 years, 8–9 years and 16–17 years after delivery. A model including four symptom trajectories (very low, low-stable, high-stable and intermittent) was selected to describe the symptom patterns over time. Adaptive functioning and problems of the children ($n=144$) were assessed by the Adult Self Report forms (Achenbach & Rescorla) at the age of 27 years.

Results High maternal depressive symptom trajectories did not predict self-reported lower adaptive functioning of the children in adulthood. However, children of mothers with chronic or intermittent depressive symptom patterns reported higher levels of internalising problems as well as symptoms of depression and anxiety in young adulthood than the children of mothers with very low or low stable symptom patterns.

Conclusions High maternal depressive symptom trajectories predict higher levels of emotional symptoms of children in young adulthood. The mechanisms of intergenerational transmission are important topics for further research.



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

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EW0116

Quetiapine XR as add-on to antidepressants in treatment-resistant late-life major depression



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Objective To assess the efficacy and tolerability of quetiapine as add-on to antidepressant agents in treatment-resistant late-life major depression.

Methods A group of 15 patients, 8 male and 7 female, mean age 68.2, evaluated in our department for clinical symptoms that made possible a DSM 5 diagnosis of major depressive disorder, were initiated on quetiapine XR, flexible daily dose 50–300 mg QD. All patients were on treatment with an antidepressant—either a selective serotonin reuptake inhibitor (SSRI) ($n=10$), or venlafaxine ($n=5$)—for at least 6 weeks and presented no improvement during current treatment administered at therapeutic doses. Patients were assessed using Montgomery Asberg Depression Rating Scale (MADRS), Clinical Global Impression–Severity (CGI-S), Global Assessment of Functioning (GAF), and Columbia Suicide Severity Rating Scale (C-SSRS) every 4 weeks for 3 months.

Results After 12 weeks, patients had a mean improvement in MADRS score of $45.7 \pm 2.3\%$, with a final mean MADRS score of 13.5 ($P < 0.01$). No variations were registered depending on the specific SSRI or venlafaxine concomitant treatment. Quetiapine XR mean daily dose administered during the study was 125 mg. C-SSRS didn't register significant variations in suicidal ideation or behavior throughout the trial. Overall GAF score increased with 22.1 points, and CGI-S decreased with a mean of 1.5 points at week 12 ($P < 0.01$). Tolerability of add-on quetiapine was very good, no serious adverse event being reported.

Conclusions Quetiapine was efficient and well tolerated in late-life resistant major depression, as add-on to SSRIs or venlafaxine, during the 12 weeks of the trial.

Disclosure of interest The presenting author was speaker for Bristol Myers Squibb and Servier, and participated in clinical research funded by Janssen Cilag, Astra Zeneca, Eli Lilly, Sanofi Aventis, Schering Plough, Organon, Bioline Rx, Forenap, Wyeth, Otsuka Pharmaceuticals, Dainippon Sumitomo.

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EW0117

The clinical course of depression: Chronicity is the rule rather than the exception



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Introduction Major depressive disorder (MDD) is often considered an episodic disorder. However, literature might underestimate the chronicity of MDD since results depend on follow-up dura-

tion and the extent to which psychiatric co-morbidity is taken into account.

Aim To determine, whether MDD should be considered an episodic or chronic disorder.

Objective To examine the 6 year course of MDD, incorporating data of multiple time points and taking common psychiatric co-morbidities into account.

Methods Data were from 903 patients with current MDD at baseline in the Netherlands study of depression and anxiety, with subsequent data from 2 year, 4 year and 6 year follow-up. Four course trajectories were created taking all information during follow-up into account classifying patients as (1) recovered, (2) recurrent without chronic episodes, (3) recurrent with chronic episodes or (4) consistently chronic. A chronic episode was defined as having symptoms consistently over 2 years.

Results The recovery rate of MDD was 58% at 2 year follow-up but looking at 6 year follow-up and taking into account co-morbid dysthymia, (hypo) mania and anxiety disorders reduced this recovery rate to 17%. Moreover, more than half of the patients experienced chronic episodes.

Conclusions Longitudinal data of this psychiatric cohort study showed that full recovery is the exception rather than the rule. MDD follows a chronic course and, moreover, persons are prone to switch to other psychiatric disorders.

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

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EW0118

Mirtazapine and trazodone efficacy on major depressive disorder (MDD) is moderated by patients' age and sex: A randomized, controlled trial



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Introduction NaSSA antidepressant mirtazapine and SARI trazodone has proven efficacy on MDD.

Aim To compare differences in mirtazapine and trazodone efficacy on MDD in different age and sex groups.

Methods A consecutive sample of 60 MDD outpatients were randomized to mirtazapine 30 mg/day or trazodone 150 mg/day for a 3 months stable dosing period at the department of biological psychiatry and psychogeriatrics of the university psychiatric hospital Vrapče, Croatia. Outcome was relative lowering of HAM-D-17 scale result. The study was single blind: rater was blinded, while patients informed regarding prescribed medication.

Results Overall efficacy of mirtazapine and trazodone was comparable (84% lowering of HAM-D-17 in both cases; difference $P=0.754$). After adjustment for MDD baseline severity (CGI-S), education, marital and working status, interaction of age and sex significantly moderated two drugs' efficacies. In patients older than 47 years, in male patients trazodone was significantly more effective, and in female patients significantly less effective than mirtazapine. This effect was increasing by aging.

Conclusion Mirtazapine and trazodone efficacy on MDD is moderated by patients' age and sex.

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

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EW0119

Early prediction of non-response to anti-depressive treatment with an easy-to-use electrophysiological index dynamics



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Introduction The evaluation of response to pharmacological treatment in MDD requires 6–8 weeks. Therefore, the ability to predict response, and especially lack of response to treatment, as early as possible after treatment onset or change, is of major significance. Many studies demonstrated significant results regarding the ability to use EEG and ERP markers. However, these markers are derived from long EEG/ERP samples, often from multiple channels, which render them impractical for frequent sampling.

Methods We developed a new electrophysiological attention-related marker from a single channel (2 electrodes) and 1 minute samples. This work presents an initial evaluation of the ability to harness this marker, for early differentiation between responders and non-responders to anti-depressive treatment, in 26 patients with various levels of depression and heterogeneous treatment interventions and 10 healthy controls. Subjects who initiated treatment for depression were followed clinically through their Hamilton depression scores as well as their EEG activity twice a week for a period of 8 weeks. Any acceptable anti-depressive treatment been included. The improvement in Hamilton scores at the end of 8 weeks used to discriminate responders and non-responders.

Results Within two weeks, we could differentiate between non-responders and responders to anti-depressive treatment, with absolute discrimination between subjects with moderate to severe depression, and with 0.71 sensitivity and 0.96 specificity within the whole depressed subjects.

Conclusions This is a proof of concept for an easy to use, cheap and quick marker for the lack of respond to anti-depressive treatment within two weeks of anti-depressive treatment.

Disclosure of interest Relevant: BrainMARC ltd funded the study. Non relevant: Lundbeck Israel- honorarium.

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EW0120

The dopaminergic polymorphisms in psychomotor retardation of depression: A pathway-based imaging genetics association study



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Introduction Several lines of evidence implicate dopamine is involved in the psychomotor retardation (PMR) in major depressive disorder (MDD). Besides, abnormal cerebral blood flow (CBF) of PMR was also found in the cortico-basal ganglia-thalamo-cortical

(CBTC) circuitry. We hypothesize that the polymorphisms of the dopaminergic pathway should be associated the abnormal CBF in the CBTC circuitry.

Objective To investigate the association of the polymorphisms throughout the dopaminergic pathway with the cerebral blood flow (CBF) of PMR in MDD.

Methods The blood sample of 63 patients (23 PMR, 40 NPMR) were collected for genotyping the dopaminergic polymorphisms (92 SNPs from 10 genes). After quality controlling, 15 SNPs in 8 candidate genes were entered into the mass univariate modeling analysis. For the statistical analysis, patients with unqualified fMRI image and unmatched demographic data were ruled out. Consequently 56 patients (23 PMR, 33 NPMR) were taken into the statistical analysis.

Results Genotype-by PMR associations with the CBF differences predominately distributed in bilateral prefrontal cortex (PFC), temporal cortex, and striatum, the left thalamus, the right primary motor cortex, insular cortex, fusiform gyri, and lingual gyri. There were significant negative correlation between the CBF of the PFC and the PMR severity. However, the CBF of the striatum and the thalamus were positively correlated with the PMR severity.

Conclusions The polymorphisms of dopaminergic pathway are associated with not only CSTC circuitry, but also some other brain regions involving in cognition and emotion controlling. While the increased CBF of PFC might suppress PMR, the increased CBF of striatum and thalamus adversely aggravate PMR.

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

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e-Poster walk: E-mental health

EW0121

The association between time spent on computer tablets and attention deficit hyperactivity disorder (ADHD) among children from 3 to 12 years old

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Introduction ADHD is one of the most common neuropsychiatric disorders in children. The worldwide prevalence is estimated to be between 2–18%. The exact cause of ADHD is still unknown, but some factors have been found to increase the risk of having ADHD like increase TV exposure time and video games.

Objectives To study the association between time spent on computer tablets (iPads or Android tablets) by children and ADHD.

Methods This cross sectional study targeted children from 3 to 12 years old who use computer tablets. Two non-random sampling techniques were used to distribute self-administered questionnaires to one of the caregivers of 275 children, 36 of them installed an application in their children's computer tablets that measures the actual time spent by the children. The questionnaire contains demographics, validated Arabic ADHD rating scale and questions to assess the parental attitude. The SPSS package was used for statistical analysis.



Results The results showed that the overall prevalence of ADHD is 22.2% and it is higher in males. There is no statistically significant association between ADHD and all variables except for the time spent on computer tablets, which showed that children using computer tablets more than the average time have an increased chance of having ADHD with an odds ratio of 1.9 with 95% confidence interval from 1.08 to 3.40.

Conclusion This study shows an association between time spent on computer tablets by children and ADHD. There is need for longitudinal studies to demonstrate the temporality and to confirm the association.

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

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EW0122

“Tell me more and help me to decide, doctor” – Information seeking attitudes and use of information resources in patients with depression

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Introduction Shared decision-making (SDM) has shown to improve adherence, decrease hospitalization, and enhance knowledge of the illness and satisfaction with mental health services. Eliciting each patient's preferences for information allows tailoring the physician behavior according perspectives and expectations. Patients with depression (PWD) have frequently limited information regarding the availability and efficacy of psychiatric treatments.

Aims/objectives Unveil information seeking attitudes of patients with depression and their a priori use of digital sources of information.

Methods A convenience sample of PWD was submitted to a battery of self-report questionnaires. Standardized instruments were used to measure information seeking attitudes and the accessibility and usage of digital information resources.

Results Thirty-six patients were inquired, with a mean age of 39.8 (13.4) years. Information-seeking preferences were high, with an API-I score of 90.1 (13.8). Preferences for information-seeking behaviors were higher in severely depressed ($P=0.010$) and less educated ($P=0.026$) patients. Preferences were negatively correlated with length of psychiatric treatment ($r=-0.514$; $P=0.002$). Sixty-one percent had a priori information regarding their psychiatric problem, and 68.8% considered it was influential in the decision-making behavior. Access and use of digital resources were correlated with education level (0.644; $P=0.000$ and 0.554; $P=0.003$), age (-0.357 ; $P=0.001$ and -0.559 ; $P=0.007$) and illness severity (-0.431 ; $P=0.04$).

Conclusion Patients with depression want to be informed about their mental condition and treatment options. Few resources are used and decision mostly relies on health professional's opinion and guidance. Accessible resources seem scarce and future research shall address the acceptance and impact of decisional-aid instruments on this population.

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

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EW0123

Remote cognitive behavior therapy for obsessive-compulsive disorder in Egypt: A randomized trial

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Introduction Recently, cognitive behavior therapy has gone from being a promising new treatment to the most well established psychological treatment. In several hundreds of randomized controlled trials, it has shown effectiveness in treating obsessive-compulsive disorder. In addition, CBT is thus a highly promising treatment from a societal cost-effectiveness perspective.

Objectives Several forms of CBT have been developed using remote communication methods, the general idea is that CBT delivered through the Internet or using telephone communication reflects the content of conventional CBT, but is administered as a form of therapist-guided treatment protocol.

Aims Estimation of applicability and efficacy of remote cognitive behavior therapy for treating patients suffering from obsessive-compulsive disorder in Egypt.

Methods A group of patients suffering from obsessive-compulsive disorder was randomized into two groups; one received CBT as usual and the intervention group received CBT using telephone and/or the Internet. Both groups were assessed pre- and post treatment using the Yale Brown Scale for OCD symptom severity and Beck depression inventory for symptoms of associated depression. The quality of life scale was also applied to all patients participating in the study.

Results Pre- and post-study measures indicated a statistical and clinically relevant change in patients of two groups.

Conclusions Delivering CBT for patients suffering from OCD in Egypt using remote communication methods appears to be effective in alleviating symptoms and improving the quality of life. Yet some adaptations to the standardized treatment protocol are mandated to render the protocol applicable through remote communication and enhancing cultural reception.

Disclosure of interest The author has not supplied his/her declaration of competing interest.

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EW0124

Developing a platform for online psychotherapy sessions

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Introduction Providing mental health services by real-time videoconferencing has been increasingly adopted as a method of reaching hard-to-serve populations since the early 1990s. There is a growing body of evidence investigating the efficacy of delivering online mental health care. Though studies vary in quality, they generally demonstrate that online mental health care is effective across multiple age groups. Online is generally well accepted by patients and specialists and its implementation is feasible. It is also convenient and cost effective.

Objectives Due to the fact that almost 75% of Romanian population have internet access and that mental health services are still stigmatized we perceived the opportunity to develop an online platform where patients can easily find and interact with mental health specialists using secured videoconference.

Methods During a timeframe of two years a multidisciplinary team managed to develop and test an online platform where patients can access psychotherapy sessions. Main design and devel-

opment targets were usability and confidentiality/security. The platform has an appointment tool, a secure videoconference solution and an integrated online payment service.

Results The platform can be accessed at <https://atlashelp.ro>. It was launched in mid July 2016 and it already gathers more than 50 mental health specialists. The feedback was excellent from both specialists and patients.

Conclusions The solution developed is compliant with most of international standards and offers easy to access and high quality psychotherapeutic services for Romanian patients.

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

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EW0125

Automatic analysis of psychotherapy videos by using synchrony signal

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Introduction Some techniques of psychotherapy are now widely evidence-based and very cost effective, especially cognitive and behavioral therapies. Most of the studies are indirectly based on patient reported outcomes or problematic behaviors evaluated before and after the psychotherapy. Unfortunately, studies struggle to control for what is actually happening during psychotherapy, especially the non-specific aspects, like the interaction between the patient and the therapist, that is a known predictor of psychotherapeutic efficacy. Consequently, it is difficult to make precise links between theory and practice, control its application and understand which of its ingredients are the most important.

Objectives Here, we suggest a research framework to extract automatically social signals from psychotherapy videos. We focused on the extraction of synchrony of the motor signal since it was considered to be a predictor of psychotherapeutic outcome in an earlier study and a relevant signal for the study of mother-child interactions.

Methods We developed open source python and R scripts to compute this synchrony of motion history on a database of interaction between a parent and a child <http://bit.ly/syncpsy>

Results We confirmed that synchrony, was a relevant signal for studying social interactions since the scores are completely different from synchrony scores computed on shuffle motion history data. However, these scores alone are unable to distinguish the two periods of the videos (with and without disagreement).

Conclusion Synchrony of motion history is a promising marker of social interactions.

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

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EW0126

Telemedicine – How does it work in practice?

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Introduction Today telemedicine is a very popular and rapidly growing area, which allows the treatment, regardless of the distance between the patient and doctor. We present the latest research, conducted amongst polish doctors about the usefulness of telemedicine as a therapeutic tool in different medical specialties.

Objectives and aims The aim of the study was to examine doctors' attitude to telemedicine and usefulness of Platform 'Moneo' in the therapy of the areas other than psychiatry.

Methods The first part was the polish telemedical project (grant no. POIG.01.04.00–04–219/12) conducted to assess medical Platform 'Moneo'. It was based on a questionnaire filled by participants in scale 1 to 5. The second study based on authors' anonymous questionnaires was distributed amongst 105 psychiatrists from Poland. **Results** Everybody noticed advantages of medical platform. The Platform's functionalities, rated as the best by healthcare directors were: educational materials, appointment and therapy planning. Managers indicated parts, which could be improved in e-prescribing system, the process of collecting information about hospitalizations and operations. Functionalities indicated by doctors as desirable to increase the utility of the platform is e-prescribing system, reporting side effects, planning visits, educational materials. In study addressed to psychiatrists, only 15% of them claimed to have an extensive knowledge on telepsychiatry, but they had confirmed the potential of telemedicine in psychiatry. **Conclusion** Telemedicine is a useful method, which can improve quality of healthcare services and make an access to it possible for some people. However, lots of improvements in telemedical services are needed to make it an efficient medical tool.

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

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EW0127

Smartphone for mental health patients: A double-edged weapon?

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Introduction The current development of new technologies dedicated to healthcare, such as smartphones, provides an interesting opportunity to improve both assessment and follow-up of different illnesses, particularly mental diseases.

Aim To investigate, the contributions and risks of smartphone use among mental health patients.

Methods We conducted a literature research of PubMed and Scencedirect using the key words "smartphone"; "bipolar disorder"; "schizophrenia"; "anxiety disorders"; "addiction"; "dementia".

Results Literature data provide several examples of the use of the smartphone's features for patient monitoring. One such example involved patients with Alzheimer disease. An attempt to deal with the risk of wandering was proposed with the use of the Android app iWander, which works by using the smartphone's GPS to track the patient at all times. As for bipolar disorder, several applications have been proposed both for diagnostic instruments... and interventional purposes (applications that offer subjects psychoeducation in the form of emotional self-awareness...). Several other applications can be used in the management of schizophrenia, social anxiety disorder and addictions. Along with its obvious benefits, however, the smartphone use has a dark side. Problematic smartphone use is one form of behavioral addiction recently identified. In addition, the access to Internet through the smartphone opens the door to Internet addiction and its sub-types (cybersexual addiction, cyber-relationship addiction...).

Conclusion The use of smartphone for medical purposes must be cautious among mental health patients, because of a field of vulnerability that promotes the appearance of other mental diseases, especially addictions, which may darken their prognosis.

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

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EW0128

Online clinic, a new method of delivering psychotherapy

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Introduction Psychotherapy is one of the most widely investigated and practiced forms of treatment used in the treatment of different mental health problems. However, there are some barriers in delivering this treatment, including long waiting lists, therapist shortage and lack of access to therapists in remote areas. Therefore, using alternative methods to overcome these barriers seems necessary.

Method The division of psychiatry at Queen's university provides different psychotherapy groups for individuals suffering from different kinds of mental health problem. We gave the participants the opportunity to choose online psychotherapy through an online clinic or the live group sessions. All the patients were assessed by different questionnaires for evaluation of the efficacy of the treatment. The online clinic was designed to facilitate the communication between patients and clinicians and the material was delivered in PowerPoint format through the online platform. All user activities were logged for security purposes.

Results Statistical analysis showed that this method of delivering psychotherapy significantly reduced patients' symptoms and also decreased the number of people on the waiting list and increased the amount of compliance in patient's taking part in psychotherapy and number of people who were able to receive psychotherapy.

Conclusion Despite the proven short and long-term efficacy of psychotherapy, there are some barriers in delivering this treatment. It is an unequivocal public health needs to overcome these barriers through alternative methods of therapy. With Internet use ever rising, developing an online clinic could be a new way in delivering different kinds of psychotherapy.

Disclosure of interest I am a co-founder at the Canarmony Corp, which has developed an online psychotherapy platform named OPTT.

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EW0129

New technologies in suicide prevention

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Introduction The use of new technologies is beginning to be embraced by volunteers and professionals, from crisis lines, suicide prevention centers, mental health centers, researchers and politicians.

Objectives New technologies have entered the field of suicide prevention with high expectations for the future, despite a relatively slow start. Internet, smartphones, apps, social networks and self-help computer programs have a strong potential to achieve, sustain and help people at risk of suicide, their families, teachers, health professionals and for the survivors.

Aims To provide comprehensive overview on the role of new technologies in suicide prevention.

Methods Given the relatively early and underdeveloped state of this area of inquiry, the author viewed his task as gathering and critically appraising the available research relevant to the topic, with the aim of formulating a hypothesis to be tested with further research.

Results New cheaper services will soon be available to effectively reach and assist the most vulnerable people and prevent suicides.

The potential to help vulnerable people who do not use conventional mental health services and people in regions with inadequate psychiatric facilities represents an attractive target with favourable perspectives for suicide prevention. Smartphone, apps, websites, avatar coach, and virtual suicidal subjects are important for both delivering help as well as to educate mental health professionals as in the case of role playing.

Conclusions Shadows and lights are emerging through the use of new technologies. If more people can be reached there are however concern for improper use of social network and pro-suicide websites.

Disclosure of interest The author has not supplied his/her declaration of competing interest.

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EW0130

Ecological momentary assessment of bipolar disorder episodes with a smartphone application: Study protocol



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Introduction Subclinical symptoms of depression or mania, present prior to clinical manic or depressive episodes in individuals with bipolar disease. Mobile applications that measure habitual behavioral patterns such as mobility, physical activity level and social engagement present an opportunity to identify state transitions preceding relapse. This could lead to earlier intervention and improved treatment outcome.

Aims To identify associations between changes in habitual behavioral patterns measured with smartphone usage and psychiatric emergency room visits or admissions for bipolar patients.

Methods In a case-crossover study, around 70 patients at a specialized outpatient clinic for bipolar disorder will be offered to install MoodMapper[®], an application that registers text message and calls (but not communication content or recipients), mobility (but not location), number of steps taken, screen-time, and battery level. A baseline level for each individual will be established. Deviations from baseline habitual behavioral patterns in the time preceding a psychiatric emergency room visits or admissions will be analyzed in order to establish predictor variables. The patients will be followed up to 18 months.

Results Preliminary results will be presented.

Discussion Smartphone-collected behavioral data can be used to predict worsening or improvement of a patient's condition. As smartphone ownership becomes more commonplace, mobile apps present a unique opportunity to detect digital real-time signatures of mental illness in a way that is minimally invasive to individual's daily life and privacy.

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

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EW0131

Reasons for using schizophrenia Internet forums in Croatia



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Searching the Internet is one of the main sources for obtaining health and medical information. When searching the Internet, users can find information published by various organizations, companies, agencies or institutions and also information posted by users on the user-oriented Internet platforms, such as forums, blogs, and various social networks. There are no single, standardized mechanisms to ensure the truthfulness, objectivity, credibility and comprehensibility of health information available on the Internet. Moreover, a very small proportion of medical content on the Internet is revised or moderated by health experts. The aim of this study was to examine the motives for using schizophrenia Internet forums in Croatia. The study sample consists of user-generated posts on the largest Croatian schizophrenia Internet sub-forum over a period of one year, analyzed using qualitative methodology-grounded theory. The results showed that the majority of users use schizophrenia Internet forums to receive emotional support from others with the same diagnosis. Other important reasons were to exchange information about medications, symptoms and prognosis of the illness. It was noted that a large number of entries, with information about drugs and symptoms of the illness, contain inaccurate information. Posts about treatment and symptoms of schizophrenia provided by Internet forums often contain unverified information and can potentially harm users of such forums and also undermine doctor-patient relationship. Expert moderation of these forums and better education of patients by their physician, could help patients receive better medical care and to strengthen the confidence of patients in their physicians.

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

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e-Poster walk: Emergency psychiatry and forensic psychiatry

EW0132

Structured risk assessment: Aggression and safety in ambulatory emergency service



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Introduction Discussing the threat of aggression is not always at the forefront in ambulatory care providers. A structured risk analysis model for ambulatory emergency psychiatry is currently not available, while aggression does occur regularly.

Objectives and aims The aim of this study is to evaluate the added value of a risk analysis model and implement the best available model in emergency outpatient practice.

Methods The study design is a mixed method model. Semi-structured questionnaires were administered by nurses and psychiatrists. A benchmark study took place at an outpatient

emergency service in South Netherlands. A literature search was performed using PubMed and CINAHL for the period 2000–2014.

Results From this research, we found a discrepancy between the perception and the actual occurred aggression. Care workers often do not discuss aggression related issues, however, case studies show that aggression does occur frequently. In literature studies we have found several risk assessment models, most of which are used within the inpatient psychiatry.

Conclusion To avert aggression incidents and prevent recurrence, it is important to maintain a solid risk analysis model. Introducing a checklist risk crisis service (CRC) can promote a critical reflection on the threat of aggression and bring awareness on the theme of aggression. Implementation of a CRC in daily practice can be of great value.

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

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EW0133

Incidence of Gamma-Hydroxybutyrate (GHB) abuse and dependence in a rural crisis resolution team in the Netherlands



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Introduction GHB abuse and dependence are common in the Western region of Northern Brabant, a rural region in the south of the Netherlands.

Aim The main goal is to look at the incidence and management of GHB abuse and dependence seen by the CRT in a rural area.

Method This is a retrospective data analysis based on patient files of all assessments of the Western Northern Brabant crisis resolution team (CRT) from 2013 till 2015. Inclusion criterion was current or recent (<24 hours) use of GHB with or without alcohol and other drugs. Several parameters were studied: frequency, duration and dose of GHB use, reason for referral and treatment/policy, which is used (admission, prescribed medication).

Results On a total of 4093 cases 50 persons were included. It shows that the percentage over the years has remained about the same (resp. 1.13%, 1.54% and 1.02%). Of all cases 41.5% used GHB only, 39.6% also used other drugs, and 9.4% GHB with alcohol and other drugs. During the assessment in the emergency department 37.7% was treated with a benzodiazepine, while 43.4% received no psychotropic medication.

Conclusion GHB abuse and dependence are not commonly seen in the CRT, but the withdrawal symptoms can be challenging and GHB withdrawal is often accompanied by aggressive outbursts. Therefore, it is very important to make a decision whether outpatient or inpatient treatment is necessary and if psychotropic medication is needed.

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

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EW0134

Clinical effects of the suicide attempt with topiramate



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Objectives We report the case of a 45-year-old male diagnosed with mixed personality disorder brought the hospital for strange behavior. He is being treated with fluoxetine, lorazepam and topiramate; and visited his psychiatrist 72 hours ago.

Results He has an adequate level of consciousness and describes retrograde amnesia of the last 72 hours. We found blocks of thought and abnormal behaviors such as dressing and undressing or sorting his belongings repetitively. Urine was only positive for benzodiazepines. In arterial blood gas analysis it performed highlights compensated metabolic acidosis. After ruling out neurological diseases and administering fluids i.v. the symptoms remitted, persisting only the amnesia, establishing the diagnosis of suicide attempt with topiramate.

Conclusions The use out-of-guidelines of topiramate in personality and eating disorders is an increasingly common habit in daily clinical practice, as well as suicide attempts with this drug. In therapeutic doses, over 40% of patients taking topiramate, have asymptomatic metabolic acidosis, which in stressful situations may have clinical relevance. In case of acute poisoning, metabolic acidosis is more frequent and severe, manifesting itself by hyperventilation, hypertension and varying degrees of impaired consciousness and cognitive functions. There is also a paradoxical increase in the frequency of seizures. Treatment is supportive and there is no antidote, being lethal cases exceptional. Gastric lavage and administration of activated charcoal have limited use. The determination of plasma concentrations of topiramate is not available for most centers and is not useful in acute poisoning.

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

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EW0135

How involuntary admission might have been avoided: An interview study of referring general practitioners



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Introduction The legal criteria for involuntary admission in Norway are that the patient has a serious psychiatric disorder (i.e. psychosis) and is in need of admission to secure needed treatment or that there is a risk of danger. While there have been some studies focusing on coercion in hospitals, less is known about the processes leading up to involuntary admission and the reasoning of referring doctors. In Norway, it is primarily general practitioners (GPs) that refer patients.

Aims To study which factors that GPs who had recently referred patients to involuntary admission thought might have made their latest referral unnecessary.

Methods Seventy-four GPs were interviewed by phone. They had all recently referred patients involuntarily to a major Norwegian university psychiatric hospital. One central question concerned how their latest involuntary referral might have been avoided.

Results These are the main factors that the GPs thought could have been of importance in avoiding involuntary referral of their patients:

- that the patient took the prescribed medication (28%);
- that they personally had the opportunity to closely follow up the patient in the following days (22%);
- that other health care staff could follow up the patient closely in the patient's own home (i.e. home care nursing, etc.) (19%);
- that a family member of the patient could help the patient (8%).

Conclusions The GPs suggested that an increased availability of resources and more assistance from other parts of the health service

were some of the factors that could be of importance in reducing involuntary admissions.

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

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EW0136

Comparison of self-reported to observational agitation scales



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Background Increasingly, psychiatric patients are presenting to the emergency department (ED) with agitation. ED staff rarely, if ever, use scale to assess agitation or use any self-assessment tools to determine a patient's level of agitation.

Objectives To evaluate the relationship between a patient's self-reported level of agitation and other validated agitation assessment tools.

Methods This is a prospective study using a convenience sample of patients presenting to the ED with a psychiatric complaint. This study was conducted in an urban, inner-city trauma level 1 center with 55,000 ED visits a year. After obtaining consent, a research fellow administered observational tools, PANSS-EC and ACES and BAM and Likert scale self assessment tools on arrival to the ED. SPSS version 24 was used. The study was IRB approved.

Results A total of 139 patients were enrolled. The most common ED diagnoses were depression, schizophrenia, or bipolar. Majority of patients were African-American (59%), falling in the 25–44 year old age range (56%) 52% male. Self-reported agitation was rated as moderate to high in 72.4% of these patients on the Likert scale and 76.3% on the BAM. There was a significant correlation between the self-reported score versus the BAM ($F = 11.2$, $P = 0.00$). However, the self-reported scores were significantly different from the scores assessed by observational tools ($P < 0.05$).

Conclusions ED providers should assess a patient's self-reported level of agitation because a patient could be feeling markedly agitated without expressing outward signs detected by observational tools.

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

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EW0137

Intrafamilial homicide: A descriptive study of fratricide in Quebec



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Introduction Fratricide comprises approximately 2% of all intra-familial homicides. Analyses of national data on fratricide show that adult males are considerably more likely to be offenders and victims or fratricide. A previous study suggested there were two main categories of fratricide: related to alcohol intoxication or associated with mental disorder.

Objectives Present and discuss the results of an original study comprising 28 cases of fratricide.

Aims To provide up-to-date scientific knowledge on fratricide.

Method This is a retrospective study of 28 cases of fratricides, extracted from a sample of over 1000 consecutive cases of

coroners' files of victims of domestic homicide occurring between 1990–2015.

Results Two victims out of three were males, most of adult age. There were only 2 female offenders in the whole sample. A majority of victims were Caucasians while 21% were aboriginals. Most victims were stabbed to death. The murders usually occurred at the residence of the victim. In total, 39% of offenders suffered from a major mental illness; 21% were acutely intoxicated at the time. In victims, 29% were under the influence of alcohol and 18% of offenders were free from mental problems.

Conclusion Our data indicates that fratricides are most often impulsive and lack preparation. The most common method was the opportunistic use of a knife, suggestive of impulsive killing, and this is consistent with the rest of the information including the high rate of alcohol use and intoxication at the time. The study confirmed two main categories of fratricide: impulsive killing in the context of alcohol and dispute and killing associated with psychosis.

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

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EW0138

A residential psychiatric approach for forensic patients: The experience of "Tiziano" facility



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Introduction Italian forensic mental hospitals closed on March 31st, 2014 and offenders sentenced to need a psychiatric care are restrained in facilities. Since 2002, the residential psychiatric facility "Tiziano" (Aulla, Massa-Carrara) hosts forensic patients, on appointment with national health system and compulsorily admitted by the justice system.

Methods This descriptive and prospective study provides a thorough report on the main epidemiological, clinical, and criminological features of 60 mentally ill offenders hosted in the "Tiziano" facility between 2002 and June 2016.

Results Most forensic patients were male (90%, $n = 54$; average age: 33 years). Sixty percent of subjects ($n = 36$) had a clinical diagnosis of psychosis (19.4% affective psychosis, 72.2% non-affective psychosis, 8.4% organic psychosis), and about one third of them (31.6%, $n = 19$) had a personality disorder (63.1%, $n = 12$, antisocial personality disorder, 42.1%, $n = 8$, borderline personality disorder, 21.0%, $n = 4$ other personality disorders). Mental insufficiency was diagnosed in 11.6% ($n = 7$) of subjects, while substance use disorder affected 35.0% ($n = 21$) and alcohol use disorder 26.6% ($n = 16$). Forty-nine patients (81.7%) had committed serious crimes against people; 15% ($n = 9$) were murderers or attempted murderers, and 46.7% ($n = 28$) had committed more crimes. The average length of stay is 22 months.

Conclusions To date, there are no data about long-term follow-up and clinical outcome of mentally ill offenders restrained in Italian psychiatric facilities. Additional studies are needed to assess psychopathology and differentiate treatment according to diagnosis, and to identify risk factors of relapse for criminal behavior relapse.

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

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EW0139

A systematic review and synthesis of outcome domains for use within forensic services for people with intellectual disabilities



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Aims In response to the Winterbourne scandal, and the large number of people with intellectual disabilities (IDs) and offending behavior being treated in psychiatric hospitals, this study identified the domains that should be used to measure treatment outcomes of this group.

Methods A systematic search of relevant databases was undertaken to identify domains. Sixty studies met the eligibility criteria, and findings were synthesized using content analysis. The findings were refined within a consultation and consensus exercises with carers, service users, and experts.

Results The final framework encompassed three a priori superordinate domains (a) effectiveness, (b) patient safety, and (c) patient and carer experience. Within each of these, further subdomains emerged from our systematic review and consultation exercises. These included severity of clinical symptoms, offending behaviors, reactive and restrictive interventions, quality of life and patient satisfaction.

Conclusions To index recovery, services need to measure outcome using this framework.

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EW0140

Abuse during childhood and burnout



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Background Childhood maltreatment is the most important risk factor for the onset of psychiatric disorders. Revictimization is really frequent as well as substance or alcohol abuse, often linked to self-treatment. Accordingly, our pilot study aims to analyze possible implication of childhood maltreatment on resilience and burnout.

Methods Patients admitted to outpatients psychiatric department in a six month period (1st January 2015–30th June 2015) complaining low to moderate anxiety or depression have been administered childhood trauma questionnaire (CTQ) and Maslach burnout inventory.

Results CTQ results in 71 (87%) Emotional Neglect (EN), 2 (2.4%) Sexual Abuse (SA) and 2 (2.4%) Physical Abuse (PA). Twenty-one showed high emotional exhaustion, 21 high depersonalization, 9 moderate personal accomplishment while 1 showed low personal accomplishment. None of the patients who suffered child sexual abuse shows depersonalization or personal accomplishment difficulties linked to burnout. Patients negative to CTQ show respec-

tively moderate emotional exhaustion ($M = 20 \pm 20.15$), moderate depersonalization (11 ± 9.42) and high personal accomplishment (17 ± 12.38). Patients who suffered emotional neglect show the poorest profile at Maslach, particularly regarding emotional exhaustion. ANOVA reaches statistical significance among the 3 groups of detected abuse (EN, SA, PA) in personal accomplishment ($P = 0.013$) confirmed at POST HOC between EN and SA ($P = 0.0004$).

Conclusion The results obtained in this pilot study highlight two important considerations. First, it seems urgent to stress the huge prevalence of emotional neglect among those referred to psychiatric outpatient department due to moderate anxiety or depression complain. Moreover, emotional neglect appears to be the most compromised factor of burnout, especially if compared to sexual abuse.

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

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EW0141

Mental health problems among male offenders and youths with conduct problems



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Background Mental health problems among youth, are frequent especially in offenders and as such is very important to identify as early as possible.

Objectives To estimate and compare level of some mental health problems between three groups of male youths: juvenile offenders in correctional center, adolescents with conduct problems and university students.

Method It is cross-sectional quantitative study. The sample consisted of three male groups: 41 offenders placed in one correctional center (Mean age = 18.02; SD = 2.20); 41 male students of secondary school with conduct problems (Mean age = 16.97; SD = 61) and 42 male university students randomly selected (Mean age = 19.7; SD = 1.77). They filled questionnaire MAYSI-2. Data processing was done with SPSS 21.0 and Microsoft Excel 2013.

Results Juvenile offenders in correctional center scored significantly higher than other two groups of youth in alcohol/substance abuse subscale ($P = 001$), Suicidal ideation subscale ($P = 048$) and traumatic stress subscale ($P = 003$) based on Kruskal-Wallis Test. Juvenile offenders in correctional center scored higher but non-significantly in angry/irritable and depression/anxious subscales. Students of secondary school with conduct problems scored higher but non-significantly in thought disturbance and somatic subscales.

Conclusion Male juvenile offenders have significantly more mental health difficulties. Mental health needs of youths in Kosovo (especially juvenile offenders) seem to be numerous and is important to be addressed properly.

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

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EW0142

Causes of institutionalization of children and adolescents in a shelter in Brazil



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Introduction A growing number of studies investigating the relationship between violence and problems in child psychiatry. Consistent findings have been verified in studies related to aggressive behavior, antisocial and post-traumatic stress disorder with the violence against children. The financial costs associated with child abuse and neglect, including future lost earnings and expenses with mental health treatments were estimated at \$ 94 billion US in 2010. The abuse and child neglect can cause permanent changes in the body's response to stress, with profound changes in the brain development.

Methods Consisted of an exploratory study of character quantitative and qualitative, with document design. Records of children and adolescents who stayed in the shelter from 2011 to 2015 were surveyed. In order to collect data was used input and shutdown records used for shelter.

Conclusions Unlike Brazil and the rest of the world's data, the leading cause of institutionalization in this work in the town of Mafra, was neglect rather than abuse. Perhaps for the under-reporting of abuse cases. This, coupled with the fact that there are no typically physical findings associated with sexual abuse, made the detection more difficult. This paper alerts the importance to increase our ability to identify all child abuse experiences, for protecting our children. Not only sexual abuse, but also physical abuse could benefit from strategies to enhance detection.

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

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EW0143

Addiction and violence among people with severe mental illnesses: An updated literature review

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Introduction Violence has important relevance for the criminal justice and health care systems especially forensic psychiatry. Previous studies reported the relation between violence, mental illness and substance abuse. We purpose to investigate the association between addiction and violence among people with severe mental illness through a review of literature.

Method we conducted a Medline and Pubmed literature search of studies published between "2000 and 2015", combining the terms "psychotic disorders", "addiction" "substance use disorder".

Results The studies published showed that much of the excessive violence observed in patients with severe psychiatric disorders is due to co-morbid substance use. Increasing violence associated with substance use disorders in these patients had same level than that observed among subjects without severe psychiatric disorders. Increasing violence in subjects with substance use disorder but without severe mental disorders was higher than in patients with only severe mental disorders. In fact, mental disorders could increase the risk of installing on substance use disorders, and therefore increase the risk of partner violence. Among the substances used, if alcohol is frequently identified as a consumer risk for the emergence of violence among subjects with severe psychiatric disorders, stimulants could be causing more violence than alcohol.

Conclusions Severe mental illnesses are associated with violence. However, most of the excess risk appears to be mediated by substance abuse co-morbidity. This finding improves the need of prevention of substance use disorders and emphasizes the fact that patients with severe mental disorders are more often victims than perpetrators of violence.



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EW0144

Experiences of young offenders and health-care professionals involved in transitions from forensic adolescent mental health services: A qualitative study

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Introduction Transitions from child and adolescent mental health services to adult mental health services have been quite troublesome for young people in the UK. There is strong evidence throughout the literature that long waiting lists and rigid adult services criteria hamper dramatically transitions across services. Little knowledge exists about transitions from forensic adolescent services to adult services.

Objectives To interview health-care professionals and young offenders in transition of care from forensic child and adolescent mental health services in England.

Aims This study aimed to bridge the current literature gap in regards to transitions across forensic services and the complexities resulting from disruptive care.

Methods This study adopted a prospective design to identify young offenders referred to adult services over a six-month period. We utilized semi-structured interviews. Health-care professionals were interviewed about their transition views and perspectives. Young offenders were followed-up within a month of their transition and were interviewed.

Results The numbers of transitions within forensic settings are much lower compared to those of general transitions across mental health services in England. Transition delays were a repetitive theme across interviews due to lack of bed availability, especially in medium secure hospitals, and poor multi-agency communication. Commissioning determines age boundaries along with transfer destination for each service.

Conclusions Ineffective liaison among different sectors might impact adversely young people and hallmark their long-stay in the system. Therefore, continuity of care within forensic services should be looked warily along with the role of policy shaped by commissioning. Multiple transitions can repeatedly traumatize young people moving across services.

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

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EW0145

Social determinants, which encourage the criminal desistance in young people in conflict with the law

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Introduction Previous studies about young people in conflict with the law (YPCL) have a tendency to focus on the risk factors that contribute to trigger antisocial criminal behavior. Instead, this study aims to research the social determinants that encourage the criminal desistance: understood as a gradual process taking place in the periods of absence of crime and desire to abandon the criminal activity.



Objectives From a sample that is made up of 100 YPCL, the main objective is to deduce the social determinants, which encourage the criminal desistance in YPCL, it means young people who commit crimes.

Aims To infer the social determinants (circumstances in which people are born, grow, live, including the health system) which foster the desistance in YPCL.

Methods The results of a sample of 100 YPCL were assessed with three profiles as follows: I: DSM-IV personality disorders (PD T-Scores). II: swap personality syndromes (Q-Factor T-Scores). III. factor T-scores.

Results This research shows the prevalence of the following social determinants associated with the desistance: (1) integrated families. (2) Educational and cultural opportunities (3) academic progress. (4) Healthy relationships that support and help. (5) Stable living arrangements (6) social conditions preserved the use of psychoactive substances and alcohol abuse.

Conclusions It is possible to identify the prevalence of social determinants which encourage the desistance in YPCL. Those allows them to transform their risk path in another that shows a positive development, associated with individual transformations that take them away from the criminal life and reintegrate into the community.

Disclosure of interest The author has not supplied his/her declaration of competing interest.

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EW0146

Assessing violence in psychosis – A clinical prediction rule

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Background Current approaches to stratify patients with psychosis into risk groups are limited by inconsistency, variable accuracy, and unscalability.

Methods This paper will present an overview of current approaches based on a systematic review. It will also present a novel scalable approach based on a total national cohort of 75 158 Swedish individuals aged 15–65 with a diagnosis of severe mental illness (schizophrenia, schizophrenic-spectrum, bipolar disorder, and other psychotic illnesses). We developed predictive models for violent offending through linkage of population-based registers and tested them in external validation. We measured discrimination and calibration for prediction of violent offending at 1 year using specified risk cut-offs.

Findings : A 16-item model was developed from pre-specified routinely collected criminal history, socio-demographic and clinical risk factors. In external validation, the model showed good measures of discrimination (c-index 0.89) and calibration. For risk of violent offending at 1 year, using a 5% cut off, sensitivity was 64% and specificity was 94%. Positive and negative predictive values were 11% and 99%, respectively. The model was used to generate a simple web-based risk calculator (OxMIV).

Interpretation We have developed a prediction score in a national cohort of all patients with psychosis that can be used as an adjunct to decision-making in clinical practice by identifying those who are at low risk of future violent offending and higher risk individuals who may benefit from additional risk management. Further evaluation in other populations and countries is needed.

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

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EW0147

Forensic psychiatric assessment of individuals with mental and behavioral disorders due to use of alcohol, who committed homicide

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Introduction The rate of pure alcohol consumption per capita in Lithuania is reported to be one of the highest in Europe Union. Many studies illustrate the relationship between alcohol and violent crimes. Though dual diagnosis of severe mental disorder and alcohol dependency is common.

Aim To evaluate peculiarities of mental status of individuals with mental disorders due to use of alcohol, who had committed homicide.

Methods Forensic psychiatry examination reports in alcohol consumption cases and homicide acts (n 110) were taken from archive of national service of forensic psychiatry in Lithuania, 2010–2014.

Results In total, 93% (n 91) men and 100% (n 12) women at the time of homicide act were under the influence of alcohol. A total of, 83% (n 91) of cases reported impulsiveness, emotional lability and personality degradation due to long term of alcohol consumption; 52% (n 57) of cases motives for violence remained unclear: offenders indicated they remember nothing because of alcohol intoxication, also possible malingering was evaluated. In total, 100% women (n 12) and 97% men (n 95) were criminally responsible. Only 2 individuals committed homicide as a result of psychosis due to paranoid schizophrenia and 1 individual had significant intellectual deficiency due to moderate mental retardation, which lead them to inability to appreciate the dangerous nature of their acts and to control their behavior. Compulsory medical treatment was recommended to all three of them.

Conclusion Impulse control deficiency and emotional lability are prevalent amongst homicide offenders with mental disorders due to use of alcohol. Only 3 individuals were irresponsible for their criminal acts as a result of severe mental disorders.

Disclosure of interest The author has not supplied his/her declaration of competing interest.

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EW0148

Assessments of need for treatment and danger in decisions about community treatment orders

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Background A total of, 14 Norwegian assertive community treatment (ACT) teams have been established. During the teams' first year of operation, approximately 35% of the enrolled patients were subjected to community treatment orders (CTOs) at intake. CTOs are a legal mechanism to secure treatment adherence, and may be used in Norway when severely mentally ill patients refuse necessary treatment ('treatment criterion') or when they are considered a danger to themselves or others ('danger criterion'). Even if the use of CTOs seems to increase in Norway, few have examined in detail how and why these decisions are made. The purpose of the present study was to explore assessments of need for treatment and danger in decisions about CTOs.



Method Semi-structured interviews with eight responsible clinicians and four focus-group interviews with 20 ACT providers were recorded and transcribed. We also read case files and observed selected treatment planning meetings. The data were analyzed with a modified grounded theory approach.

Results The ACT teams provided high-intensive services over longer periods of time, which gave the teams important knowledge about the patients, reduced clinical uncertainty, and allowed for well-informed decisions about the need for coercive interventions. The treatment criterion was typically used to justify the need for CTOs. However, the danger criterion was in some cases used when patients had to be readmitted to hospital.

Conclusions According to the clinicians that were interviewed, patients' need for treatment was most often used to justify the CTOs in the Norwegian ACT teams.

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

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e-Poster walk: Epidemiology and social psychiatry; intellectual disability

EW0149

Postpartum depression in a public hospital in Cyprus. Prevalence, risk factors



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Introduction Postpartum depression (PPD) is a serious mental health condition. Untreated PPD places the mother and infant at risk and is associated with significant long-term effects on child development and behavior.

Objectives Appropriate screening for and prompt recognition and treatment of depression after the birth of a child are essential for maternal and child well-being.

Aims The purpose of the present study was to estimate the prevalence of PPD in the first 5 days after the birth of a neonate and to investigate associations with several risk factors.

Methods A cross-sectional study was conducted among 150 mothers, in a public obstetric hospital in Nicosia, Cyprus. A questionnaire was administered including socio-demographic characteristics. The Greek version of the Edinburgh postnatal depression scale (EPDS), a 10-item questionnaire to identifying women who are at risk of PPD, was used to estimate depression among the participants.

Results According to EPDS, 42% of the mothers screened positive for risk of developing PPD. Higher risk was observed in very young mothers (<20 years) (66.6% vs 15%), in women with history of psychological disorders (86.95% vs 33.85%), in single mothers (71.69% vs 22.8%), in women with serious problems during the pregnancy (74% vs 23.95%) and in mothers with not healthy neonate (75.7% vs 32.4%).

Conclusion The study reveals a high prevalence of PPD and identifies various risk factors associated with developing PPD. The use of maternal depression screening programs such as the EPDS may help to recognize an elevated risk of postpartum depression and to ensure a healthier mother-child relationship.

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

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EW0150

Antidepressant use during pregnancy and the risk of major congenital malformations in a cohort of depressed pregnant women: A re-analysis of the Quebec pregnancy cohort



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Objective To quantify the association between first-trimester antidepressant exposure and the risk of major congenital malformations (MCM) in a cohort of depressed women.

Method Data were obtained from the Quebec pregnancy cohort. All pregnancies with a diagnosis of depression or anxiety, or exposed to antidepressants in the 12 months before pregnancy, and ending with a live-born singleton were included. Antidepressant classes (selective serotonin reuptake inhibitors (SSRI), serotonin norepinephrine reuptake inhibitors (SNRI), tricyclic antidepressants (TCA), and other antidepressants), and types were individually compared to non-exposure during the first-trimester (depressed untreated). MCM overall and organ-specific malformations in the first year of life were identified.

Result Eighteen thousand four hundred and eighty-seven depressed pregnant women were included. Citalopram use during the first-trimester was increasing the risk of MCM (aOR 1.36, 95%CI 1.08, 1.73; 88 exposed cases). Antidepressants with serotonin reuptake inhibition effect (SSRI, SNRI, amitriptyline (the most used TCA)) were increasing the risk of certain organ specific defects: paroxetine was increasing the risk of cardiac defects (aOR 1.45, 95%CI 1.12, 1.88), and ventricular/atrial septal defects (aOR 1.39, 95%CI 1.00, 1.93); citalopram was increasing the risk of musculoskeletal defects (aOR 1.92, 95%CI 1.40, 2.62), and craniyosynostosis (aOR 3.95, 95%CI 2.08, 7.52); TCA was associated with eye, ear, face and neck defects (aOR 2.45, 95%CI 1.05, 5.72), and digestive defects (aOR 2.55, 95%CI 1.40, 4.66); and venlafaxine was associated with respiratory defects (aOR 2.17, 95%CI 1.07, 4.38).

Conclusion Antidepressants with effects on serotonin reuptake during embryogenesis are increasing the risk of some organ specific malformations in a cohort of pregnant women with depression.

Disclosure of interest COI: Disclosures and acknowledgments: AB is a consultant for plaintiffs in litigations involving antidepressants and birth defects. All other authors report no financial relationships with commercial interests. All authors have completed the ICMJE uniform disclosure form.

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EW0151

Dealing with specific cognitive dysfunctions associated with psychiatric vulnerability in intellectual developmental disorders



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Introduction Despite the increasing evidence of common neurodevelopmental alterations and high simultaneous or sequential co-occurrence, the relationship between specific cognitive dys-

functions and psychiatric vulnerability has not been adequately studied, not even in people with intellectual developmental disorders (IDD), whose rate of mental health problems is up to 4 times higher than the general population.

Aim The aim of the present paper is to investigate the correlation between specific cognitive dysfunctions or dysfunctional cognitive patterns and the presence of specific psychiatric symptoms and syndromes in people with IDD.

Methods A sample of 52 individuals with IDD consecutively attending a clinical facility for multidisciplinary evaluation, in Florence, Italy was assessed through the SPAID (psychiatric instrument for intellectual disabled adult) system, the WAIS III - R (Wechsler adult intelligence scale III - Revised), the TMT (trial making test), and other neuropsychological tools. Psychiatric diagnoses were formulated by expert clinicians in accordance to DC-LD or DM-ID criteria. The main procedure of the data statistical elaboration was the calculation of frequency and correlation indexes.

Results Some relevant correlations have been found, that between executive frontal functions, autistic traits and impulse control disorder, and that between working memory and bipolar disorder were among the strongest.

Conclusions In people with IDD some cognitive alterations or 'characteristics' significantly correlate with the presence of psychiatric disorders. The possibility to understand the nature of this relationship seems to increase with the degree of specificity of variables in both the cognitive and the psychopathological assessment.

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

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EW0152

QuIQ (quick instrument for quality of life): A new instrument for a rapid assessment of generic quality of life



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Introduction Recently, new patient-oriented outcome measures have emerged in mental health research and practice. Among these, generic quality of life (GQoL) has gained a central place and has come to represent a valid endpoint in most settings, from basic care programs to clinical trials, especially for the field of intellectual disability (ID). However, most studies still refer to health-related QoL, and the tools for the assessment of GQoL present many issues related to the structure complexity and administration time.

Aim The purposes is to evaluate psychometric properties of a new rapid tool for the GQoL assessment named QuIQ (quick instrument for quality of life), originally constructed for use for people with ID.

Methods Two hundred and ten persons with ID were consecutively administered with the QuIQ. A part of them were also assessed with the BASIQ, the Italian adaptation of the quality of life instrument package. QuIQ has the same conceptual framework and refers to the same areas of the BASIQ, but include a low number of dimensions (only attribution of importance and perception of satisfaction) and a factor way of score attribution such as visual analogue scale and graphic geometrical mean calculation.

Results QuIQ showed good internal coherence (Cronbach's $\alpha = 0.92$), inter-rater reliability (Cohen's $K > 0.93$), and concurrent validity (> 0.8) with BASIQ.

Conclusion These findings seem to display for the QuIQ good psychometric characteristics. They also suggest that it could be possible to apply rapid QoL assessment to all the range of people with ID. This could have very important implications for future massive use in different settings.

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

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EW0153

Predictors of the use of psychosocial interventions in Portugal: Results from the SMAILE project



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Introduction The treatment of psychiatric disorders depends on a combination of different types of care, such as psychiatric treatment and psychosocial interventions. However, there is little research on the factors that determine access to care, particularly to psychosocial interventions.

Objectives To characterize the use of psychosocial interventions (psychotherapy, day hospital, and psychosocial rehabilitation) in users of outpatient psychiatric services in Portugal.

Aims This retrospective study analyses all outpatient psychiatric visits in four Portuguese departments of psychiatry in the metropolitan areas of Lisbon and Porto, and aims to evaluate the socio-demographic and clinical determinants of psychosocial interventions.

Methods Socio-demographic and clinical variables were obtained from clinical charts of outpatients' visits in 2002, 2007 and 2012 ($n = 2621$). All patients were characterized regarding the use of any psychosocial intervention beyond psychiatric consultations. Logistic regression analysis was performed to evaluate the predictors of psychosocial interventions use.

Results Being followed in 2012, being single, having no professional activity, and having a diagnosis of psychosis or common mental disorder were significantly associated ($P < 0.05$) with higher odds of accessing psychosocial interventions. On the other hand, a lower level of education was associated with less use of this type of care.

Conclusions Socio-demographic and clinical characteristics of psychiatric services, outpatients are determinants of the use of psychosocial interventions. Evidence suggests that social inequalities may influence the access to psychosocial interventions in Portugal.

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EW0154

The burden of mental disorders in the eastern Mediterranean region, 1990–2013



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The eastern Mediterranean region (EMR) is witnessing an increase in mental illness. With ongoing unrest, this is expected to rise. This is the first study to quantify the burden of mental disorders in the EMR. We used data from the global burden of disease study (GBD) 2013. DALYs (disability-adjusted life years) allow

assessment of both premature mortality (years of life lost–YLLs) and nonfatal outcomes (years lived with disability–YLDs). DALYs are computed by adding YLLs and YLDs for each age-sex-country group. In 2013, mental disorders contributed to 5.6% of total disease burden in EMR (1894 DALYs/100,000 population): 2519 DALYs/100,000 (2590/100,000 males, 2426/100,000 females) in high-income countries, 1884 DALYs/100,000 (1618/100,000 males, 2157/100,000 females) in middle-income countries, 1607 DALYs/100,000 (1500/100,000 males, 1717/100,000 females) in low-income countries. Females had a greater proportion of burden due to mental disorders than did males of equivalent ages, except for those under 15 years. The highest proportion of DALYs occurred in the 25–49 age group. The burden of mental disorders in EMR increased from 1726 DALYs/100,000 in 1990 to 1912 DALYs/100,000 in 2013 (10.8% increase). Depressive disorders accounted for most DALYs, followed by anxiety disorders. Palestine had the largest burden of mental disorders. Nearly all EMR countries had a higher mental disorder burden compared to global level. Our findings call for EMR health ministries to increase provision of mental health services and to address stigma of mental illness. Our results showing the accelerating burden of mental health are alarming as the region is seeing an increased level of instability.

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

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EW0155

Facial emotion recognition ability in psychiatrists, psychologist and psychological counselors



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Objectives Although, emotional cues like facial emotion expressions seem to be important in social interaction, there is limited specific training about emotional cues for psychology professions. **Aims** Here, we aimed to evaluate psychologist', psychological counselors' and psychiatrists' ability of facial emotion recognition and compare these groups.

Methods One hundred and forty-one master degree students of clinical psychology and 105 psychiatrists who identified themselves as psychopharmacologists were asked to perform facial emotion recognition test after filling out socio-demographic questionnaire. The facial emotion recognition test was constructed by using a set of photographs (happy, sad, fearful, angry, surprised, disgusted, and neutral faces) from Ekman and Friesen's.

Results Psychologists were significantly better in recognizing sad facial emotion than psychopharmacologists (6.23 ± 1.08 vs 5.80 ± 1.34 and $P=0.041$). Psychological counselors were significantly better in recognizing sad facial emotion than psychopharmacologists (6.24 ± 1.01 vs 5.80 ± 1.34 and $P=0.054$). Psychologists were significantly better in recognizing angry facial emotion than psychopharmacologists (6.54 ± 0.73 vs 6.08 ± 1.06 and $P=0.002$). Psychological counselors were significantly better in recognizing angry facial emotion than psychopharmacologists (6.48 ± 0.73 vs 6.08 ± 1.06 and $P=0.14$).

Conclusion We have revealed that the psychologist and psychological counselors were more accurate in recognizing sad and angry facial emotions than psychopharmacologists. We considered that more accurate recognition of emotional cues may have important influences on patient doctor relationship. It would be valuable to investigate how these differences or training the ability of facial emotion recognition would affect the quality of patient–clinician interaction.

Keywords Facial emotion recognition; Psychiatrist; Psychologist; Psychological counselors

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

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EW0156

Family functioning, trauma exposure and PTSD in a middle-income community sample



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Introduction Only a minority of trauma-exposed individuals go on to develop post traumatic stress disorder (PTSD). Previous studies in high-income countries suggest that maladaptive family functioning adversities (MFFA) in childhood may partially explain individual variation in vulnerability to PTSD following trauma. We test in a lower middle income setting (Sri Lanka) whether: (1) MFFA moderates the association between exposure to trauma and later (a) PTSD (b) other psychiatric diagnoses; (2) any moderation by MFFA is explained by experiences of interpersonal violence, cumulative trauma exposure or other psychopathology.

Methods We conducted a population study of 3995 twins and 2019 singletons residing in Colombo, Sri Lanka. Participants completed the composite international diagnostic interview, including nine traumatic exposures and a questionnaire on MFFA.

Results In total, 23.4% of participants reported exposure to MFFA. We found that (1) MFFA moderates the association between trauma exposure and both (a) PTSD and (b) non-PTSD diagnosis. (2) This was not explained by interpersonal violence, cumulative trauma exposure or other psychopathology.

Conclusions In our sample MFFA moderates the association between trauma and PTSD, and the association between trauma and non-PTSD psychopathology.

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

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EW0157

Kbg syndrome and the establishment of its neuropsychological phenotype



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Objective KBG syndrome is caused by a mutation in the ANKRD11 gene, characterized by short stature and specific dental, craniofacial and skeletal anomalies. Scarce literature on the phenotypical presentation mention delayed speech and motor development as well as mild to moderate intellectual disabilities. As to psychopathology, often, autism and ADHD are mentioned but not yet substantiated in terms of neurocognitive variables.

Aim Aim of the current study was to investigate neurocognitive aspects of KBG syndrome.

Participants and Methods Seventeen patients (aged 6–66 years; ten females) with a proven ANKRD11 mutation were compared with two different groups of patients with a genetic disorder and similar developmental ages ($n=14$ and $n=10$). Neuropsychological assessment was performed focusing on the level of intellectual

functioning and on attention, memory, executive functioning, and social cognition.

Results In KBG patients, mild to moderate intellectual disabilities (WAIS IV Total IQ = 63.5 ± 10.7 , range: 45–84) were established with a mental age that was lower than mean chronological age (6.4 ± 2.6 years versus 11 ± 5.7 years, respectively). When compared to both control groups, results indicated a relatively strong processing speed and social cognitive functioning of patients with KBG while direct recall of auditory memory was relatively poor most probably due to attentional dysfunction.

Conclusions The cognitive profile of this group of 17 patients with KBG is characterized by mild intellectual disability and diminished sustained attention in verbal tasks. Implications for diagnostic procedures and clinical management of the syndrome are discussed, also with regard to the question how this relates to classificatory diagnosis of ADHD.

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

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EW0158

Deaf blindness and mental health – Prevalence of Mental disorders of an upper Austrian outpatient service

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Introduction People with deaf blindness are a vulnerable group concerning mental health problems. Due to their constraints in orientation, mobility, access to information and communication they often suffer from a lack of interpersonal relationships and accessibility to health care.

Aims To assess the prevalence of mental disorders in patients with deaf blindness and exam associations with forms of communication.

Methods A retrospective data evaluation of all outpatient charts of patients treated between 2000–2013 in a specialized outpatient unit that provides primary care for all deaf people for the whole catchment area of Upper Austria was conducted. Data were analysed regarding the degree of visual and hearing impairment and the presence of a mental disorder.

Results Forty-seven of 1500 patients were identified as deaf blind including 12 suffering from Usher Syndrome. Of those 29 (61.7%) were at least once diagnosed with a mental disorder, most frequently with a mood disorder (MD) (F30–F39) in 40.4%; an anxiety, stress-related, somatoform disorders (AD) (F40–F49) in 12.8% and a schizophrenia, schizotypal and delusional disorders (F20–F29) in 10.6%. Deaf blind patients suffered compared to deaf patients more often from a MD (40.4% vs. 11.3%) however less often from an AD (12.8% vs. 32.6%). No significant association between the form of communication and being diagnosed with a mental disorder could be found.

Conclusion Patients with deaf blindness suffer to a high extent from mental disorders, especially MDs. It is of utmost importance to reduce the burden of this population and improve access to specialized services to diminish isolation as major risk factor.

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

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EW0159

Anxious distress is associated with increased immune dysregulation in patients with major depressive disorder

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Introduction Although depression with anxious distress appears to be a clinically relevant subtype of Major Depressive Disorder (MDD), whether it involves specific pathophysiology remains unclear. Inflammation has been implicated, but not comprehensively studied. We examined within a large MDD sample whether anxious distress and related anxiety features are associated with differential basal inflammation and innate cytokine production capacity.

Methods Data are from 1078 MDD patients from the Netherlands study of depression and anxiety. Besides the DSM-5 anxious distress specifier, we studied various dimensional anxiety scales (e.g. Inventory of Depressive Symptomatology anxiety arousal subscale [IDS-AA], Beck Anxiety Inventory [BAI], Mood and Anxiety Symptoms Questionnaire Anxious Arousal scale [MASQ-AA]). Basal inflammatory markers included C-reactive protein, interleukin (IL)-6 and tumor-necrosis factor (TNF)- α . Innate production capacity was assessed by 13 lipopolysaccharide (LPS)-stimulated inflammatory markers. Basal and LPS-stimulated inflammation index scores were created.

Results Basal inflammation was not associated with anxious distress in MDD patients (anxious distress prevalence 54.3%), except for modest positive associations for IDS-AA and BAI scores. However, anxious distress was associated with higher LPS-stimulated levels (interferon- γ , IL-2, IL-6, monocyte chemoattractant protein (MCP)-1, macrophage inflammatory protein (MIP)-1 α , MIP-1 β , matrix metalloproteinase-2, TNF- α , TNF- β , LPS-stimulated index). Other anxiety indicators (number of specifier items and anxiety diagnoses, IDS-AA, BAI, MASQ-AA) were also associated with increased innate production capacity.

Conclusions Within a large MDD sample, the anxious distress specifier was associated with increased innate cytokine production capacity but not with basal inflammation. Results from dimensional anxiety indicators largely confirm these results. These findings provide new insight into the pathophysiology of anxious depression.

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

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EW0160

Psychiatric disorders in adults with intellectual disabilities: A preliminary study of prevalence and associated factors

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Introduction Studies have shown that people with Intellectual Disabilities (ID) develop mental illness at rates similar to or higher than general population¹.

Objectives There is no previous study on mental health of adults with ID in Turkey.

Aim The purpose of this study was to investigate the prevalence and associated factors of mental disorders in adults with ID in Turkey.

Methods 151 participants with ID aged 18 and over were recruited from care homes, rehabilitation centers and from people attending to psychiatry outpatients for the first time. Every participant underwent face to face assessment by a psychiatrist supported by an informant and previous notes. A structured purpose designed socio-demographic form was used. Diagnoses were drawn according to DSM-5. Point prevalence of disorders was calculated and associated factors were investigated.

Results 63.5% of the participants met criteria for one psychiatric disorder, 21% had more than one disorder. The most common disorders were: challenging behavior (34%), autism spectrum disorders (%13.9), and anxiety disorders (13.9%) and attention deficit hyperactivity disorder (10.6%). Living in a care home and being young were associated with mental ill health ($P < 0.05$) [1].

Conclusion This study demonstrates high psychiatric comorbidity in adults with ID. Young age and care homes were the associated factors in this sample. These results are important to raise awareness of professionals and service providers about mental health of adults with ID.

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Reference

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EW0161

Using quality improvement methodology to achieve NICE compliant care for people with intellectual disabilities whose behavior challenges

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Background In May 2015, NICE published guidelines for people with intellectual disabilities whose behavior challenges (NG11). Eight quality standards were subsequently developed by NICE to help service providers, health and social care practitioners and commissioners implement the necessary recommendations within the new NG11 guidelines.

Methods We used a Quality Improvement (QI) methodology including process mapping, driver diagrams, and fortnightly QI team meetings. We conducted a baseline audit of the quality standards and used Plan-Do-Study-Act (PDSA) cycles to pilot interventions generated by the team to improve compliance with the standards.

Results Baseline compliance with the quality standards was low. We identified four priority areas for intervention: annual physical health checks, recording the indication of medication, multidisciplinary case discussion and concurrent psychosocial interventions for those prescribed medications for challenging behavior. Using a PDSA cycle for each intervention, we have demonstrated improved compliance with the NG11 guidelines. Compliance for the recording of indication of medication for all case reviews was previously

0% and now 100%. At least one target case is discussed at each MDT team meeting. Full results for annual health checks are awaited, but intervention has already shown an improvement in the uptake from 40% to 70%. Staff and carers knowledge of psychosocial interventions for people with challenging behavior showed an improvement after training.

Conclusions Quality Improvement methodology was successful in improving adherence to NG11 guidelines. We are currently assessing whether this is leading to reductions in challenging behavior and improvements to people’s well-being.

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

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EW0162

An online survey of the stigma attached to psychiatry and psychiatrists in India

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Introduction Stigma in psychiatry is pervasive, it does not stop at illness and marks all those who are ill, their families across generations, institutions that provide treatment, psychotropics, and mental health professionals. Stigma directed towards psychiatry as a branch & psychiatrists in particular has not been systematically studied in the Indian context.

Objectives To study the Indian psychiatrists perspective of stigma directed towards psychiatry & psychiatrists.

Methods An online survey containing “The World Psychiatric Association Stigma Questionnaire” was sent to the members of the Indian Psychiatric Society. Two hundred and three Indian psychiatrists filled out the questionnaire which assesses the stigmatization of psychiatry and psychiatrist as perceived by the psychiatrists themselves.

Results One hundred and thirty-two psychiatrists completed the survey with a completion rate of 65%, 75% of the respondents were male and most of their clientele was from urban catchment area. Sixty percent of the psychiatrists were either working in a psychiatry hospital or a psychiatry unit in a general hospital setting. More than a third had high-perceived stigma but had a very low stereotype agreement. Discrimination experiences were noted by more than 75% of psychiatrists, however less than 8% had a negative stigma outcome.

Conclusions Though most of the Indian psychiatrists perceive themselves as being stigmatized, the stereotype agreement was found to be low and the discrimination experiences did not have significant impact on job performance. Though this might reflect resilience, we must attempt to improve the image of psychiatry and strive towards achieving a larger public acceptance of mental health services in India.

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

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EW0163

Changes in utilization of psychiatric hospital facilities in Denmark by patients diagnosed with Schizophrenia from 1970 through 2012: The advent of ‘revolving door’ patients



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Introduction The Danish psychiatric system has gone through several structural changes in the last four decades. The deinstitutionalization of the mental healthcare system was implemented in Denmark in the late 1970s with the intention of increasing outpatient treatment. One of the aims in the reorganization was to treat the patient in the local environment rather than during long-term hospitalization.

Objectives This study focuses on the changes in the utilization of hospital facilities for patients diagnosed with schizophrenia.

Aims The aims of this study were to analyze the development of admission/readmission, bed days and occupancy rates over four decades (1970–2012) in Denmark in schizophrenia treatment using admission statistics for in-patients only.

Methods Using register data from secondary healthcare treatment of patients diagnosed with schizophrenia in Denmark 1970–2012, we analyzed the development in the use of hospital facilities.

Results Our major finding was a 220% increase between 1970 and 2012 in the total number of hospital admissions due to schizophrenia each year, while at the same time the number of annual schizophrenia bed days was reduced by 76%. Furthermore, the readmission rate within a year after discharge with a diagnosis of schizophrenia reached 70% in 2012 compared to 51% in 1970. Finally, the total bed occupancy continued to rise over the four decades and has exceeded 100% in several years since 1999.

Conclusion The findings indicate that the reorganization of the Danish mental healthcare system has created a problem of “revolving door” schizophrenia patients’ who since the 1970s have been increasingly hospitalized but for shorter periods.

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

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EW0164

Pathways to care and patterns of care in first episode psychosis patients treated in community based-mental health services. A 5-years follow-up from the PICOS



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Introduction International treatment guidelines recommend that key elements to reduce the burden of psychosis are the early identification of people and the adoption of specific evidence based interventions.

Objectives To investigate the pathway to care and patterns of interventions provided by community based-mental health services (CMHS) to a cohort of first-episode psychosis (FEP) patients over 5-years period, exploring in which degree guidelines are met in routine clinical practice.

Methods Study conducted in the context of the Psychosis Incident Cohort Outcome Study (PICOS), a multisite naturalistic research conducted in the Veneto Region (Italy) on FEP patients in a 4.6 million inhabitants catchment area. A comprehensive set of stan-

dardized measures was used, including *ad hoc* schedules to collect information on referrals to psychiatric services and on pharmacological and psycho-social treatments according to a multiwave follow-up design (1-, 2- and 5 years).

Results Three hundred and ninety-seven FEP patients were assessed at BL, 286 at 1 year, 233 at 2 years and 205 at 5 years. 47.4% of patients were helped to seek care by a relative and more than one half entered the treatment route through an emergency access. Regarding the interventions received, 96% of patients had been prescribed neuroleptics and atypical were the most prescribed class (66.9%). Only half received a psychosocial intervention during the first year and this percentage progressively decreased at each FU.

Discussion Findings highlight discrepancies between interventions provided by CMHS and the best treatment options recommended by guidelines, suggesting the need to implement specific initiatives aiming to close the gap between research and clinical practice.

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

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EW0165

The relation between socio-environmental factors and intellectual disability: Unraveling the knot



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Background and aim The current literature indicates that people with intellectual disabilities (ID) present quantitative and qualitative peculiarities of various socio-environmental factors than the general population. Although the identification of such peculiarities would have very important implications for the development of preventive, rehabilitative and inclusive procedures, valuable data are still lacking. The aim of the present paper was to assess the significance of the relationship between socio-environmental variables in person with ID, with particular reference to individual history and life contexts.

Methods A consecutively recruited sample of 112 participants with ID attending residential or clinic/rehabilitative services across Italy was evaluated by the administration of ISTORIA (Historiographical organized interview for adult intellectual retard), a semi-structured questionnaire designed to investigate clinical and personal history of the person. A considerable percentage of the samples have co-occurrent psychiatric disorder. Scores obtained were statistically processed through frequency analysis and calculation of correlation indexes.

Results Significant correlations were found between the family, the educational/professional environments, and the inclusion in society. Further associations concerned social relationships within and outside the family, the changes of living accommodation, and the level of environmental stimulation received.

Conclusions Both findings from previous research and the ones of this work confirm the importance of investigating the mechanisms involved in the acquisition of social skills by persons with ID, through family dynamics and participation in community life, as protective factor against the worsening of disabilities and potentially of psychopathological vulnerability that affects this population.

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

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EW0166

Behavioural equivalents as predictors of psychiatric disorder in people with intellectual disability



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Introduction The last decades' considerable advances of the psychiatric assessment in People with Intellectual Disability (PwID) do not include the ability to identify Behavioural Equivalents (BE) of psychiatric symptoms and their relationship with different psychiatric syndromes. Recent reports have found BE to be differentially associated with one or more specific Psychiatric Disorders (PD).

Aims The present study was aimed at evaluating the correlations between BE and DSM-5 syndromic groups of symptoms, in a wide multicentric sample of PwID.

Methods An observational cross-sectional analysis was performed for a sample of 843 adults with ID, randomly or consecutively recruited among those living in residential facilities of the National Healthcare System, or in private institutes of care, or those attending psychiatric outpatient clinics. The total sample was administered with the SPAID-G (Psychiatric Instrument for Intellectual Disabled Adult - General version), which is a checklist for the detection of significant behavioural changes from the baseline. The items of the checklist represents BE of the symptoms of the main psychiatric disorders included in the DSM-5.

Results Many significant correlations were found, some of the most relevant were for mood disorders. Psychomotor agitation, aggressivity, disorganised behaviour and distractibility were most pronounced in bipolar patients; for depressed patients, irritability and weight loss had higher correlations than in other diagnostic groups.

Conclusions Although not diagnostically specific, some BE seem to be more strongly related with specific PD. This line of research could improve the definition of the specific expression and clustering of psychiatric symptoms in PwID.

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

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EW0167

Perceptions of residents and non-residents in psychiatry on training needs and care of patients with intellectual disability and mental health problems: A study from Singapore

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Background and Objective Psychiatric assessment and care of people with Intellectual Disability (ID) is complex due to their cognitive and communication impairments. Demand for further training in this area by trainees in psychiatry has been well documented. The main aims of this study were to explore the attitudes and perceptions of psychiatry residents and non-residents (non-trainees) with regards to care of patients with ID as well as their knowledge and training in this area.

Method The study was conducted as an anonymous survey at the Institute of Mental Health, Singapore. A survey questionnaire devel-

oped by the study team was sent to residents and non-residents in psychiatry.

Results Forty-eight out of the 76 questionnaires were returned with a response rate of 63.16%. Twenty-eight participants described themselves as non-residents and the rest were residents. All participants responded that postgraduate training was required in the area of ID and mental health and majority reported that available training was inadequate. Ninety percent of respondents believed that people with ID were vulnerable to exploitation by other patients in the inpatient unit and 94% of respondents believed that people with ID should be managed by a specialist team.

Conclusion Currently residents and non-residents in psychiatry see that training in ID and mental health as well as services for people with ID as inadequate. Efforts should be made to include specialist training in psychiatry of ID in the Singapore psychiatry curriculum to enhance the confidence and expertise of psychiatrists in this field.

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

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EW0168

Does a bespoke intellectual disability (ID) epilepsy service reduce mortality? A 11 year study of sudden unexpected death in epilepsy (SUDEP) in Cornwall UK



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Aim Epilepsy is the second most common cause of premorbid mortality in the ID population. Rates of SUDEP are considered up to 9 times higher in the ID population. Cornwall UK (population 600,000 i.e. 1% of UK) runs a specialist ID epilepsy community service for adults with ID. It delivers reasonable adjustments and person centered care to this population. We measured how service outcomes on SUDEP compared to regional and national averages.

Methods Data of all Cornwall epilepsy deaths 2004–2015 using the Cornwall Coroner's database and the Public Health Cornwall was reviewed systemically. We identified patients with and without ID.

Results There were 113 epilepsy deaths of which 57 were SUDEPs of which 3 were identified to have a clinical diagnosis of ID. In another 2 cases it was not evident if they had an ID or not. None of the 5 was known to the ID Epilepsy service. Mean and 95% confidence intervals were calculated using a binomial calculation, making no prior assumptions about the population distribution.

Conclusion Cornwall's specialist ID epilepsy service is a rarity in the UK. A recent study using the Leicestershire ID Register revealed 26 people with ID of the total deaths of 83 SUDEP. This contrasts greatly with Cornwall only 5.26% of SUDEP deaths had ID compared to 23.4% in Leicestershire and similarly when compared to neighboring Plymouth (population 300,000) which had 26% ID deaths in its SUDEPs between 2004–2012. It is possible that having an ID dedicated epilepsy service saves lives.

Disclosure of interest The author has not supplied his/her declaration of competing interest.

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e-Poster walk: Genetics & molecular neurobiology and neuroscience in psychiatry

EW0169

Meta-analysis update of association between dopamine transporter SLC6A3 gene polymorphism, smoking cessation

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The SLC6A3 gene is involved in the dopamine pathway, which influences smoking behavior. This study was conducted to present updated results of a meta-analysis to evaluate the association between SLC6A3 polymorphism and smoking cessation. In total, eight studies were assessed, and 9-repeat alleles and no 9-repeat alleles were compared by smoking cessation outcomes. No significant association between SLC6A3 genotype and smoking cessation was observed for the main analysis (odds ratio = 1.128; 95% confidence interval = 0.981–1.298). In conclusion, the genetic variations in SLC6A3 are not associated with smoking cessation, which is not consistent with the results of the previous meta-analysis.

Disclosure of interest The author has not supplied his/her declaration of competing interest.

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EW0170

Qualitative meta-analysis to identify genomic variants that are correlated with the development of Schizophrenia

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Introduction Schizophrenia is a devastating and complex disease, which occurs in approximately 1% of the general population. Symptoms include hallucinations, delusions and patients' social withdrawal. Schizophrenia's etiology remains unclear, however, both patients' genetic profile and environmental factors play a significant role.

Objectives Our study's primary objective was to identify genetic variants related with schizophrenia's development in non-Caucasians populations and to explore whether these polymorphisms can be also found in schizophrenia patients of Caucasian origin.

Methods To achieve that, we screened Science Direct and PubMed medical literature databases to identify research articles correlating genes and variants with the development of schizophrenia. Next step was the categorization of studies according to samples' origin and the identification of genomic variants that are correlated with schizophrenia ($P < 0.001$) but have never been studied in Caucasian populations.

Results In total, 108 and 47 studies, in non-Caucasian and Caucasian populations respectively, were identified, in which 157 ($P < 0.05$) and 18 ($P < 0.001$) variants were associated with the development of the disease in non-Caucasian populations.

Conclusions From our qualitative meta-analysis 18 variants that were correlated with schizophrenia's etiology were identified ($P < 0.001$), which will be further investigated in a multi-cultural Caucasian cohort.

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

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EW0171

Potential values and risks of biomarker use in differential diagnosis of neurocognitive disorders

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Introduction Neurocognitive disorders are the only psychiatric disorders which underlying pathogeny can potentially be determined. This has important implications, for it makes possible the use of biomarkers in order to gain better diagnosis, and opens a door to more accurate treatments. Nonetheless, as biomarkers are not exclusive of a single disorder, the lengths of its utility are still unknown.

Objectives and aims To understand the values and limitations of biomarkers in differential diagnosis of dementias.

Methods We present three cases followed in the Neurology ward of our hospital, in which they were admitted for diagnosis and treatment of a subacute form of dementia. Medical history, core symptoms, screening tests for cognitive impairment, MRI, EEG and biomarkers in cerebrospinal fluid were used for diagnosis.

Results Two cases had consistent clinical features and complementary explorations, and they were respectively diagnosed as Creutzfeldt-Jakob Disease and Lewy Body Dementia; however, the last case showed contradictory results between clinic and complementary explorations, particularly 14-3-3 protein, which was positive and led to the initial diagnosis as Creutzfeldt-Jakob Disease, which was proven wrong once necropsy was practiced.

Conclusions Although complementary explorations, and biomarkers in particular, are of invaluable utility in the accurate diagnosis of multiple psychiatric diseases, they must always be considered within a context given by biography and clinical features, because, when failing to do so, they can lead to misdiagnosis and delay of correct treatment.

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

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EW0172

Spatio-temporal perception and boundaries of self: Evaluation of peripersonal space in schizotypy traits

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Introduction The peripersonal space is described as that area within the boundary between self and non-self. An accurate judgment of peripersonal space boundaries may depend on the capacity to create an organized and structured mental representation that integrates signals from different sensory modalities and



brain regions. Empirical evidence suggests that these functions are altered in schizotypy, which is thought to reflect the subclinical expression of the symptoms of schizophrenia in the general population. A number of clinical studies reported that interpersonal interaction and social stimulation have an impact on the onset and progress of schizophrenia.

Objectives We conducted a study on personal space in a sample of student screened for schizotypal traits using a paradigm that was not affected by emotional and social interference.

Aims The aim was to evaluate the relationship between personal space and schizotypy traits.

Methods Thirty-four subject recruited for the study completed the Schizotypal Personality Questionnaire (SPQ). According to the SPQ results participants were splitted into two groups (High, Low). Each participant performed a PeriPersonal Space (PPS) task.

Results Our results show a more extended boundary of the peripersonal space in people with high schizotypy compared to people with low schizotypy even without emotional and social interference.

Conclusions People with high traits of schizotypy suffer from a difficulty in social integration because of being unable to adapt the social behavior. A better understanding of the mechanisms for abnormal interactive behavior could provide significant valid guidelines for innovating insertion programs that aims to improve social functioning.

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EW0173

Poor CYP2D6 and ultrarapid CYP2C19 metabolizer: Clinical challenge in psychiatric treatment



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Introduction Finding the right medication in psychiatry can be very demanding both for the doctor and for the patient. It becomes extremely grueling when the patient has a rare type of metabolizing enzymes, and many drugs may be ineffective or cause side effects.

Objectives To highlight the therapeutic difficulties in psychiatric treatment of the patient with complex genetic cytochrome P450 system alterations.

Aims To provide an example on a complicated treatment course of the patient that is poor CYP2D6 and ultrarapid CYP2C19 metabolizer.

Methods Literature review in scientific database–Pubmed–and case report presentation.

Results We report a case of a woman in her early twenties who was repeatedly referred for psychiatric treatment. A diagnosis of paranoid schizophrenia was established, but all treatment rounds were unsuccessful, the illness kept progressing, and major depressive disorder aggravated the clinical picture. The patient became suicidal and injured herself. During the sixth hospitalization in one year the CYP2D6, CYP2C19 and CYP2C9 genotyping was done. CYP2C19 ultrarapid (*1/*17) and CYP2D6 poor metabolizer (*4/*5) profile was discovered. Drugs, that should have been avoided due to the patient's genetic profile, had been prescribed throughout five hospitalizations in a row.

Conclusions As ultrarapid CYP2C19 metabolizers compose around 3–4% and poor CYP2D6–6–10% of Caucasians, this case presents a rare genetic variant that only 0.18–0.4% of Caucasian population may have. These cases can be extremely clinically challenging and affect healthcare outcomes and costs. Further studies that would include clinical effectivity, drug concentration and genetic testing results are needed.

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

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EW0174

Insight gained from genome-wide interaction and enrichment analysis on weight gain during citalopram treatment



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Introduction Weight gain is a side effect of pharmacological antidepressant treatments, causing a poorer compliance, increasing the risk of metabolic syndrome and periods of untreated disease.

Objectives The ability to precisely prescribe pharmacological treatments based on personal genetic makeups would increase the quality of the current antidepressant treatments.

Aims The molecular pathways enriched during citalopram induced weight gain are identified.

Methods 643 depressed citalopram treated individuals with available clinical and genome-wide genetic information were investigated in the present contribution in order to identify the molecular pathways that holds the key to weight gain. Statistics were conducted in R environment (Bioconductor and Reactome packages), ANOVA and MANCOVA served when appropriate. Plink was used for genetic analysis in a linux environment.

Results One hundred and eleven individuals had their weight increased after treatment with citalopram. The axon guidance (P . adjust=0.005) and the developmental biology pathway (P . adjust=0.01) were found to be enriched in genetic variations associated with weight gain.

Conclusions The development biology pathway includes molecular cascades involved in the regulation of beta-cell development, and the transcriptional regulation of white adipocyte differentiation. A number of variations were harboured by genes whose products are involved in the synthesis of collagen (*COL4A3*, *COL5A1* and *ITGA1*), activity of the thyroid-hormones (*NCOR1* and *NCOR2*), energy metabolism (*ADIPOQ*, *PPARGC1A*) and myogenic differentiation (*CDON*). A molecular pathway analysis conducted in a sample of depressed patients identifies new candidate genes whose future investigation may grant relevant insights in the molecular events that drive weight gain during antidepressant treatment.

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

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EW0175

Predicting antidepressant response from genes



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Introduction Pharmacogenetics may inform an accurate prescribing of antidepressants by identifying the genetic background

specifically responding to a certain drug. Despite decades of efforts though, pharmacogenetics appears to be still in its infancy.

Aim A clearer understanding of the pharmacodynamics and pharmacokinetics events in combination with the genetic and epigenetic controls of cells and molecular cascade must inform the future of personalised medicine.

Objectives To systematically review the current cutting edge knowledge about pharmacogenetics in the search for the next groundbreaking biological key events that may provide the keys to future treatments.

Methods The major online databases are systematically searched with common keywords by two independent researchers and conflicting findings are solved during regular meetings dedicated to the topic in object. Manual searching of single bibliographies is also put in place.

Results Genes belonging to the serotonergic, dopaminergic, glutamatergic and GABAergic systems are classic candidates for pharmacogenetics whose role was not confirmed by GWAS analyses, which, on the other hand, identified genes related to molecular pathways not associated with direct target of drugs used for the treatment of depression.

Conclusion Both hypothesis driven candidate genetic investigations and GWAS analyses have been conducted so far, leading to the identification of a handful of potential good candidates, but the replication rate of the positive association findings lags behind expectations. The current knowledge about the pharmacodynamic and pharmacokinetic genetic determinants of antidepressant response is critically analysed and new candidates are presented discussed.

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

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EW0176

A molecular pathway analysis informs the genetic risk for arrhythmia during antipsychotic treatment



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Background Arrhythmia is a potentially fatal side effect of antipsychotics. A biologic predictive tool to prevent it is missing.

Aim Identification of a genetic profile at risk for antipsychotic induced arrhythmia.

Objective Identifying a molecular pathway enriched for antipsychotic induced QT-modifications.

Methods Seven hundred and sixty-five SKZ individuals, $M=556$, age = 40.93 ± 11.03 were included. QT-variation was a phase-specific created variable. A nested mixed regression served in R for clinical and molecular pathway analyses. Plink served for genetic analyses. Quality checking was standard, inflation factor was controlled by lambda values.

Results Quetiapine and Perphenazine were associated with QT variation ($P=0.002$; Estimate = 5.79 and $P=5.67e-06$; Estimate = 8.96 respectively). No other significant association was detected. No inflation was detected. Axon guidance and Collagen biosynthesis (Table 1) were associated with QT variation at a conservative (adjusted) P value <0.01 .

Conclusions Two molecular pathways were identified as possibly involved in QT modifications during antipsychotic treatment in SKZ patients. Previous evidence supports a role of the same pathways in cardiac disorders [1,2]. Interaction of specific SNPs with the drugs will be focus of further research.

Table 1 Molecular pathways enriched in association with QT modifications.

ID	Description	Gene Ratio	BgRatio	P-value	P.adjust	Qvalue
422475	Axon guidance	19/135	292/6750	4.6e-06	0.0022	0.0021
1650814	Collagen biosynthesis and modifying enzymes	8/135	59/6750	1.9e-05	0.0047	0.0044

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

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EW0177

A molecular pathway analysis stresses the role of inflammation towards cognition in Schizophrenia



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Background Cognitive processes are impaired in Schizophrenia (SKZ). The nature of such impairment escapes definition.

Aim Identification of a genetic profile at risk of cognitive impairment.

Object Identifying a molecular pathways enriched for mutations associated with cognitive impairment.

Methods Seven hundred and sixty-five individuals from the CATIE, $M=556$, mean age = 40.93 ± 11.03 were included. Verbal memory was outcome. R and Plink served for the analyses. Inflation factor was controlled by lambda values. Input for the pathway analysis were SNPs associated with outcome ($P < 0.05$) genomewide.

Results Gender (male, $P=2.34e-05$; $t=-4.26$) and years of education ($P=1.57e-03$; $t=6.502$) were associated with verbal memory. Inflammation and oxidation were associated with outcome (Table 1, adj- $P < 0.01$).

Conclusions Being male and poorly educated were associated with poorer verbal memory. Inflammation and the arachidonic acid pathway were enriched in mutations associated with poorer verbal memory. This finding is in line with previous reports [1,2,3].

Table 1 Pathways enriched in association with verbal memory.

Description	GeneRatio	BgRatio	Pvalue	P.adjust
Synthesis of Leukotrienes	5/105	17/6750	4.42E-06	0.0009
Arachidonic acid metabolism	7/105	45/6750	5.03E-06	0.0009
Glutathione synthesis and recycling	4/105	11/6750	1.68E-05	0.0021

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

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EW0178

Psychiatric symptomatology as the initial presentation of brain cancer

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Glioblastoma multiforme is the most common primary adult brain tumor. Clinically, non-specific psychiatric symptoms may arise as their first and only manifestation, prior to any neurological deficits. The most form of psychiatric presentation of neurological diseases are depressive complaints, although these may also be accompanied by behavioral and/or cognitive, anxious and psychotic symptoms. By explaining this case report we aim to emphasize the importance of considering the diagnosis of an organic brain disease, even when only primary psychiatric symptoms are evident. The bibliographic research was made using PubMed and Scielo, and analysis of the electronic patient process. Man of 68 years with a history of hypertension, nephrectomy, splenectomy and left brachial plegia after a car accident. He had been previously seen by a psychiatrist for a 6-month history of depressive symptoms, which had been successfully treated. He later developed new behavioral changes such as heteroaggressiveness, social maladjustment and disfasia, for which he was sent to the emergency room. Brain-CT scan displayed a left front temporal expansive injury. Admitted to the Neurology Department for further diagnostic investigation. Subsequent MRI, detected massive infiltrative lesion with significant mass effect and cystic/necrotic area. The anatomopathology disclosed a glioblastoma grade IV. This case reinforces the importance of carrying a imagiologic workup in cases like this, especially on patients with atypical presentation of psychiatric symptoms.

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

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EW0179

Differential effects of mGluR5 receptor blockade on behavior, schizophrenia-relevant gene expression and neuronal activation patterns from development to aging mice

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Introduction The glutamate system is implicated both in mood disorders and schizophrenia. Mice lacking metabotropic mGlu5 receptors (mGluR5 KO) display schizophrenia-like abnormalities. Additionally, mGluR5 antagonists represent promising alternative anxiolytics/antidepressants. However, the underlying age-specific molecular/cellular mechanisms are only partially understood.

Objectives We aimed at identifying molecular alterations associated with a genetically induced mGluR5 deletion, which results in a schizophrenia-like phenotype. Additionally, we investigated age-specific effects of mGluR5 antagonists on emotional behaviour and c-fos activation.



Methods For analysis of mRNA and protein levels we performed Real-time RT-PCR and Western blot investigations of brains from mGluR5 KO and wild-type mice. Additionally we used classical behavioral tests for determining anxiety- and depression-like changes triggered by the mGluR5 antagonist 2-Methyl-6-(phenylethynyl)pyridine (MPEP). Finally, we used profiling of c-Fos expression, as marker of neuronal activity, induced by MPEP from postnatal day 16 (P16) to adulthood (P90).

Results We found reduced expression levels of reelin, GAD65, GAD67, parvalbumin, as well as NMDA and AMPA receptor subunits in mGluR5 KO mice, especially in the prefrontal cortex (PFC). We measured age-specific alterations in emotional behaviour of mGluR5 KO mice, with marked increase of anxiety during aging. There was a remarkably conserved activation of the paraventricular nucleus of the hypothalamus, implicated in stress regulation, by MPEP at all investigated ages, whereas the extended amygdala was specifically activated in adulthood only.

Conclusions Our animal data provide new insights into the potential role of mGluR5 in neurochemical and behavioural changes associated with schizophrenia and mood disorders during the life-span.

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

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EW0180

Influence of personal meaning organization and 5-HTTLPR genotype on cortisol stress reactivity in healthy women

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Introduction Reactivity to acute psychosocial stress in the framework of a physiological multidimensional pattern affects several individual-level systems that include genetic factors and features related to personality development. The 5-HTTLPR genotype has been implicated in the modulation of susceptibility to environmental stimuli.

Objectives In the present study, 91 healthy young women were investigated (i) for their reactivity to a standardized psychosocial laboratory stressor (TSST), as measured by changes in salivary cortisol; (ii) in terms of 5-HTTLPR genotype and (iii) in terms of their personality profile according to the post-rationalist personal meaning organizations (PMOs), which are considered as adaptive modes of response to environmental stressors.

Methods Participants were divided into three 5-HTTLPR genotype groups (s/s; s/l, and l/s). The quantitative and qualitative variables that may affect circulating cortisol were compared among the three groups. A multiple linear quantile regression analysis was then performed to evaluate the effect of the personality profile, as Outward/Inward PMO, and 5-HTTLPR genotype on the median level of cortisol, considered as dependent variable.

Results Comparison of the variables that may affect circulating cortisol no significant differences. Salivary cortisol changed significantly in the course of the TSST. Reactivity to stress was affected by personality profile and the 5-HTTLPR genotype and also by body mass index and age.



Conclusions The present data suggest that the psychosocial stress response is a multidimensional physiological event that is affected by a variety of factors as diverse as 5-HTTLPR genotype, personality profile, BMI, and age.

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

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EW0181

Skin conductance response to emotional stimuli and injury location in patients with single right hemisphere damage



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Introduction Right hemisphere damage (RHD) has been related to alterations in emotion processing. However, results regarding physiological responses are limited and inconsistent. More research regarding specific brain areas involved in emotional physiological responses is needed.

Objectives To examine the skin conductance response (SCR) to emotion eliciting images in patients with single RHD. To explore the relationship between SCR and brain injury location in patients with single RHD.

Aims To examine the relationship between SCR and cortical and subcortical damage in RH regarding emotional processing.

Method Forty-one individuals with RHD due to stroke were assessed (mean age 68.5, SD 12.2, 51.1 males). The amplitude of event-related SCR was registered through a biofeedback system while observing 54 photographs from the international affective picture system (IAPS). Emotional images were classified using two different approaches: emotional valence (pleasant, unpleasant, neutral) and social vs. non-social content. Brain damage location, determined through medical records, included cortical (frontal, parietal, temporal and occipital lobes) as well as sub-cortical (caudate nucleus, thalamus, lenticular nucleus, insular cortex, basal ganglia and limbic system) structures.

Results Amplitude of SCR to emotional images was significantly lower in individuals with occipital cortex injury compared to those with damage in other brain locations ($P < 0.05$). These results were consistent through all stimuli categories but non-social pictures, which presented the same pattern though, did not reach statistical significance.

Conclusions Results show a relationship between occipital areas in HD and SCR to emotional eliciting stimuli, suggesting occipital right lobe involvement in physiological emotional processing.

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

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EW0182

The use of polygenic risk scores to inform aetiology of mood and psychotic disorders



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Introduction Polygenic risk scores (PRS) incorporate many small genetic markers that are associated with conditions. This technique

was first used to investigate mental illnesses in 2009. Since then, it has been widely used.

Objectives We wanted to explore how PRS have been used to the study the aetiology of psychosis, schizophrenia, bipolar disorder and depression.

Aims We aimed to conduct a systematic review, identifying studies that have examined associations between PRS for bipolar disorder, schizophrenia/psychosis and depression and psychopathology-related outcome measures.

Methods We searched EMBASE, Medline and PsychInfo from 06/08/2009 to 14/03/2016. We hand-searched the reference lists of related papers.

Results After removing duplicates, the search yielded 1043 publications. When irrelevant articles were excluded, 33 articles remained. We found 24 studies using schizophrenia PRS, three using bipolar PRS and nine using depression PRS. Many studies successfully used PRS to predict case/control status. Some studies showed associations between PRS and diagnostic sub-categories. A range of clinical phenotypes and symptoms has been explored. For example, specific PRS are associated with cognitive performance in schizophrenia, psychotic symptoms in bipolar disorder, and frequency of episodes of depression. PRS have also demonstrated genetic overlap between mental illnesses. It was difficult to assess the quality of some studies as not all reported sufficient methodological detail.

Conclusions PRS have enabled us to explore the polygenic architecture of mental illness and demonstrate a genetic basis for some observed features. However, they have yet to give insights into the biology, which underpin mental illnesses.

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

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EW0183

Identification of biological pathways to Alzheimer's disease using polygenic scores



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Introduction Single nucleotide polymorphisms (SNPs) contribute small increases in risk for late-onset Alzheimer's disease (LOAD). LOAD SNPs cluster around genes with similar biological functions (pathways). Polygenic risk scores (PRS) aggregate the effect of SNPs genome-wide. However, this approach has not been widely used for SNPs within specific pathways.

Objectives We investigated whether pathway-specific PRS were significant predictors of LOAD case/control status.

Methods We mapped SNPs to genes within 8 pathways implicated in LOAD. For our polygenic analysis, the discovery sample comprised 13,831 LOAD cases and 29,877 controls. LOAD risk alleles for SNPs in our 8 pathways were identified at a P-value threshold of 0.5. Pathway-specific PRS were calculated in a target sample of 3332 cases and 9832 controls. The genetic data were pruned with $R^2 > 0.2$ while retaining the SNPs most significantly associated with AD. We tested whether pathway-specific PRS were associated with LOAD using logistic regression, adjusting for age, sex, country, and principal components. We report the proportion of variance in liability explained by each pathway.

Results The most strongly associated pathways were the immune response (NSNPs = 9304, $= 5.63 \times 10^{-19}$, $R^2 = 0.04$) and hemostasis (NSNPs = 7832, $P = 5.47 \times 10^{-7}$, $R^2 = 0.015$). Regulation of endocytosis, hematopoietic cell lineage, cholesterol transport, clathrin and

protein folding were also significantly associated but accounted for less than 1% of the variance. With APOE excluded, all pathways remained significant except proteasome-ubiquitin activity and protein folding.

Conclusions Genetic risk for LOAD can be split into contributions from different biological pathways. These offer a means to explore disease mechanisms and to stratify patients.

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

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EW0184

Peripheral levels of the micro-RNA miR-1202 are correlated with changes in brain activity and connectivity during an antidepressant treatment

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Introduction Micro-RNAs are short non-coding sequences playing a major role in regulating gene expression. Peripheral levels of the micro-RNA miR-1202 have been shown to predict antidepressant response and to change during treatment. However, it is not clear to what extent these peripheral measures reflect central neural changes in vivo.

Objectives We aimed at investigating a potential link between peripheral micro-RNA and neuroimaging measures.

Methods At baseline and after 8 weeks of desvenlafaxine (50–100 mg die), twenty depressed patients were scanned with 3 T magnetic resonance imaging, first at rest then during the Go/NoGo task, a classical test of response inhibition. Blood samples were taken for RNA extraction.

Results During resting state, baseline miR-1202 levels were predictive of decreased connectivity between the posterior cingulate and the prefrontal, occipital and parietal cortices. Changes in miR-1202 levels were correlated with changes in activity in right precuneus within the default-mode network, and with decreased connectivity between the posterior cingulate and the temporal and prefrontal cortices, and the precuneus. During the Go/NoGo task, baseline levels and changes in these levels were correlated with activity changes in different regions, including bilateral prefrontal, insular, cingulate, and temporal cortices. Finally, secondary analyses suggest an association between miR-1202 levels and glutamate levels measured by spectroscopy in dorsomedial prefrontal cortex.

Conclusions This is the first study showing that baseline and changes in peripheral levels of one micro-RNA were associated with changes in brain activity and connectivity during an antidepressant treatment. MiR-1202 may act through the modulation of the glutamatergic system.

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

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EW0185

Concomitant 3q13.31 microdeletion and ring chromosome 22 in a patient with severe developmental delay,



ventriculomegaly, and Dandy-walker malformation

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Introduction Over 20% of patients with developmental delay (DD) has copy number variations (CNV) of unknown significance. Some CNV may be associated with disease in a patient and also present in their apparently healthy parents. According to the two-hit model another CNV may contribute to phenotypic variation of such genomic disorders.

Objectives DD diagnostics improvement.

Aims Understanding the pathogenic significance of concomitant 3q13.31 and 22q13.32–q13.33 microdeletions.

Methods Ring chromosome 22 was first detected by conventional cytogenetics. Microdeletions at 3q13.31 and 22q13.32–q13.33 were revealed by agilent technologies 60 K microarray and confirmed by qPCR. Ring chromosome was confirmed by FISH.

Results We present a four-year-old girl with del22q13.32–q13.33 resulted in a ring chromosome 22 and a single TUSC7 gene microdeletion at 3q13.31. The del22q13.32–q13.33 originated de novo, whereas del3q13.31 was inherited from healthy mother. The 22q13.32–q13.33 locus is associated with Phelan-McDermid syndrome (PHMDS, OMIM 606232). The patient demonstrated features both typical for the syndrome (psychomotor and speech development delay, autistic signs, aggression, sleep alteration, seizures) and atypical – attention deficit-hyperactivity disorder (ADHD), ventriculomegaly, and reduced size of cerebella hemispheres (Dandy-Walker variant). ADHD and ventriculomegaly were previously described in patients with del3q13.31 (OMIM 615433) but Dandy-Walker variant was observed in our patient for the first time. Possibly, atypical for PHMDS features, may result from trans-epistasis of microdeletions.

Conclusions Multiple CNVs in one patient complicate genotype-phenotype correlations due to possible overlapping phenotypes and/or modifying effect of variants. This study was supported by Russian Science Foundation, grant no. 16-15-10231.

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EW0186

CYP450 enzymes genetic polymorphism influence on treatment of affective disorders

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Introduction Individualized treatment decisions in psychiatry may be important, since substantial part of first choice drugs are



ineffective or cause side effects. Polymorphic variants of genes that code CYP450 enzymes cause differences in their activity and therefore in efficacy and safety of drugs that are metabolized by them.

Aim of the study Determine whether pharmacogenetic testing of CYP2D6, CYP2C19 and CYP2C9 polymorphism would have had influence on selected patients' treatment courses.

Methods Five patients that were diagnosed for treatment-resistant mood disorders in Vilnius university hospital Santariskiu clinics centre of neurology, department of psychiatry were invited to give blood samples for genetic testing retrospectively. Patients' CYP2C19, CYP2D6 and CYP2C9 enzymes genetic polymorphism results were compared with previous empirical pharmacological treatment courses of these patients.

Results In four out of five cases significant polymorphism of CYP2C19 enzyme allele was detected. In all of these cases 1*/2* variant, that conditions intermediate metabolizer phenotype, was identified. Alterations in CYP2D6 and CYP2C19 regions were not found. In three cases the presence of varied genetic variant could have been clinically relevant. In two of these cases Sertraline and valproates, that are both metabolized by CYP2C19 enzyme, were taken by patients and side effects were observed. Unsuccessful treatment was repeated without effect, both in clinical and outpatient environment. Continuous rehospitalization took place until appropriate empirical treatments were established.

Conclusions Pharmacogenetic testing could have had influence on treatment choices for three out of five selected patients leading to less side effects and rehospitalizations.

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

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EW0187

Mthfr Allele distribution in Romanian schizophrenia patients



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Introduction Currently available data on the aetiology of schizophrenia suggests a major involvement of epigenetic mechanisms. One such mechanism could be the alteration of activation and silencing of genes, which involves DNA methylation and de-methylation. The main limiting enzyme involved in the methyl-donor cycle is methylene-tetra-hydro-folate-reductase (MTHFR), and the most frequently observed mutation in the MTHFR gene, altering its activity, is the C677T mutation.

Aim In the present study, we investigated the frequency of MTHFR C677T mutation and total plasma homocysteine (tHcy) concentrations in a sample of Romanian schizophrenia patients as compared to healthy controls.

Methods Seventy schizophrenia patients (35% females) with a mean age of 38.8 ± 20.5 years and 50 healthy controls (50% females) with a mean age of 36.3 ± 11.6 years were included. MTHFR genotype was determined through polymerase chain reaction and tHcy levels were determined through reversed phase high-pressure liquid chromatography.

Results Schizophrenia patients, registered higher frequency of the T allele, with the CC genotype observed in 39.4% of them, as compared to a frequency of 60.6% in the control group ($P=0.002$ –Fisher's exact test). tHcy concentrations did not differ between the two groups (10.7 ± 4.2 vs. 11.2 ± 4.1 , $P>0.005$ –Mann–Whitney U test).

Conclusions Romanian schizophrenia patients have a significantly higher frequency of the MTHFR C677T mutation, but without significant effect on tHcy concentrations.

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

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EW0188

Influence of 5-HTR2C polymorphisms on metabolic syndromes in Thai schizophrenia patients



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Introduction Metabolic syndrome is a significant problem in the schizophrenia patients. Previous research demonstrated that single nucleotide polymorphisms in the serotonin 2C receptor (5HTR2C) genes are associated with metabolic syndrome related to schizophrenia patients taking atypical anti-psychotic drugs. This study aimed to investigate whether the effect of 3 SNPs in 5HTR2C gene on the presence of the metabolic syndrome in Thai schizophrenia patients.

Method We conducted a cross-sectional study and 154 patients were recruited. The schizophrenia patients were identified from a diagnostic and statistical manual of mental disorders, 4th edition, (DSM-IV) and criterion and determined the metabolic syndrome according to the 2005 international diabetes federation (IDF) Asia criteria. Patients were genotyped for the 5HTR2C rs51,8147, rs126,881,02, rs128,367,71 polymorphisms.

Results The preliminary analysis from 154 patients showed the metabolic syndrome prevalence was 38.73%, with 46.50% in male and 53.48% in female patients. The results showed that the patients who have heterozygous and homozygous variant on 5HTR2C gene (rs518,147 and rs126,881,02) showed a significant difference in the presence of metabolic syndrome when compare with patients who carry homozygous wild type ($P=0.007$), especially in male patients ($P=0.002$). The association between 5HTR2C polymorphisms and metabolic syndrome was found in male patients but not found in female patients.

Conclusion These findings suggest that 5HTR2C genotypes are associated with the metabolic syndrome in patients taking atypical anti-psychotics. However, the metabolic syndrome results from the multigenetic effects. The further studies should focus on the other genes, which were involved in metabolic syndrome.

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

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EW0189

Prevalence of the CYP2D6*10 (C100T) polymorphism in psycho-neurological patients in North-Western and Siberian regions of the Russia



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Introduction The gene CYP2D6 is of great interest also due to its highly polymorphic nature, and involvement in a high number of medication metabolisms. The presence of polymorphisms in the CYP2D6 gene may modulate enzyme level and activity, thereby affecting individual responses to pharmacological treatment.

Materials and methods Allele and genotype frequency distributions of CYP2D6*10 variants and predicted phenotypes were analyzed in blood samples of 123 patients (53 patients from north-western region and 69 patients from Siberian region) using polymerase chain reaction (PCR)-restriction fragment length polymorphism, PCR-single-strand conformation polymorphism.

Results The T/T, C/T, and C/C genotype frequencies of the CYP2D6*10 allele were significantly different ($P < 0.01$) in regional groups. The frequency of the wild homozygous variant C/C of the CYP2D6*10 allele (extensive metabolizers) in the Siberian region was the highest, while the north-western region of Russia had the lowest frequency ($P < 0.001$), which are 82.6% and 64.2%, respectively. The frequency of the heterozygous variant C/T of the CYP2D6*10 allele (intermediate metabolizers) was significantly a bit high in the north-western region, while the Siberian region of Russia had the lowest frequency ($P < 0.001$), which are 35.8% and 17.4%, respectively. The homozygous variant T/T of the CYP2D6*10 allele (poor metabolizers) was not identified.

Conclusion The C100T polymorphism of the CYP2D6 gene may be associated with several drug-induced reactions in patients with depression, schizophrenia, epilepsy etc. The differences in the prevalence of intermediate metabolizers in north-western and Siberian regions of Russia may be due to genetic drift and accumulation of alleles typical of European and Asian populations.

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

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EW0190

Symptoms of anxiety during pregnancy and metabolism: A pilot metabolomics study



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Introduction Anxiety symptoms are frequent during pregnancy, and they adversely affect pregnancy outcomes and offspring development. The underlying biological mechanisms are not known, but may in part be explained by alterations in certain maternal metabolic pathways. No metabolomic studies have investigated possible metabolic alterations in anxious pregnant women.

Objective This pilot study compared the metabolic profiles of anxious and non-anxious pregnant women using a mass spectrometry-based quantitative metabolomics system.

Methods Cases were 20 participants of the Kuopio birth cohort study (www.kubico.fi) with first and third trimester symptoms of anxiety (Edinburgh postnatal depression scale, anxiety subscale – EPDS-3A ≥ 4), but no depression (EPDS ≤ 12). Controls were 20 participants with low anxiety (EPDS-3A ≤ 3) and depression (total EPDS ≤ 9) in both the first and third trimester. Maternal metabolic profiles were analyzed from serum samples drawn when the mothers arrived at the delivery hospital.

Results Metabolic pathway analyses revealed significant enrichment in the glycine, serine and threonine metabolism ($P = 0.046$), as well as in the betaine ($P = 0.048$) metabolism pathways. Homocysteine was the only metabolite to significantly differentiate between cases and controls (VIP score 3.3), with lower concentrations in cases ($P = 0.003$) even when excluding non-users of folic acid supplementation ($n = 5$; $P = 0.002$), C-sections ($n = 5$; $P = 0.013$), or samples taken immediately postpartum ($n = 2$; $P = 0.004$). No other metabolites significantly differed between the groups.

Conclusions Physiological adaptation induced by pregnancy, which may have homogenized the study populations, could explain the only minor metabolic differences between the two groups. Further research in larger samples, comparing metabolic alterations in umbilical cord blood and maternal blood is warranted.

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

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e-Poster walk: Old-age psychiatry

EW0191

Hippocampal volume recovery after depression: Evidence from an elderly sample

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Objectives Structural neuroimaging studies have revealed a consistent pattern of volumetric reductions in both the hippocampus and the anterior cingulate cortex (ACC) of individuals with a major depressive episode (MDE). This study investigated hippocampal and ACC volume differences in the elderly comparing currently depressed individuals and individuals with a past lifetime history of MDE versus healthy controls.

Methods We studied non-demented individuals from a cohort of community-dwelling people aged 65 and over (ESPRIT study). T1-weighted magnetic resonance images were used to acquire anatomical scans from 150 currently depressed individuals, 79 individuals with at least one past MDE, and 310 healthy controls. We derived quantitative regional estimates of subcortical volume of hippocampus and ACC using FreeSurfer Software (automated method). Concerning hippocampus, we also used a manual method of measurement. General Linear Model was used to study brain volumes in current and past depression adjusting for gender, age, education level, total brain volume, and anxiety disorder comorbidity.

Results After adjustment, current depression was associated with a lower left posterior hippocampal volume ($F=10.38$, $P=0.001$) using manual estimation of volume. No other significant differences were observed. A positive correlation was found between time since the last MDE and left posterior hippocampal volume.

Conclusions The finding of left posterior hippocampal volume reduction in currently depressed individuals but not in those with a past MDE compared to healthy controls could be related to brain neuroplasticity. Additionally, our results suggest manual measures to be more sensitive than automated methods.

Keywords Major depressive episode; Late life depression; Brain imaging; Biological psychiatry; Magnetic resonance imaging



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

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EW0192

Introduction to mindfulness: A pilot exploratory study among memory clinic attendees

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Background Evidence from the literature suggests that group mindfulness interventions result in improved quality of life, less depressive symptoms and improved subjective sleep quality among patients with memory problems [1].

Objectives To design and pilot a brief mindfulness intervention for Memory Clinic attendees.

Aims To develop a non-pharmacological low-resource intervention for Memory Clinic attendees.

Methods An introduction to mindfulness pack, designed by author CD, includes a booklet introducing the concept of mindfulness, instructions for meditation exercises with an accompanying CD. Memory clinic attendees diagnosed with subjective memory complaints or mild cognitive impairment were invited to take part. Participants completed standardised questionnaires pre- and post-intervention, which examined subjective memory, depression and anxiety symptoms, subjective sleep quality, worry and mindfulness levels. Qualitative information was also gathered.

Results Of twenty-four participants (66.6% female, mean age 60.8 years), 14 (58.3%) completed the 6-week study. There was no statistical difference in anxiety and depressive symptoms, quality of life, sleep quality and worry levels pre- and post-intervention among participants. However, 100% of participants found the mindfulness intervention beneficial, with 64.3% ($n=9$) reporting a subjective improvement in both memory and concentration.

Conclusions In this small pilot study, a brief self-guided mindfulness intervention was found to be acceptable to a heterogeneous group of Memory Clinic attendees.

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



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EW0193

Economic recession and mental health distress: Does age matter?

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Introduction The association between economic crises and mental health problems can be attributed to a number of factors. Among these, age seems to be an important determinant.

Objectives The aim of this study was to assess whether mental health of the Portuguese population following the onset of the 2008 recession, differs by age groups.

Methods A follow-up study (2015) on the population aged 18 to >65 years old, using the National Mental Health Survey ($n=911$). The age-group prevalence of mental health distress assessed by the ten-item Kessler's Psychological Distress Scale (K10) was calculated using χ^2 statistics and mental distress as a categorical variable ($P<0.05$).

Results Mean mental distress score differed significantly according to age group, $\chi^2(3)=10.684$, $P<0.05$. The results showed that the older groups (50–64 and 65+ years old) were more frequently under mental distress (17–19%) compared to younger people (18–49 years old), which were less likely to report being distressed (8–12%).

Conclusions Age seems to be an important determinant of distress levels during the economic crisis in Portugal. Older adults reported to be more distressed compared to younger individuals. There are several hypotheses for a differential expression of psychological distress between age groups such as working status and retirement, which can express differential access to coping resources under such contextual negative pressure of economic recession. Further research on age groups is thus needed to better understand how recession generates adverse effects on mental well-being.

Keywords Distress; Age; Mental health; Recession; Older adults

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

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EW0194

The effect of apolipoprotein E $\epsilon 4$ (APOE E4) on visuospatial working memory in healthy elders and amnesic mild cognitive impairment patients: An event-related potentials study

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Introduction Previous studies provided inconsistent evidences for the effect of apolipoprotein E $\epsilon 4$ (APOE $\epsilon 4$) status on the visuospatial working memory (VSWM). Our study was the first investigation with event-related potential (ERP) to explore the effect of APOE $\epsilon 4$ on VSWM in healthy elders and aMCI patients.

Objective The aim was to investigate the effect of APOE $\epsilon 4$ on VSWM with event-related potential (ERP) study in healthy elders and aMCI patients.

Methods Thirty-nine aMCI patients (27 APOE $\epsilon 4$ non-carriers and 12 APOE $\epsilon 4$ carriers) and 43 their matched control (25 APOE $\epsilon 4$ non-carriers and 18 APOE $\epsilon 4$ carriers) performed an N-back task, a VSWM paradigm that manipulated the number of items to be stored in memory.

Results Our study detected reduced accuracy and delayed mean correct response time in aMCI patients than healthy elders. P300 was elicited by VSWM and its amplitude was lower in aMCI patients at the central-parietal and parietal electrodes than healthy controls. In healthy elders, P300 amplitude declined prior to task performance change in APOE $\epsilon 4$ carriers than non-carriers. Regarding aMCI patients, P300 amplitude result revealed exacerbated VSWM deficits in APOE $\epsilon 4$ carriers than APOE $\epsilon 4$ non-carriers. Additionally, standardized low-resolution brain electromagnetic tomography analysis (s-LORETA) result showed enhanced brain activation in right parahippocampal gyrus during P300 time range in APOE $\epsilon 4$ carriers than non-carriers in aMCI patients (Fig. 1, Tables 1 and 2).

Conclusions It demonstrated that P300 amplitude might serve as a biomarker for recognizing aMCI patients and contribute to early detection of worse VSWM in APOE $\epsilon 4$ carriers than non-carriers.

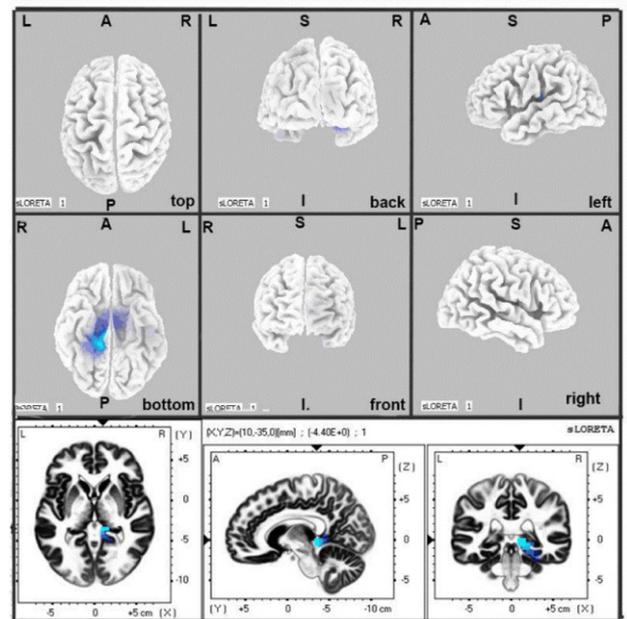


Fig. 1 The sLORETA images showing statistical differences between aMCI- APOE $\epsilon 4$ - and aMCI- APOE $\epsilon 4$ + group (3D-view and slice-view) in the P300 time-range. The three slice-view images below located the maximal difference between aMCI- APOE $\epsilon 4$ - and aMCI- APOE $\epsilon 4$ + group (MNI coordinates $x, y, z=10, -35, 0$). Negative difference was in blue color with reference of aMCI- APOE $\epsilon 4$ + group. Abbreviations: aMCI: amnesic mild cognitive impairment; APOE: apolipoprotein E; MNI: Montreal Neurological Institute; sLoreta: standardized low-resolution brain electromagnetic tomography analysis.

Table 1 Behavioral data (accuracy and response time) for healthy controls and a MCI patients with different APOE ε4 status.

Condition	Stimulus	HC		aMCI	
		APOE ε4- (n = 25)	APOE ε4+ (n = 18)	APOE ε4- (n = 27)	APOE ε4+ (n = 12)
Accuracy					
0-back	Non-Target	0.95 (0.04)	0.91 (0.07)	0.90 (0.08) ^a	0.86 (0.13)
	Target	0.88 (0.11)	0.83 (0.08)	0.78 (0.18)	0.72 (0.14) ^a
1-back	Non-Target	0.82 (0.10)	0.77 (0.09)	0.74 (0.14) ^a	0.70 (0.20)
	Target	0.83 (0.10)	0.78 (0.09)	0.74 (0.18)	0.60 (0.18) ^a
Response time					
0-back	Non-Target	640.96 (117.98)	645.22 (58.44)	663.57 (119.89)	768.61 (206.29) ^b
	Target	682.02 (118.39)	699.71 (93.11)	713.53 (92.59)	787.60 (172.46) ^b
1-back	Non-Target	643.33 (122.62)	665.64 (62.34)	787.74 (169.42)	838.15 (197.73) ^b
	Target	759.40 (158.11)	817.06 (107.08)	941.52 (187.56)	988.89 (180.22) ^b

Data are presented as mean ± standard deviation (SD). aMCI: amnesic mild cognitive impairment; APOE: apolipoprotein E; HC: healthy controls.

^aPost-hoc tests by Bonferroni's analysis further revealed the source of ANCOVA difference ($P < 0.05$, HC-APOE ε4– vs. aMCI-APOE ε4–).

^bPost-hoc tests by Bonferroni's analysis further revealed the source of ANCOVA difference ($P < 0.05$, HC-APOE ε4+ vs. aMCI-APOE ε4+).

Table 2 ERP data (P300 amplitude) for healthy controls and aMCI patients with different APOE ε4 status.

Task	site	HC		aMCI	
		APOE ε4- (n = 25)	APOE ε4+ (n = 18)	APOE ε4- (n = 27)	APOE ε4+ (n = 12)
0-back	CP1	3.69 (2.07)	3.23 (2.42)	3.16 (3.00)	2.44 (1.62)
	CPz	4.11 (1.63)	3.17 (0.68)	3.03 (1.82) ^f	2.45 (1.61)
	CP2	3.23 (1.69)	3.16 (0.87)	2.97 (1.64)	2.35 (1.66)
	P1	3.84 (2.37)	3.54 (1.01)	3.22 (1.80)	2.03 (1.78) ^{b,d}
	Pz	4.42 (2.25)	3.50 (0.91)	3.31 (1.77)	2.59 (2.56)
	P2	4.89 (2.02)	3.11 (1.00) ^a	3.04 (2.10) ^f	2.34 (1.96)
1-back	CP1	3.61 (2.14)	3.34 (0.65)	2.98 (3.38)	2.42 (1.59)
	CPz	4.63 (2.90)	3.21 (1.21) ^a	2.62 (1.80) ^f	2.53 (1.78)
	CP2	3.93 (1.92)	3.60 (1.12)	3.34 (2.07)	2.31 (1.56) ^{b,d}
	P1	4.49 (2.58)	3.24 (1.07)	3.00 (1.93) ^f	2.49 (2.10)
	Pz	5.11 (2.34)	3.43 (0.93)	3.23 (1.89)	2.54 (1.39)
	P2	4.52 (2.34)	3.71 (1.26)	3.53 (2.28) ^f	2.54 (1.74) ^f

Data are presented as mean ± standard deviation (SD); aMCI: amnesic mild cognitive impairment; APOE: apolipoprotein E; HC: healthy controls.

^aPost-hoc tests by Bonferroni's analysis further revealed the source of ANCOVA difference ($P < 0.05$, HC-APOE ε4– vs. HC-APOE ε4+).

^b Post-hoc tests by Bonferroni's analysis further revealed the source of ANCOVA difference ($P < 0.05$, aMCI-APOE ε4– vs. aMCI-APOE ε4+).

^cPost-hoc tests by Bonferroni's analysis further revealed the source of ANCOVA difference ($P < 0.05$, aMCI-APOE ε4– vs. HC-APOE ε4–).

^dPost-hoc tests by Bonferroni's analysis further revealed the source of ANCOVA difference ($P < 0.05$, aMCI-APOE ε4+ vs. HC-APOE ε4+).

Disclosure of interest The author has not supplied his/her declaration of competing interest.

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EW0195

Charles Bonnet Syndrome (CBS): Successful treatment of visual hallucinations due to vision loss with agomelatine in three cases

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Background CBS becomes more prevalent as the population ages. CBS is characterized by the triad of impairment of vision, complex visual hallucinations with insight, mentally normal people. Although visual hallucinations in the elderly are often associated with dementia with Lewy body, Alzheimer's disease and delirium, they are excluded from the diagnosis of typical CBS. Here, we describe three typical CBS patients whose visual hallucinations developed after bilateral severe visual impairment due to diabetic retinopathy. The effectiveness of agomelatine adds to evidence implicating serotonergic and melatonergic pathways in the pathogenesis of visual hallucinations.

Case report The average age of these three patients (2 males and 1 female) is 71. Except for the visual hallucinations, all patients showed no psychiatric symptoms or cognitive decline or neurological focal signs. They were frequently upset by the fact of hallucinating, fearing that they are losing their minds. They lived in fear of impending insanity, guilty feeling, unhappy mood, insomnia. The frequency of visual hallucinations stopped with agomelatine 25 mg/day for 3 weeks in these cases.

Discussion To our knowledge, this is the first report describing the effectiveness of agomelatine in treating typical CBS patients and indicates that agomelatine is a safer option for the treatment of CBS, especially in the elderly, diabetic population. Therapeutic options for CBS still remain poor and of uncertain benefit for the individual patient. CBS has a high prevalence rate (0.4%–30%) among the visually impaired. Clinicians must ask elderly people with visual impairment whether they have hallucinations. Firm reassurance that the syndrome is not related to mental illness is a major relief to an elderly person burdened already with failing vision.

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

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EW0196

White matter hyperintensities as a new predictor of driving cessation in the elderly

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Background/aims Motor, perceptual, and cognitive functions affect driving competence. White matter hyperintensities (WMH) changes on brain MRI are associated structural brain changes along with cognitive and motor performance. The aim of this study was to investigate the association between WMH and driving ability in the elderly.

Methods Participants ($n = 540$) were drawn from a nationwide, multicenter, hospital-based, longitudinal cohort study. Each participant underwent clinical evaluations, neuropsychological tests, and interview for caregiver including driving capacity, which was categorized as 'now driving', and 'driving cessation (driving before, not now)'. A total 540 participants were divided into three groups (389 mild, 116 moderate, and 35 severe) depending on the degree of WMH. The same evaluations of them were followed after each year. The statistical analyses were performed using χ^2 test, an analysis of variance (ANOVA), structured equation model (SEM), and generalized estimating equation (GEE).

Results In a SEM, greater baseline degree of WMH was directly associated with driving cessation regardless of cognitive and motor dysfunction ($\beta = -0.110$, $P < 0.001$). In GEE models controlling for age, sex, education, cognitive, and motor dysfunction, the more severe changes of the degree of WMH was associated with the



faster change from 'now driving' state to 'driving cessation' state over time in the elderly ($\beta = -0.508, P < 0.001$).

Conclusion In both cross-sectional and longitudinal aspects, the degree of WMH might be one of the predictive factors for driving cessation in the elderly, reflecting both motor and cognitive functions or independently.

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

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EW0197

Swallowing disturbances and psychiatric profile in older adults: The GreatAGE study



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Introduction Several studies have reported controversial links between swallowing disturbances (SD) and psychiatric disorders in older age. The available data on the epidemiology of SD in the general population are scarce and often conflicting, because of numerous methodological factors source of possible confounders. **Objectives** We aimed to screen the presence of psychiatric and cognitive disorders associated with SD in a random sampling of the general population ≥ 65 .

Methods A sample of 1127 elderly individuals collected in a population-based study (GreatAGE) in Castellana Grotte (53,50% males, mean age 74.1 ± 6.3 years), South-East Italy, were mailed a validated self-report questionnaire to assess SD (Eating Assessment Tool-EAT10). Psychiatric disorders and symptoms [assessed with Semi-structured Clinical Diagnostic Interview for DSM-IV-TR Axis I Disorders, Geriatric Depression Scale-30 (GDS-30) and Symptom Checklist Revised-90 (SCL-90R)], cognitive functions were assessed with a comprehensive neuropsychological battery, neurological exam, and demographics were compared in participants with and without SD using *t*-tests and Mann-Whitney *U*-test.

Results The prevalence rates of SD amounted at 5.97%. Psychiatric diagnosis (24.22% of the sample) was statistically significant associated with SD ($EAT \geq 3, P = 0.038$), and a trend was found for major depressive disorder and generalized anxiety disorder. Among SCL-90R domains, only anxiety showed a significant association with $EAT \geq 3$ ($P = 0.006$). GDS-30 score was found to be higher in subjects with SD ($P = 0.008$). Cognitive functions did not differ between the two groups except for an increasing trend for Clinical Dementia Rating Scale in $EAT \geq 3$ ($P = 0.058$).

Conclusions These preliminary results showed an association between SD in older age and late-life major depression and anxiety disorders.

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

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EW0198

Educational level influenced the gold standard diagnosis of late-life depression in the GreatAGE study



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Introduction The validity of the 30-item Geriatric Depression Scale (GDS-30) in detecting late-life depression (LLD) requires a certain level of cognitive functioning. Further research is needed in population-based setting on other socio-demographic and cognitive variables that could potentially influence the accuracy of clinician rated depression.

Objective To compare the diagnostic accuracy of two instruments used to assess depressive disorders [(GDS-30) and the Semi-structured Clinical Diagnostic Interview for DSM-IV-TR Axis I Disorders (SCID)] among three groups with different levels of cognitive functioning (normal, Mild Cognitive Impairment – MCI, Subjective Memory Complain – SMC) in a random sampling of the general population 65+ years.

Methods The sample, collected in a population-based study (GreatAGE Study) among the older residents of Castellana Grotte, South-East Italy, included 844 subjects (54.50% males). A standardized neuropsychological battery was used to assess MCI, SMC and depressive symptoms (GDS-30). Depressive syndromes were diagnosed through the SCID IV-TR. Socio-demographic and cognitive variables were taken into account in influencing SCID performance.

Results According to the SCID, the rate of depressive disorders was 12.56%. At the optimal cut-off score (≥ 4), GDS-30 had 65.1% sensitivity and 68.4% specificity in diagnosing depressive symptoms. Using a more conservative cut-off (≥ 10), the GDS-30 specificity reached 91.1% while sensitivity dropped to 37.7%. The three cognitive subgroups did not differ in the rate of depression diagnosis. Educational level is the only variable associated to the SCID diagnostic performance ($P = 0.015$).

Conclusions At the optimal cut-off, GDS-30 identified lower levels of screening accuracy for subjects with normal cognition rather than for SMC (AUC 0.792 vs. 0.692); educational attainment possibly may modulate diagnostic clinician performance.

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

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EW0199

Psychotropic use in elderly with cognitive impairment living in nursing homes



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Introduction Elderly patients in nursing homes (NH) are often prescribed medications for many physical and mental health problems, with polypharmacy. There is a considerable number of studies documenting this extensive prescription of psychotropic medication, despite the raised concerns about their overuse/misuse, due to serious adverse effects, including increased rate of cognitive decline associated with antipsychotics.

Aims To characterize the prescription of psychotropics in elderly sample with cognitive impairment living in NH.

Methods Elderly living in three Portuguese NH were included in this cross-sectional study. All residents were eligible, unless they were unwilling or unresponsive. Participants' medication was obtained from medical records. Guidelines of ATC were used to categorize the drugs. Participants were assessed with MMSE and GDS. **Results** The sample included 172 elderly, mostly women (90%), with average of 81(sd=10) years and median lengths of stay of 3 years. Overall, 79.1% used ≥ 1 nervous system-acting drugs. Anxiolytics (54.7%), antidepressants (29.1%) and antipsychotics (23.3%) were the most frequent. The majority (58%) presented cognitive impairment (MMSE). Among those, 46.2% presented depression (GDS) and 79.6% took at least one drug for the CNS and 41.9% ≥ 3 . Antipsychotics were received by 26.5%, while 57.1% used anxiolytics, 31.6% antidepressants and 16.3% anti-dementia drugs. No significant relation between GDS and antidepressants was found.

Conclusion This study confirms the high usage of CNS drugs in patients with cognitive impairment in NH. These rates were comparable with previous studies. Antidepressants appear to be under-used, which can be related to the under-recognition of depression. Also, potential harmful psychotropic drugs such as anxiolytics and antipsychotics are overused.

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

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EW0200

A systematic review of association between pain and suicidal behavior in elderly people



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Introduction Suicide rates worldwide are highest in elderly people compared to younger ages. The recognition of risk factors for late life suicide may be crucial, since one in four attempts is consummated. In this context, pain has been identified as a major event raising the probability for suicide in elders although very little research has examined this association.

Objective To conduct a systematic review to examine whether pain is a risk factor for suicidal behaviour (suicide ideation/attempt/suicide) in elderly people.

Methods The Cochrane Collaboration's guidelines and PRISMA statement were used. The electronic databases considered were MEDLINE, ISI Web of Knowledge, Scopus and PsycARTICLES. Search terms were "pain", "suicide" and "elderly". Studies that assessed the relation between pain and suicidal behavior among people aged ≥ 60 years were included.

Results Of the 2655 references founded, only 41 articles met the inclusion criteria. Most of the quantitative studies concluded that there is a relationship between pain and late life suicidal ideation, in particular severe and chronic pain. Physical or psychological pain was also reported as the cause of attempting suicide in two studies and was considered an important risk factor for committed suicide in eight of them.

Conclusion The results suggest that pain is a risk factor for suicidal behaviour in elderly people, especially suffering from severe and chronic pain, which are in accordance with previous reviews in this field. Future studies are needed to clarify this association and highlight about the importance of pain in suicide prevention initiatives for elders.

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

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EW0201

Predictive factors of hospitalization related to the caregiver burden in older adults presenting to the emergency department



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Background Long-term care for the elderly by their family members represents a serious burden in Italy. The physical and psychological health of informal caregivers is a growing public health issue. Old patients often seek urgent medical attention in the Emergency Department (ED) and hospitalisation is frequent event among the elderly.

Aim Aim of the study was (1) to investigate the burden of care among the caregivers of old patients; (2) to examine the influence of the burden experienced by the caregivers on ED and hospital admissions of the elderly.

Methods We conducted a descriptive study of patients aged 75 years or older and their caregiver admitted to the ED from 10/1/15 to 6/10/15 (77 patient-caregiver pairs). The caregivers were evaluated using the Caregiver Burden Inventory (CBI). A case manager collected the patient's data.

Results CBI score is the highest among patients seeking ED evaluation due to caregiver's concern. The majority of the elderly admitted to the ED whose caregiver shows elevated emotional burden at the CBI do not present with serious or urgent medical condition and are not hospitalised. Emotional burden is the high-

est among the caregivers of demented subjects who share the same house.

Conclusion Our findings indicate that the burden experienced by caregiving family members plays a role in elderly people avoidable ED visits.

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

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EW0202

The differential cognitive deficits between patients with early stage Alzheimer's disease and patients with early stage vascular dementia



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Background The study aims to examine whether cognitive deficits are different between patients with early stage Alzheimer's disease (AD) and patients with early stage vascular dementia (VaD) using the Korean version of the CERAD neuropsychological battery (CERAD-K-N).

Methods Patients with early stage dementia, global Clinical Dementia Rating (CDR) 0.5 or 1 were consecutively recruited among first visitors to a dementia clinic, 257 AD patients and 90 VaD patients completed the protocol of the Korean version of the CERAD clinical assessment battery. CERAD-K-N was administered for the comprehensive evaluation of the neuropsychological function.

Results Of the total 347 participants, 257 (69.1%) were AD group (CDR 0.5 = 66.9%) and 90 (21.9%) were VaD group (CDR 0.5 = 40.0%). Patients with very mild AD showed poorer performances in Boston naming test (BNT) ($P=0.028$), word list memory test ($P<0.001$), word list recall test ($P<0.001$) and word list recognition test (WLRcT) ($P=0.006$) than very mild VaD after adjustment of T score of MMSE-KC. However, the performance of trail making A (TMA) was more impaired in VaD group than in AD group. The performance of WLRcT ($P<0.001$) was the worst among neuropsychological tests within AD group, whereas TMA was performed worst within VaD group.

Conclusions Patients with early-stage AD have more cognitive deficits on memory and language while patients with early-stage VaD show worse cognitive function on attention/processing speed. In addition, as the first cognitive deficit, memory dysfunction comes in AD and deficit in attention/processing speed in VaD.

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

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EW0203

The effectiveness and long-term prognosis of the intravenous course of cerebrolysin in patients with the amnesic MCI



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Early diagnosis and treatment in the predementia stage of Alzheimer's disease, i.e. in amnesic MCI (aMCI) may improve patient quality of life and promote slowing of conversion to dementia. The purpose of the study was to analyze the effectiveness

and long-term prognosis of the course of cerebrolysin therapy in aMCI patients. Twenty elderly aMCI patients were included in the study and treated with a 20-day course of therapy with daily intravenous infusions of 30 mL cerebrolysin. Cognitive functions were assessed by the battery of neuropsychological scales and tests: MMSE, MoCA-test, MDRS, the Boston naming test, the Clock Drawing Test, Frontal Assessment Battery, the test "10 words", the Digit Repetition Test. The level of the auto-antibodies to a short peptide fragment of the neurotrophins P75 receptor has been investigated by ELISA in the patient blood serum 3 times per 6 months (0, 10 and 26 weeks). Analysis of the data showed a statistically significant improvement in psychometric tests at the therapy end and also at 10 and 26 weeks of the study. Long-term therapeutic effect (5 months) proved to be significantly correlating with the following parameters: patient's age older than 70 years, basic indices of the MoCA-test and the test "memory" of the dementia Matisse scale. The decline serum level of autoantibodies to the fragment 155–164 receptor of neurotrophins P75 also provided to be an indicator of the long-term effectiveness of the therapy. These results could determine those aMCI patients who could have positive long-term therapeutic effect following cerebrolysin treatment.

Disclosure of interest The author has not supplied his/her declaration of competing interest.

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EW0204

Risk factors of increased mortality during hospitalization in acutely-ill elderly patients with altered state of consciousness



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Introduction A significant proportion of acutely ill hospitalised elderly patients have impaired consciousness and this has been associated with increased mortality. It remains unclear which factors underlie this relation. Identification of mortality predictors in this population is important to improve care.

Objectives Determine if advanced age, cognitive impairment, high burden of co-morbidities and poor functional status are predictors of increased mortality during hospitalisation in acutely-ill medical hospitalised elderly patients with altered state of consciousness.

Methods All male patients (>65 years) admitted to a medical ward (>48 h) between 01/03/2015 to 31/08/2015 with delirium or RASS lower than -2 were included in the study. Patients were excluded if unable to be assessed due to sensorial deficits, communication problems or medical condition precluding the evaluation. Baseline evaluation included socio-demographic variables, RASS, CAM, IQCODE-SF, DSM-IV-TR criteria for dementia, Charlson Comorbidity Index and Barthel Index. The variables were entered in a logistic regression model (significance level <0.05).

Results The final sample consisted of 75 male subjects with altered state of consciousness, 14 of them died during hospitalisation. Dementia and Barthel Index were significantly associated with mortality during hospitalisation ($P=0.01$ and $P<0.01$, respectively). On the other hand, age and Charlson Co-morbidity Index were not associated significantly with mortality during hospitalisation ($P=0.22$ and $P=0.1$, respectively).

Conclusions Acutely ill elderly patients with altered state of consciousness at admission have higher risk of death during hospitalisation if they have prior dementia or poor functional status.

Health care should be improved to provide better response to this type of patients.

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

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EW0205

Effects of smartphone-based memory training for older adults with subjective memory complaints



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Introduction Brain health has garnered increasing attention as a requisite condition for healthy aging. The rapid growth in mobile health and increasing smartphone ownership among older adults has paved the way for smartphones to be utilized as effective tools for improving mental fitness.

Objectives There are few studies that have explored the efficacy of smartphone-based cognitive training. The present study examined the memory-enhancing effects of smartphone-based memory training for older adults.

Aims We explored whether newly developed application “Smartphone-based brain Anti-aging and memory Reinforcement Training (SMART)” improved memory performance in older adults with subjective memory complaints.

Methods A total of 53 adults (mean age: 59.3 years) were randomised into either one of two smartphone-based intervention groups (SMART vs. Fit Brains[®]) or a wait-list group. Participants in the intervention groups underwent 15–20 minutes of training per day, five days per week for 8 weeks. We used objective cognitive measures to evaluate changes with respect to four domains: attention, memory, working memory (WM), and executive function (inhibition, fluency, etc.). In addition, we included self-report questionnaires to assess levels of subjective memory complaints.

Results The performance on WM test increased significantly in the SMART group ($t[17]=6.27$, $P<0.0001$) but not in the control groups. Self-reports of memory contentment, however, increased in the Fit Brains[®] group only ($t[18]=2.12$, $P=0.048$).

Conclusions Use of an 8-week smartphone-based memory training program may improve working memory function in older adults. However, objective improvement in performance does not necessarily lead to decreased subjective memory complaints.

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

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EW0206

Drug–drug interactions between antibiotics and psychopharmaceuticals in Slovenian nursing homes: A retrospective observational cohort study from a national perspective



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Background Drug–drug interactions (DDIs) between antibiotics and psychopharmaceuticals in large national data have not been described yet.

Objectives In most European countries, there is no national data on DDIs in patients within nursing homes.

Aim To present the most important DDIs in the Slovenian nursing homes to avoid serious DDIs in the future.

Methods A retrospective study was carried in 2015 and with 233 patient on antibiotic treatment. All study data from the patients' records were obtained from the patients' charts. DDIs were determined by different interaction classes with Lexicomp Online™ 19.0 version and only X (major interactions) and D (minor interactions) were included.

Results A total of 233 patients (age = 83.5, SD = 9.8) were treated with antibiotics (only 2 without psychopharmaceuticals). The number of patients with at least 1 interaction was: 72 (30.9%) for X and 172 (73.8%) for D and the average number of medication/patient was 10.9 (SD = 3.9). Twenty-seven patients (11.5%) were treated with at least 1 X DDIs (17 patients ciprofloxacin, 6 moxifloxacin, 3 azithromycin and 1 levofloxacin). Quetiapine and ciprofloxacin was most frequent DDIs occurred in 12 patients. Twenty-seven DDIs were pharmacodynamic (QTc prolongation) and 3 pharmacokinetic (ciprofloxacin-tizanidine, ciprofloxacin and duloxetine in 2 patients; $n=3$). Quetiapine was most frequent prescribed psychopharmaceutical in X DDIs.

Conclusions DDIs between these two groups are seen very often. If an antidepressant should be used in these patients, we recommend sertraline instead of escitalopram and venlafaxine instead of duloxetine and mirtazapine instead of quetiapine. We also recommend a use of penicilins instead of ciprofloxacin and azithromycin.

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

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EW0207

Efficacy of rivastigmine on loss of appetite in patients with Alzheimer's disease



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Introduction It has been said that nearly 30% of the patients with Alzheimer' disease (AD) manifest loss of appetite, which might increase cognitive impairments and the incidence of neuropsychiatric symptoms, and malnutrition. As a result, a vicious cycle decreases functionality and quality of life in patients with AD. Cholinesterase inhibitors (ChEIs) is the first-line drugs in the treatment of AD. On the one hand, appetite or weight loss can be seen due to gastrointestinal side effects in the treatment of ChEIs. On the other hand, there are some reports in clinical-settings that patients with AD treated with rivastigmine transdermal patch showed the improvement of appetite loss.

Objectives To evaluate the efficacy of rivastigmine transdermal patch in AD patients with poor appetite.

Methods In this 16-weeks, multicenter prospective study, patients with mild to moderate AD, who manifest loss of appetite and began to receive rivastigmine transdermal patch therapy, were enrolled. The amount of food, total time-eating, body weight, Mini Mental State Examination (MMSE) and Neuropsychiatric Inventory (NPI) were evaluated.

Results The amount of food eaten by treated patients significantly increased 10.5% at 8 weeks after the initiation of rivastigmine transdermal patch therapy.

Comments This preliminary results might show favourable effects of rivastigmine transdermal patch therapy on AD patients with loss of appetite.

Disclosure of interest Study supported by Ono pharmaceutical co. <http://dx.doi.org/10.1016/j.eurpsy.2017.01.2077>

EW0208

Does participation in the Meeting Centre Support Programme change the stigma experienced by people with dementia?



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Introduction The Meeting Centre Support Programme (MCSP) is a community-based approach to support people living with dementia and their families. It was developed in the Netherlands and has been implemented in other European Countries (Italy, Poland and the UK) within the JPND-MEETINGDEM project.

Aims To assess the relationship between background characteristics of people with dementia participating in MCSP, mood, quality of life (QoL) and experienced stigma, and to explore if and how the experienced stigma changed after 6 months of participation in MCSP.

Methods A pretest (M1) post-test (M7) control group design with matched groups regarding severity of dementia was applied. In each country, a minimum of 25 participants using MCSP were compared with people with dementia receiving 'usual care'. Data were collected with the Stigma Impact Scale, Cornell Scale for Depression in Dementia, Global Deterioration Scale and two QoL scales (QoL-AD & DQoL). Differences in background characteristics were taken into account in the analyses.

Results The preliminary analysis on 116 participants at baseline shows that the level of stigma was low to moderate. People felt more socially rejected in the UK than in Poland and Italy. The level of perceived stigmatization appeared negatively correlated with QoL areas and positively correlated with negative mood. Changes after 6 months will be presented.

Conclusions It is expected that after 6 months people living with dementia participating in MCSP will experience less stigma, as in contrast with usual care MCSP promotes social integration of people with dementia and person-centered support.

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

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EW0209

What predicts adjustment to aging among lesbian, gay and bisexual older adults?



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Introduction Intervention programs that highlight predictors of adjustment to aging (AtA) for minority older lesbian, gay and bisexual (LGB) populations are scarce.

Objective The aim of this preliminary study is to build a structural model to explore whether socio-demographic, health and lifestyle-related variables, are correlates of AtA in a group of LGB older adults.

Methods The sample comprised 287 LGB older adults aged 75 years old and older. Convenience sampling was used to gather questionnaire data. Measures encompassed the adjustment to aging scale, the satisfaction with life scale, demographics and lifestyle and health-related characteristics. Structural equation modeling was used to explore a structural model of the self-reported AtA, comprising all the above variables.

Results The structural model indicated the following significant correlates: perceived health ($\beta=0.456$; $P<0.001$), leisure ($\beta=0.378$; $P<0.001$), income ($\beta=0.302$; $P<0.001$), education ($\beta=0.299$; $P=0.009$), spirituality ($\beta=0.189$; $p<0.001$), sex ($\beta=0.156$; $P<0.001$), physical activity ($\beta=0.142$; $P<0.001$), satisfaction with life ($\beta=0.126$; $P<0.001$), and marital status ($\beta=0.114$; $P=0.008$). The variables explain respectively 76.4% of the variability of AtA.

Conclusions These outcomes suggest that policy making and community interventions with LGB older adults may benefit of including variables, such as, perceived health, leisure and income, as these were pointed out as significant for this group of older adults for promoting adjustment to aging in late adulthood.

Keywords Adjustment to aging; Lesbian; Gay and bisexual

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

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EW0210

Predictors of satisfaction with life among older adults



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Introduction Increasing longevity brings challenges for older adults' satisfaction with life (SWL).

Aims This study aims at exploring a structural model of predictors of SWL in a cross-national sample of older adults.

Methods A community-dwelling sample of 1234 older adults was assessed regarding SWL, sense of coherence (SOC) and socio-demographic, lifestyle and health-related characteristics. Structural equation modeling was used to investigate a structural model of the self-reported SWL, comprising SOC, socio-demographic characteristics (age, sex, education, marital and professional status, household, adult children, income, living setting and religion), lifestyle and health-related characteristics (physical activity, recent disease and medication).

Results Significant predictors are SOC ($\beta=.733$; $P<.001$), religion ($\beta=.725$; $P<.001$), income ($\beta=.551$; $P<.001$), adult children ($\beta=.546$; $P<.001$), education ($\beta=-.403$; $P<.001$), living setting ($\beta=-.292$; $P<.001$) and medication ($\beta=-.197$; $P<.001$). The variables accounted for 24.8% of the variability of SWL. Moreover, differences between the four nationality groups ($F_{(3, 671)}=3.671$, $P=.066$) were not found concerning SWL.

Conclusions Sense of coherence is the strongest predictor of self-reported SWL. Other predictors are religion, income, adult children, education, living setting and medication. The four nationalities did not present significant differences, concerning SWL. This study highlights the factors that influence older adults' SWL, namely, SOC,

religion and income, as promoters of aging well, within a salutogenic model of health for older populations.

Keywords Satisfaction with life; Structural equation modeling; Older adults

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

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EW0211

Burden of care of the caregivers of Alzheimer's disease patients and relationship with burnout syndromes



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Introduction Increased caregiver burden and burn out in Alzheimer disease is associated with a spectrum of problems, like depression or anxiety.

Objectives To examine the relationship between the burden of care and burnout level of professional staff dealing with Alzheimer's disease patients in geriatric inpatient centers in Turkey.

Methods Zarit Caregiver Burden Scale to measure the level of burden of care, and Maslach Burnout Inventory were used to measure the level of burnout. Relationships between the socio-demographic data of the sample group, burden of care and burnout level were investigated. Sample group was consisting of 203 caregivers working in 8 geriatric care centers in Istanbul.

Results The surveyed caregivers' "burden of care giving" level was low (35.3 ± 9.9); "emotional exhaustion" level was weak (2.3 ± 0.8); "depersonalization" level was weak (1.9 ± 0.6); "a feeling of low personal accomplishment" level was weak (2.5 ± 0.8); "general burnout" level was weak (2.3 ± 0.5). There was positive correlation between caregiver burden and burnout level. According to the sociodemographic data, married women with children were especially in increased risk for burnout. Low level of education was associated with increased caregiver burden and burnout. Caregiver burden and depersonalization points were also higher with increasing age.

Conclusions Supportive interventions are needed to decrease the burnout and caregiver burden especially for the caregivers with increased risk.

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

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EW0212

Assessment of renal function based on cystatin C in elderly with dementia



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Introduction Assessment of renal function in elderly with dementia is a difficult clinical problem due to the high prevalence of malnutrition and creatinine limits as a marker of glomerular filtration in this context.

Objectives To assess the correlation between renal function and dementia diagnosis.

Aims To highlight differences between methods of assessment of renal function based on creatinine and cystatin C.

Methods Cross-sectional study. Patients institutionalized at Bucharest City-Center of Socio-Medical Services (a nursing home) from 04/2014 to 11/2014 were included in the study. Dementia diagnosis was established by a psychiatrist. We determined serum creatinine by Jaffe method and serum cystatin C by nephelometry. Renal function was determined using several formulas based on serum creatinine/cystatin C: Cockcroft-Gault, MDRD, creatinine CKDEPI/cystatin/creatinine + cystatin, Berlin Initiative Study (BIS1, BIS2), Lund-Malmö LM-LBM. To highlight a link between dementia and renal function, we determined Spearman correlation coefficients.

Results Thirty-one patients were included in the study, mean age 78.6 (63–97) years, 64% women. The diagnosis of dementia (1 = positive, 0 = negative) had the following statistically significant correlations: CKDEPI/cystatin: $\rho = -0.390$, $P = 0.015$; CKDEPI creatinine-cystatin: $\rho = -0.332$, $P = 0.032$; BIS2: $\rho = -0.346$, $P = 0.02$. We did not find statistically significant correlations between the diagnosis of dementia and formulas for assessing renal function based on creatinine only.

Conclusions Elderly patients with dementia present decreased kidney function as determined by formulas based on cystatin/cystatin + creatinine, but not on creatinine alone. Assessment of renal function using cystatin C might represent a useful method for detection of renal dysfunction in these patients and for proper dosage of medication.

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

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e-Poster walk: Prevention of mental disorders and promotion of mental health

EW0213

Are we using mass media to raise awareness about psychiatric disorders?



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Introduction The global burden of mental disorders is large and continues to grow. Depression is the leading cause of disability worldwide. Every 40 seconds somebody dies from suicide. People with mental disorders are amongst the most marginalized in society. The stigma they experience puts them at an increased risk of poverty, discrimination and human right violations.

Objectives To study the presence of psychiatric disorders in the media.

Methods We selected and analyzed the top media Twitter accounts of general news outlets, based on their number of followers. Our research strategy focused on the search of several psychiatric terms of interest (ex: "insomnia") on each Twitter account. The search includes tweets from the beginnings of Twitter in 2007 up to May 2016, and yielded a database of more than 10,000 news.

Results The terms with the highest impact in mass media referred to suicide, depression, addictions and gender dysphoria. Disorders related to anxiety (Generalized anxiety, phobias, panic disorder, obsessive-compulsive disorder), dysthymia and bipolar disorder were the psychiatric disorders with the lowest impact. We noticed that the presence of psychiatric disorders in the media is increasing. However, it does not accurately reflect the actual impact it has on society.

Conclusions The media can be a useful tool for the implementation of strategies for the promotion and prevention of mental disorders. However, we are not fully taking advantage of the benefits that mass media has to offer in order to educate and raise awareness about said disorders.

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

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EW0214

Icehearts: Sport-based early support program for children at risk



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Icehearts program aims to prevent social exclusion, to promote socio-emotional skills and mental well-being and to provide a secure, long-term adult commitment throughout the child's life using team sport as a tool. The program is facilitated by an Icehearts-mentor providing sports activities as well as support at school and home for a period of 12 years starting at age of 7. Currently, the program is reaching about 500 children in 29 Icehearts teams in Finland. The longitudinal study aims at investigating: (1) the psychosocial well-being and (2) the life course of participating children as well as perceived impact, benefits and challenges of the program. The baseline data was gathered in 2015–2016 by questionnaires and interviews among 7 years old program participants ($n = 46$) and controls at same age not participating in the program ($n = 180$), their parents, and teachers. The measures included i.e the Strengths and Difficulties Questionnaire (SDQ). According to the SDQ-scores assessed by the teachers, two of third among program participants had behavioural difficulties. One-fourth had used mental health services. The parents of program participants reported need for more support for their parenting. The results showed that the Icehearts program is reaching out a target group in need for help and support. Further, the study provides valuable information about the role of a NGO organisation offering long-term and intensive support with the help of sport-based intervention program targeted at vulnerable children. In the presentation, the program, study design and the baseline results are presented in more detail.

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

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EW0215

Relationships between leisure time physical activity, physical fitness and mental health among young adult males



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Physical activity has been seen as an important tool to prevent both physical and mental disorders like depression and anxiety. However, previous research has mainly focused on mental health problems rather than positive mental health. The aim of the present study was to investigate the association of leisure time physical activity (LTPA) and physical fitness with mental distress and positive mental health. The study sample consisted of 792 men (mean age 26 years) who participated in the study prior their military refresher-training course. Cardio-respiratory and muscle fitness tests were measured, and LTPA, positive mental health (Warwick–Edinburgh Mental Wellbeing Scale, SWEMWBS) and mental distress were assessed with a questionnaire. Analysis of variance and linear regressions were used as statistical methods. Younger age and lower military education were associated with mental distress, whereas older age and higher military education were inversely associated with high positive mental health (flourishing). Moreover, individuals reporting vigorous LTPA at least 1–2 times per week had lower level of mental distress and were more commonly experiencing flourishing compared to their less physically active counterparts. Physical fitness (both aerobic and muscular) was associated with lower mental distress, but not with flourishing. In conclusion, leisure time physical activity and physical fitness may contribute to mental health. The present results highlight that even low amount of leisure-time physical activity may promote mental health and prevent mental disorders. Leisure time physical activity, rather than physical fitness, seems to be more essential for positive mental health.

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

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EW0216

The impact of the transition from primary school to secondary school on young adolescents



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Introduction Previous research suggests that adult anxiety disorders begin in adolescence and the transition from primary school to secondary school is the first challenge many young adolescents face, which could test their resilience for the first time.

Objectives To examine students' anxiety scores before and after their transition, and what protective and risk factors are present during this challenge.

Aims To determine how the transition can impact anxiety in children, and if protective factors can help decrease the disruption that the transition can cause.

Methods One hundred and eighty-four pupils completed questionnaires in their last term of primary school and during the first term of secondary school. At time 1: the attachment, school membership, and bullying and victimization measures were compared with pupils' anxiety scores, along with whether their friends or siblings will be attending the same secondary school as them. These analyses will also be conducted once the pupils start secondary school, at time 2.

Results Secure attachment was associated with lower anxiety and transition anxiety ($F(2.56) = 7.255, P = .002; F(2.52) = 19.245, P = .000; F(2.181) = 10.181, P = .000; F(2.53) = 20.545, P = .000$). School membership was associated with lower transition anxiety ($F(2.181) = 4.151, P = .017; F(2.181) = 3.632, P = .028$). Low victimisation was also associated with low anxiety and transition anxiety ($F(2.181) = 14.024, P = .000; F(2.181) = 14.529, P = .000; F(2.181) = 9.381, P = .000$).

Conclusions These preliminary results suggest that attachment, school membership and victimisation all impact on pupils anxiety

before they transition to secondary school. Therefore, schools could work together to increase school membership and decrease victimisation, particularly for pupils who they suspect will struggle with the transition.

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

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EW0217

Relationship between pain coping strategies with mental disorders symptoms in patients referring to dental clinics



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Introduction The study aimed to assess the relationship between mental disorders symptoms with pain coping strategies in dentistry clinics.

Method One hundred and twenty people with dental pain that attended in dentistry clinics were randomly selected and responded to Rosenstein and Keefe's Pain Coping Strategies Questionnaire (PCSQ) and Derogatis's Symptom Checklist (SCL-90-R). PCSQ assesses six pain coping strategies: diverting attention, reinterpretation pain sensation, self-negotiation, ignoring pain, disastrous thought, hope-praying, and SCL-90 measures nine dimensions: somatization, obsessive compulsive, interpersonal sensitivity, depression, anxiety, hostility, phobic anxiety, paranoid ideation, and psychoticism. The data were analysed with Pearson correlation coefficient and independent *t*-test.

Results Findings showed positive and significant relationship between disastrous thought with all mental disorders symptoms; and reinterpretation pain sensation with depression and anxiety. Also there is negative significant relationship between ignoring pain with obsessive compulsive, interpersonal sensitivity and somatization; and hope – praying with interpersonal sensitivity, depression, anxiety, paranoid ideation and psychoticism. Meanwhile there were significant differences in males and females. Females got more scores in ignoring pain than males, and males got more scores in anxiety, hostility and paranoid ideation than females.

Discussion With regard to findings, it is recommended that in addition to drug treatment, for changing the attitudes and thinking in patients with dental pain, psychiatrists and psychologists apply psychological treatments specially cognitive-behavior therapy to reduce abnormal thinking level about pain so that the length during of treatment declines, and as a results reduce the personality and health problems that is related with dental pain before and in during of drug treatment.

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

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EW0218

The utilization of a creative strategy in the prevention of the use of psychoactive substances with children and adolescents



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Introduction The work describes a successful experience in the utilization of art as a tool to work the prevention of the use of

drugs. The experience was developed with children and adolescents between the ages of 3 and 17 who reside in a risky area near Latin America's biggest dump, located in the city of Taguatinga, FD, Brazil.

Objectives Create a therapeutic space to make possible the dialog with the children and adolescents, promoting the prevention and the consciousness about the harm of the use of psychoactive substances, providing clarification on the theme, through art, being the use of formal language and terms, like "illicit drugs", unnecessary.

Methods The children, who participated in the project, used, as expression tool, several painting items. The public was divided by age in two groups: the children received ludic approach, allowing the team nearness and interaction with them, in such a way that the former transmitted information and guidance about the harm on the use of psychoactive substances.

Results The results were satisfactory. All the children and adolescents involved in the project demonstrated adherence to the use of the offered tools and established a communication link, which allowed the receptivity of information about prevention in the use of psychoactive substances.

Conclusions Through the developed activities, it was observed that the strategy utilization of art as a language had better efficiency than a formal approach since the children and adolescents could have a learning space in a spontaneous way, demonstrating interest.

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

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EW0219

The relationship between neurocognitive functioning and metabolic syndrome (MetS) parameters and the interaction effect of cognitive insight in non-psychiatric individuals



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Introduction Metabolic syndrome (MetS) parameters are: elevated waist circumference (WC), triglycerides (TG), fasting glucose (FBG) and blood pressure (BP) and reduced high-density lipoprotein cholesterol (HDL). MetS parameters are associated with poor cognition and this association should be studied in the context of other factors. In particular, factors that are involved in maintaining poor lifestyle choices – MetS is largely a lifestyle illness. One factor important to consider is cognitive insight – an individual's ability to be flexible in how you think about yourself and others and to question your own thoughts.

Objectives To conduct an exploratory cross-sectional study investigating the influence of cognitive insight on the relationship between MetS parameters and cognition in non-psychiatric individuals.

Aims To explore the nature of the relationship between cognition and MetS parameters and test whether cognitive insight moderates the association.

Methods Our sample consisted of *n* = 156 participants with mixed-ancestry. Correlations between MetS parameters and cognition were tested. ANOVA was used to test interaction effects and logistic regression was done to test the predictive power of selected factors.

Results BP correlated with attention, delayed memory, and RBANS total scale score. The BCIS self-certainty subscale moderated the relationship between BP and immediate memory and attention. Age and BCIS self-certainty were the only predictors of elevated BP.

Conclusions Good cognitive insight act as protective factor and reduce the impact of elevated BP on cognition. Cognitive insight may be a predictor of elevated BP.

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

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EW0220

Fatigue and return-to-work in cancer patients: Association with work ability and quality of life



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Introduction Fatigue is a common and debilitating problem in cancer survivors. Research show that this symptom endures even in disease-free patients affecting quality of life. Returning to work is physically and emotionally demanding for this population and fatigue levels seems to predict the time taken to return to work and the ability of the worker.

Objective Our main objective was to explore the direct effect of the fatigue on work ability and quality of life of professionally active cancer survivors. Aims Fatigue levels, work ability and overall quality of life of survivors group were compared with a sample of individuals without cancer history. Relationship between fatigue symptoms and work ability and quality of life were examined within of the survivors group.

Methods This cross-sectional study included 57 cancer survivors and 57 controls ($n = 114$) and data was collected from two Central Hospitals of Portugal. Participants completed the Functional Assessment of Chronic Illness Therapy-Fatigue, the Work Ability Index and the Functional Assessment of Cancer Therapy-General.

Results Cancer survivors reported higher levels of fatigue than controls and worse work ability and quality of life ($P < .001$). Controlling the effect of the age and gender, fatigue of the cancer survivors group influenced negatively their overall quality of life ($\beta = -.315$, $P = .013$, $R^2 = .143$) but not their work ability.

Conclusions Although the fatigue has not affected directly the work ability of the cancer survivors, two years or more after the conclusion of the treatments, this symptom has a significant effect on the quality of life.

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

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EW0221

Paediatric mental health training to school teachers in London, UK



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Introduction The British National Foundation for Educational Research poll found that two thirds of school teachers feel they lack the appropriate training to help identify mental health issues in pupils.¹ I contacted 10 schools in London and teachers gave similar responses to the above poll, stating teachers did not feel confident identifying or managing common mental health issues in children and adolescents aged 5–18.

Aim To deliver mental health training in a user friendly way to teachers and enable them to identify common mental health issues in young people.

Objectives Address underlying concerns teachers have regarding pupils mental health. Discuss strategies to manage common mental health issues.

Method I delivered a 2-hour training workshop to 25 teachers in two different schools in London, June 2016. The training included a lecture on emotional/behavioural and communication disorders in children. There was interactive discussion with teachers, discussing various scenarios, such as children becoming tearful, showing limited eye contact and displaying aggressive behaviour. We discussed how teachers were dealing with this and how better they could manage the situation.

Results I got excellent feedback from teachers, 100% of teachers found the training very useful and would like to have more training of this kind in the future. A multidisciplinary approach is needed to improve the management of mental health in young people.

Conclusions There is a gap in the knowledge teachers have on mental health within the young people and the stigma of mental health makes it more difficult for teachers to address these issues.

Disclosure of interest The author has not supplied his/her declaration of competing interest.

¹ National Foundation for Education Research, <http://www.gov.uk/government/uploads/DFE-June2015>.

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EW0222

Psychological characteristics of emotion control in physicians and teachers



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Introduction Emotional control can play positive role in professional growth. Are there any negative effects of emotional control on the professional activity of physicians and teachers?

Objectives and aims To reveal the specifics of emotional control in groups of physicians and teachers with different self-reported health levels.

Methods The study involved 160 physicians and 179 school teachers. Gender ratio and mean age in both groups were similar. The instruments used: SF-36 health survey and Ban on the emotional expression questionnaire.

Results In general, physicians, and teachers more often than control group controlled the expression of their emotions. Physicians in comparison with teachers were more likely to restrict both positive (joy) and negative emotions (sadness, anger). Teachers with a high level of health by SF-36 had a minimal ban on the expression of sadness ($P < 0.01$). The maximum level of the ban on the expression of anger ($P < 0.001$) and fear ($P < 0.05$) and an aggregated ban of emotional expression was revealed in teachers with average level of health by SF-36 ($P < 0.001$). Expression of joy in teachers was not directly related to the self-reported health level ($P > 0.05$). Physicians who showed the maximum ban on the emotion expressions reported only the low health level by SF-36 ($P < 0.05$). It was more related to the ban on joy, and less to the ban on anger.

Conclusions The revealed models of emotional expression control can strengthen both professional and everyday stresses in physicians and teachers. Different prevention programs are needed for these groups of professionals.

Disclosure of interest The author has not supplied his/her declaration of competing interest.

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EW0223

Improving recruitment in psychiatry: The impact of a psychiatry summer school on attitudes towards psychiatry in medical students and foundation doctors



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Introduction In 2011, the Royal College of Psychiatrists in UK published a five-year plan to boost recruitment to a 95% fill rate for core training posts. Psychiatric summer schools were one of the methods outlined to improve recruitment. These are 3-day courses allowing attendees to explore different subspecialties and showcase inspiring psychiatrists who are leaders in their field.

Aims To evaluate whether attending a Psychiatry Summer School improves scores on the attitudes towards Psychiatry Scale (ATP-30) in Medical Students (MS) and Junior Doctors (JD).

Methods Two free courses were held; one for MS in August 2016 and one for JD in November 2015. These involved interactive talks from consultant psychiatrists in various sub-specialties and a day in a forensic setting. All attendees were asked to complete ATP-30 before and immediately after attendance. A higher ATP-30 score indicates a more positive the attitude the minimum score is 30 and the maximum is 50. Paired scores were analysed using a paired *t*-test.

Results Thirty-three out of 45 attendees completed ATP-30 MS (*n* = 20/24) and JD (*n* = 13/21) before and after the course. The mean ATP30 score was 116 before attendance and 128 after the course, the mean difference was +12. When the two samples were compared using a paired *t*-test, there was a significant positive difference *P* < 0.0005.

Conclusions Psychiatry summer schools can improve attitudes towards psychiatry in medical students and junior doctors.

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

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EW0224

Difference in cognitive emotional regulation strategies used by mothers with conflict and barrier personal meaning of child's illness



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Introduction A number of studies have noted a high level of symptoms of depression and anxiety in mothers bringing up children with burn injury. The emergence of such symptoms show high importance of child's disease situation to mother and suggests the formation of a special personal meaning of child's illness for mother (conflict or barrier). The aim of this study is to describe specific patterns of mothers responding on the situation of the child burn injuries : special cognitive emotion regulation strategies and personal meaning of illness.

Methods Clinical interview to assess personal meaning of illness, State Trait Anxiety Inventor, Cognitive Emotion Regulation Questionnaire.

Participants Twenty-eight mothers (aged between 22 to 43 years), children received burn 5-7 days ago ; 2 mothers (aged between 24 to 37 years), children had burns over a year ago.

Results We found a strong correlation between using certain strategies of cognitive emotion regulation and different personal meaning of child's illness : mothers with a conflict meaning characterized by using of « Ruminantion » and « Self-Blame » strategies ; mothers with barrier meaning – « Refocus on planning ». This connection is maintained throughout the child's illness and does not depend on medical specialties. A number of strategies of cognitive emotion regulation are used by all mothers at different stages of the child's illness, regardless of the mother's personal meaning of illness : immediately after injury the most popular strategies are "Catastrophizing" and « Self-Blame » ; in the long-term rehabilitation – « Putting into perspective » is the most common one.

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

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EW0225

The role of cognitive insight in reduction of positive symptoms in youth with ultra-high risk for psychosis



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Introduction Cognitive insight was shown to be impaired in schizophrenia while its high level predicts improvement of psychotic symptoms. However, later studies demonstrated that in other mental disorders and healthy subjects cognitive insight might play ambiguous role being related to anxiety and lack of self-confidence.

Objectives Development of clinical criteria for high and ultra-high risk for psychosis allows to study the role of cognitive insight in these patients.

Aims The aim was to examine the role of cognitive insight in different clinical groups of youth with ultra-high risk for psychosis.

Methods Seventy-six male patients 16–25 years old with non-psychotic mental disorders (with preliminary diagnoses of mood disorders – 30, personality disorders – 25, schizotypal disorder – 21 patients) meeting criteria of ultra-high risk for psychosis and 55 healthy male controls filled Beck Cognitive Insight Scale, Symptom Checklist 90-R. The Scale of Prodromal Symptoms was used twice upon hospitalization and after 1-month period.

Results Moderation analysis reveals that in patients with preliminary diagnoses of mood disorders and schizotypal disorder cognitive insight is related to higher anxiety and obsessiveness and to poorer improvement on SOPS and positive symptoms. In patients with symptoms of personality disorders, it predicts better symptoms improvement.

Conclusions Results demonstrate importance of differentiation of the functions of cognitive insight in different patients with ultra-high risk for psychosis both in clinical psychological assessments and CBT.

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

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EW0226

True and variable response inconsistency as indicators of psychological distress in the normative sample and mental disorders

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Introduction Despite a long psychological discussion on the inconsistency and fragmentation in self-appraisals as factors of neuroses and personality disorders (Horney, 1991, Lynch, 2014) classical psychodiagnostic considers response inconsistency as an indicator of protocol invalidity only.

Objectives Using MMPI-2 True and Variable Response Inconsistency scales (TRIN, VRIN), we suggest that the inconsistency (within normative range) is related to poorer psychological well-being in the normative sample and is higher in affective disorders.

Aim To study the relationship between response inconsistency and psychological well-being.

Methods In total, 1443 healthy controls and 190 patients with mental illnesses (50 with affective disorders, 21 with addictions, 73 with schizophrenia and schizotypal disorder, 46 with adjustment disorder) who scored within normative range on all the validity scales of the Russian version of MMPI-2 participated in the study.

Results In the normative sample, TRIN and VRIN correlated with social and emotional alienation as well as conative lack of ego mastery ($r = .27-.33$) and were higher in affective disorders ($P < .05$) and in patients having symptoms of personality disorders (as appraised by their doctors). In patients with affective disorders and adjustment disorders, they were related to higher likelihood of invalidity due to mental illness.

Conclusions Response incoherence within normative range is a sign of poorer well-being in the normative sample (in the form of fatigue, apathy, feelings of excessive strain, lack of understanding from others and injustice). In line with psychological theories of self-fragmentation, incoherence is related to affective disorders (and poorer adjustment to them) and symptoms of personality disorders.

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

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EW0227

Illness representation as a factor of quality of life in youth with mental illnesses

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Introduction Cognitive perspective considers beliefs as key factors of compliance and adjustment in mental disorders (Beck, 2011) that are especially important in youth. In psychosis illness, representation is related to CBT efficacy.

Objectives We suggest that in different mental disorders different illness-related beliefs are important for quality of life domains.

Aim To reveal relationships between illness representation and quality of life in mental disorders controlling for psychopathological symptoms.

Methods One hundred and eighteen male patients 17 – 27 years old : 33 with mood disorders, 26 with personality disorders, 27 with

schizotypal disorder and 32 with schizophrenia recovering after first episode of psychosis filled Illness Perception Questionnaire, Symptom Checklist 90-R, Quality of Life and Enjoyment Questionnaire (version for mental illnesses).

Results After statistical control for psychopathological symptoms, in personality disorders feeling of personal and treatment control ($\beta = .43-.52$, $P < .01$) as well as belief in longer ($\beta = .42$, $P < .05$) but not cyclic ($\beta = -.65$, $P < .05$) illness duration predicted satisfaction with health while belief in longer duration and less consequences correlated with better satisfaction with leisure time ($\beta = .87$, $P < .01$). In mood disorders, feeling of treatment control ($\beta = .32$, $P < .05$) and belief in shorter illness duration ($\beta = -.37$, $P < .05$) were related to better satisfaction in emotional sphere.

Conclusions Beliefs about illness duration, consequences and control could be important in assessment and CBT for youth with personality disorders while treatment control and illness duration are important in work with youth with mood disorders.

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

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EW0228

Attitudes towards help seeking behaviour and professional psychiatric help in Slovenia

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Introduction Knowledge about signs and treatment of mental illnesses is often not enough to seek professional help. Hence, it is important to gain understanding of other determinants, i.e. attitudes, stigma, which influence help-seeking behaviour.

Objectives Based on Ajzen's theory of planned behaviour, we aimed at collecting data of determinants known to be related to behavioural action, in our case help seeking.

Aims To examine how attitudes, stigma and normative beliefs influence help seeking behaviour and whether these determinants differ in relation to demographic data and mental health indicators of the respondents' region.

Methods A representative sample of adult Slovene population ($n = 594$) was recruited via an on-line invitation. They were asked to (i) provide basic demographic data (region, age, gender, mental health history...) and (ii) to complete the inventory of attitudes toward seeking mental health services. The inventory variables (attitudes, knowledge and stigma) were linked to demographic data and mental health indicators in Slovenia.

Results The respondents dispose of good knowledge of where and when to seek help either for themselves or others. However, the readiness to seek help was significantly lower, in particular so in men, younger, single persons and respondents from regions with lower mental health indicators. Accordingly, stigma was significantly higher pronounced in the same groups. More than 50% of respondents have already experienced mental distress, however only 25% have sought help.

Conclusions Reasons for this "help seeking gap" should be further scrutinized. Future interventions shall be focused on changing attitudes and destigmatization mental health issues.

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

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EW0229

“To live”: An experimental brief therapy for patients who attempt suicide



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Background/introduction It is widely known that attempted suicide is the main risk factor for suicide and repeated suicide attempts. However, there is a lack of evidence for follow-up interventions/treatments reducing suicidal behavior in this population. The aim of the present study was to describe a novel-therapy as a potential treatment with effectiveness in reducing suicidal behavior. One of the main objectives of this project is to potentiate the benefits of the usual treatment in patients with history of suicidal attempt.

Description and method “To live” is a proposal of short psychotherapeutic intervention program for patients with recent suicide attempts. The participants were randomly allocated in two groups, one worked as our control group ($n=8$), which had the usual treatment (individual outpatient care), and the other group ($n=8$) underwent the usual treatment plus the experimental treatment. This treatment consists of a well structured program, in which participants receive eight group sessions followed by regular contact through telephonic calls over 12 months. In order to evaluate its impact and measure results, a set of structured interviews and clinical questionnaires have been applied in different times: time zero (before admission), time one (in the end of the intervention), time 2 (1 month after intervention), then at each every 3 months over a 12 month follow up period.

Results/conclusion By the time this study was conducted, the experimental program was being administered, therefore no results could be taken. However, preliminary findings suggest the effectiveness of the program in reducing suicidal behavior in a real-world clinical setting.

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

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EW0230

The impact of emotional intelligence on the emotional state of nurses in public hospitals in Cyprus



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Introduction The term emotional intelligence (EI) has gained more and more popularity in the last two decades and has been studied in various workplace settings.

Objectives/aims The purpose of the present study was to estimate the EI in nursing personnel, to examine which factors are associated with EI and how EI correlates with their emotional state.

Methods A cross-sectional study was conducted from April to May 2016 in a representative sample of nursing personnel from seven public hospitals of Cyprus. A total of 585 nurses completed the Greek Emotional Intelligence Scale (GEIS), consisting of 52 items measuring four basic emotional skills and scored on a 5-point Likert scale (from low (52) to high (260) EI). Furthermore, the Depression, Anxiety, and Stress Scale (DASS 21) was applied. Statistical analyses were performed using the SPSS v.20.0.

Results Overall mean EI scores were 184.11 for males and 184.82 for females. Being married and having children as well as having leading position was associated with higher EI ($P=0.024$, $P=0.002$, $P=0.012$, respectively). The highest EI scores were identified between the middle aged nurses (36–50 years, $EI=191.5$, $P=0.000$) and nurses with more years of work (>12 years, $EI=189.59$, $P=0.000$). The overall EI scores have moderate negative correlation with the emotional state of the nurses ($P=0.000$).

Conclusions The present study reveals under-optimal EI scores and confirms the negative relationship with the emotional state of nurses. Based on the literature, the EI can be developed, thus suitable programs could substantially improve the emotional skills in nursing personnel.

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

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EW0231

Help-seeking and psychological distress in university students: Findings from a cross-sectional online survey in the UK



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Introduction With most mental health disorders emerging in the later teenage years, university students are arguably an at-risk population with increased mental health support needs. This population is characterised by important, life-changing transitions (moving away from home, friends and family) and new potential stressors (including increased academic pressures and relational challenges). Research to examine determinants of mental health help-seeking behaviours in university students is needed to ensure emotional health needs are being met at this critical time.

Objectives To examine levels of psychological distress and mental health help-seeking behaviours in a sample of UK university students. By identifying factors associated with help seeking, we can better understand the mental health needs of this population and inform support provision.

Methods This study draws on data from the social and emotional well-being in university students (SoWise) study, an online survey which aimed to examine risk and resilience for social and emotional well-being in young people attending a UK university.

Results Whole sample analysis ($n=461$) showed help seeking was significantly associated with psychological distress, current life stressors and anxious attachment and not associated with perceived mental health stigma. Sub-group analysis ($n=171$) suggests being female and older significantly predicted help seeking in students with mild/moderate psychological distress.

Conclusions Younger males with mild/moderate psychological distress are less likely to seek mental health support and repre-

sent an “invisible” at risk group. Results also suggest that global anti-stigma campaigns in universities may not prove effective in encouraging help seeking.

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

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e-Poster walk: Schizophrenia and other psychotic disorders—part 1

EW0232

Formal thought disorder in schizophrenia and bipolar disorder: A systematic review and meta-analysis

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Historically, formal thought disorder has been considered as one of the distinctive symptoms of schizophrenia. However, research in last few decades suggested that there is a considerable clinical and neurobiological overlap between schizophrenia and bipolar disorder (BP). We conducted a meta-analysis of studies comparing positive (PTD) and negative formal thought disorder (NTD) in schizophrenia and BP. We included 19 studies comparing 715 schizophrenia and 474 BP patients. In the acute inpatient samples, there was no significant difference in the severity of PTD ($d = -0.07$, $CI = -0.22-0.09$) between schizophrenia and BP. In stable patients, schizophrenia was associated with increased PTD compared to BP ($d = 1.02$, $CI = 0.35-1.70$). NTD was significantly more severe ($d = 0.80$, $CI = 0.52-0.1.08$) in schizophrenia compared to BP. Our findings suggest that PTD is a shared feature of both schizophrenia and BP but persistent PTD or NTD can distinguish subgroups of schizophrenia from BP and schizophrenia patients with better clinical outcomes.

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

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EW0233

The split version of Global Assessment of Functioning scale – application and utility in remitted psychotic patients

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Introduction Current knowledge about the advantages of using split version of GAF scale – having separate Symptom (GAF-S) and Functioning (GAF-F) subscales is insufficient and has number of gaps. Present study analyzed the manner in which young adult remitted psychotic patients with different functional levels vary in their symptom severity and how GAF-F reflects presence/absence of well-known psychosis risk factors.

Methods Sample comprised 37 remitted psychotic patients (56.8% male, 29.4 ± 6.1 years), categorized based on GAF-F scores into groups: ‘Moderate remission’ (GAF-F 41–60, $n = 19$) and ‘Good remission’ (GAF-F > 61, $n = 18$). Participants were assessed using the GAF-S, WAIS-R, Nottingham Onset Schedule, Premorbid Adjustment and Brief Core Schema scales, childhood trauma and bullying questionnaires. Mann–Whitney and Student’s *t*-tests were used to assess between-group differences.

Results Groups did not differ in age, sex and education. When compared to ‘Good remission’ group, ‘Moderate remission’ group exhibited earlier illness’ onset ($P = 0.01$), greater symptom severity ($P = 0.00$), negative self-evaluation ($P = 0.02$), more childhood physical abuse ($P = 0.01$) and bullying ($P = 0.01$). Moreover, trend-like significances ($P = 0.08$) were observed for poorer adolescence adjustment and negative evaluation of others. There were no between-group differences regarding IQ and duration of untreated/treated illness.

Conclusions GAF scale is in the continual use since early 1990, however, evidence of further development of the instrument itself is sparse. Present research is demonstrating that GAF-F scores reflect diverse factors related to psychosis risk, the illness’ course and quality of remission. Moreover, the results contribute to surmount some of the gaps in knowledge about the split version of GAF scale.

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

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EW0234

C-reactive protein and parathyroid hormone in acute severe psychotic disorders (schizophrenia, bipolar disorder and methamphetamine-induced psychotic disorder)

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Introduction and objectives Schizophrenia accompanies with elevated C-reactive protein (CRP) and vitamin D deficiency. However, there are scarce documentations regarding bipolar disorder and methamphetamine-induced psychotic disorder.

Aim To compare serum levels of vitamin D, parathyroid hormone (PTH), calcium, phosphorus and CRP levels in psychotic disorder patients and control group.

Methods A case-control study was conducted on four groups: acute phase of schizophrenia, acute manic episode of bipolar disorder, methamphetamine-induced psychotic disorder and healthy control subjects. Sample size was 45 in each group. Weekly duration of sun exposure, monthly vitamin D intake and serum levels of vitamin D, calcium, phosphorus, PTH and CRP were assessed. Brief Psychiatric Rating Scale (BPRS) was used to evaluate psychotic symptoms.

Results Duration of sun exposure and monthly vitamin D intake were comparable among groups. Serum levels of vitamin D, calcium and phosphorus were not statistically different between groups ($P = 0.463$, $P = 0.086$ and $P = 0.339$, respectively). Serum levels of PTH were significantly higher in control group ($P < 0.001$). CRP levels were significantly lower in control subjects ($P < 0.001$). The levels of serum vitamin D and CRP did not show statistically significant difference among three groups of patients.

Conclusion Acute psychotic disorders seem to be associated with higher CRP and lower PTH levels. Clinical importance of the findings



and relation of these differences to the metabolic and inflammatory bases of psychosis are not clear yet.

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

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EW0235

Long-term rates of remission and late psychotic transition of individuals at risk for psychosis



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Introduction In the growing research field of early psychosis detection in patients with an at risk mental state (ARMS), most studies focus on the transition to frank psychosis. However, the majority of ARMS patients do not go on to develop frank psychosis and reported transition rates are declining. Little is known about the long-term outcome of these non-transitioned patients (ARMS-NT).

Objectives To investigate in preliminary analyses the long-term outcome of ARMS-NT patients with respect to persistence of ARMS signs and symptoms and the rates of late psychotic transition.

Methods The ongoing study “FePsy-BHS-NT” follows up ARMS-NT without transition during at least the first two years for up to 15 years after their initial assessment. ARMS status is ascertained with the Basel Screening Instrument for Psychosis (BSIP). ARMS remission is defined as the absence of attenuated psychotic symptoms or brief limited intermittent psychotic symptoms for at least 12 consecutive months.

Results In this preliminary sample of 51 ARMS-NT, the majority of patients (70.6%) have remitted from their at risk mental state, 13.7% remain at risk and 15.7% have made a late psychotic transition during the course of long-term follow up (median = 5.75, range 4–11 years after initial assessment).

Conclusions The considerable rates of ARMS persistence and late psychotic transition indicate that longer follow-up durations than commonly recommended should be contemplated in ARMS patients. Potential predictors of favorable long-term clinical outcome, as well as psychosocial, neurocognitive and other outcomes of ARMS-NT patients will be further evaluated in the present study.

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

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EW0236

Acute psychotic disorders: Factors related to schizophrenia evolution



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Introduction Acute psychotic disorders are described as a clinical syndrome characterized by Acuteness of the installation, the intensity and the polymorphism of delirium.

Aim Describe the demographic characteristics of a population of patients with an acute psychotic disorder and identify factors correlated with evolution to schizophrenia.

Methods This is a retrospective, descriptive and analytic study conducted on hospitalized patients in psychiatric department EPS Mahdia for acute psychotic disorder according to DSM-VI-TR criteria. A study of the recurrence time was performed by Kaplan–Meier and Cox test was used to identify factors correlated with evolution to schizophrenia.

Results One hundred and eleven patients were collected. The average age of the study population was 27 years, a male predominance was noted (59.5%), 39.6% of patients had family history of psychiatric disorders, including schizophrenic disorders and bipolar disorder were the most common with rates of 63.6 and 18.4% of cases. For our patients, 38.7% progressed to schizophrenia. Four risk factors were significantly predictive of progression to schizophrenia: male gender ($P=0.026$), subacute or progressive onset disorders ($P=0.003$), partial remission of the disorder ($P=0.023$) and the prolonged duration of untreated psychosis ($P=0.027$).

Conclusion The evolution of an acute psychotic disorder remains unpredictable. In fact, the severity is related to the risk of developing schizophrenia or mood disorder. Attention is paid in recent years to recognize and seek most precociously as possible factors associated with this evolution.

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

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EW0237

Acute psychotic disorder: Which future?



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Introduction At present, in absence of reliable clinical and evolutionary data, it is difficult to determine what the consequences of an acute psychotic disorder, specifically if it is a mode of entry into schizophrenia, a mood disorder or a short-lived episode.

Aim The objective of this study was to describe the sociodemographic characteristics and evolutionary modalities of a population of patients with a first psychotic episode.

Methods This is a retrospective descriptive study, which involved patients admitted to psychiatric ward EPS Mahdia for acute psychotic disorder according to DSM-VI-TR criteria. Data collection was conducted from archived observations and through a pre-determined sheet.

Results One hundred and eleven patients were collected. The average age of the study population was 27 years, a male predominance was noted (59.5%), 52.3% were from urban, 73% of patients were single, 33.3% were from a consanguineous marriage. Among those patients with a first acute psychotic episode, 43 patients (38.7%) progressed to schizophrenia, 15.3% to bipolar disorder, 23, 4% to recovery while 22.5% were lost view.

Conclusion The long-term evolution of an acute psychotic disorder remains unpredictable. In fact, the severity is related primarily to the risk of developing a schizophrenic disorder or a mood disorder. In this context, attention is paid in recent years to recognize and seek the earliest possible factors associated with this development.

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

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EW0238

Elevated sera levels of galectin-3 in stable schizophrenia



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Introduction Galectin-3 (Gal-3) is a unique member of the lectin family involved in cell proliferation, adhesion, apoptosis and immune responses. Deletion of the *Gal-3* gene reduces experimental autoimmune encephalomyelitis and variation of gene encoding for Gal-3 already showed to be related with cognitive function. Also, elevated Gal-3 sera levels were measured in patients with Alzheimer's disease.

Aims and objectives We measured the serum concentrations of Gal-3 in patients with schizophrenia in remission and try to determine possible correlation of Gal-3 sera levels with clinical parameters, especially cognitive aspects.

Methods In this pilot study were included patients with schizophrenia in remission on three months stable depot antipsychotic medication (risperidone and paliperidone) ($n=27$) and healthy controls ($n=18$). Serum levels of Gal-3 were measured using sensitive enzyme-linked immunosorbent assay (ELISA) kits, specific for humans (R&D Systems, Minneapolis). Cognition was evaluated using the Positive and Negative Syndrome Scale (PANSS) cognitive factors.

Results Higher mean values of Gal-3 were measured in patients with schizophrenia in remission compared with healthy volunteers (1389.69 vs. 994.23 pg/mL; $P=0.011$), but correlation with PANSS cognitive factor was not established ($P=0.748$).

Conclusions These findings suggest that the role of Gal-3 should be explored further, in different stages of disorder and depending on applied therapy, but also considering specific cytokine milieu.

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

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EW0239

Neurocognitive status in different stages of psychosis: Changes from the first episode psychosis to remission



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Introduction Neurocognitive impairment in schizophrenia is associated with functional disability and poorer quality of life, and is the most resistant of all schizophrenia symptoms to current psychopharmacotherapy.

Objectives To compare the differences in neurocognitive status during the acute phase of first psychotic episode and stable symptomatic remission.

Aims To investigate the pattern of neurocognitive impairment in patients with first episode psychosis during acute phase and stable remission phase.

Methods We performed a longitudinal study, including 150 patients with first episode of psychosis at two time points: during their hospitalization at Zagreb university hospital centre or university psychiatric hospital Vrapče, at acute phase of illness and after 12–18 months, during stable remission. Assessment included detailed clinical interview, clinical rating of neuropsychiatric symptoms using standardized psychiatric scales, self-assessment scales and comprehensive neurocognitive testing.

Results While our preliminary results ($n=40$) showed statistically significant improvement in various neurocognitive domains, including visuo-learning abilities, verbal learning, executive functions, attention and processing speed, initial impairment in semantic and phonetic fluency observed in acute psychosis remained unchanged in remission as well.

Conclusions Although our results showed improvement in most of cognitive domains during time, language abilities remained unchanged. This further confirms the hypothesis that language impairment is a trait marker of psychotic disorder.

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

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EW0240

The relationship between theory of mind and social functioning within the schizophrenia spectrum



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Introduction Current research shows that subjects with disorders belonging to the schizophrenia spectrum have a poor social functioning. There are several factors that can influence social functioning, social cognition being one of them.

Objectives Assessing the ability to identify emotions and its role in the social functioning of subjects with a schizophrenia spectrum diagnosis.

Purpose Increasing the social functioning of subjects with a schizophrenia spectrum diagnosis.

Method We evaluated 31 subjects who were at their first admission to the Timisoara psychiatric clinic and who met the diagnostic criteria for a schizophrenia spectrum disorder (a diagnosis of F20, F22 or F25 according to ICD 10). The following parameters were monitored: sociodemographic (gender, age of onset, educational level, marital and professional status), theory of mind (Reading the Mind in the Eyes Test) and social functioning (GAF Scale). The subjects were evaluated during periods of remission. The acquired data was statistically processed.

Results The results of the sociodemographic parameters analysis were similar to those in international literature. Most subjects showed a lack of theory of mind (a mean score of 18, standard deviation 5.84). All subjects experienced a decrease in social functioning (a mean score of 64.7 on the GAF Scale). There is a direct correlation between the ability to identify emotions and social functioning (Spearman $R=0.386$, $P<0.05$).

Conclusions A decreased ability to identify emotions is directly correlated with decreased social functioning in subjects with schizophrenia spectrum disorders.

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

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EW0241

Long acting antipsychotics treatment of schizophrenia: A 24-month prospective study on patient's attitude towards treatment



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Introduction Long-acting injectable (LAI) second-generation antipsychotics (SGAs) are considered an alternative to oral antipsychotics for schizophrenic patients with low adherence to therapy. However, it is still a matter of debate whether LAI-SGAs are able to significantly improve patient's attitudes towards treatment (ATT) [1].

Objective To investigate the impact of LAI on ATT over 24 months.

Methods Nineteen schizophrenic patients were switched from either oral olanzapine (11) or paliperidone (8) to the corresponding LAI. Patients were assessed at baseline (T0), after 6 (T1), 12 (T2) and 24 months (T3). Drug Attitude Inventory-10 (DAI-10) [2] was used to assess ATT. Young Mania Rating Scale (YMRS), Montgomery-Asberg Depression Rating Scale (MADRS), Positive and Negative Syndrome Scale (PANSS), and Short Form Health Survey (SF-36) were used for psychopathology evaluations.

Results Eleven patients reached T3. Eight patients were excluded (4 olanzapine, 4 paliperidone): 4 required a significant change in concomitant treatment, 4 a change of antipsychotic (metabolic comorbidity). No changes in psychopathology occurred between T2 and T3, some scales improved from baseline to T2. DAI-10 mean scores were improved after 12 months, thus not significantly, and were further improved at 24 months ($P = .008$ vs baseline).

Conclusions ATT keeps improving after one year of LAI treatment, unrelated to clinical response.

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

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EW0242

Relationship between cognition and primary negative symptoms sub-domains in schizophrenia



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Introduction The relationship between negative symptoms and cognition in schizophrenia is not clear, a number of authors whom

studied this relationship came up with inconsistent findings and meta-analyses show that there is a small moderate associations between the two domains.

Objectives and aims The aim of this study was to investigate the relationship between cognition and the primary negative symptoms sub-domains.

Methods Sixty-seven female patients with schizophrenia were evaluated using PANSS and NSA-16 scales. Correlation and regression analyses were used in the present study to investigate the relationship between the primary negative symptoms sub-domains obtained by using the principal component analysis, and cognition evaluated with the PANSS using the 5 factor model as described by Lindenmayer.

Results No relationship was found between the PANSS Cognitive factor and Negative factor, but when investigating the relationship of the Cognitive PANSS factor with the negative sub-domains: diminished expression (DE) and avolition-apathy (AA), it was shown that there is a significant association between cognition and AA domain, but there was shown no association with the DE domain, and there was just a small association with the composite score of the NAS-16.

Conclusions Our study reveals the relative independence of cognitive factor from the negative domain of the psychopathology, even though the association with AA domain was clear. These findings also support the need of using appropriate assessment tools in order to get a refined understanding of the phenomenology of schizophrenia.

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

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EW0243

Assessing suicide risk with the Clinical Interview for Psychotic Disorders (CIPD): Preliminary reliability and validity of the Suicide Risk Scale for Psychosis (SRS-P)



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Background Suicide risk is an important variable to consider both in assessment and throughout the therapeutic process in psychotic disorders. The SRS-P is an 18-item scale computed from the patient and clinician-rated scores obtained in the CIPD. The scale comprises lifetime assessment of depressed mood, anhedonia and its current interference and severity, current and past feelings of hopelessness, suicidal ideation, 'voices' about suicide, and suicide-related behaviors.

Aims To assess reliability and convergent validity of the SRS-P in a sample of participants with psychosis.

Methods The sample comprised 22 participants (68.2% male), single (72.7%), between 19 and 47 years old ($M = 31.05$; $SD = 7.088$), with 4–17 years of education ($M = 11.77$; $SD = 3.176$), employed (50%). The most prevalent diagnosis was schizophrenia (68.2%) and the participants had a mean of 1.90 hospitalizations ($SD = 2.548$). The mean age of illness onset was 23.57 years ($SD = 5.555$). The participants were assessed with the CIPD, Depression, Anxiety and Stress Scales-21, Forms of Self-Criticism and Reassurance Scale, Self-Compassion Scale, Other as Shamer Scale and the Empowerment with Psychotic Symptoms Scales.

Results The SRS-P has shown good reliability ($\alpha = .87$) and validity in relation to depressive symptoms ($r = .67$; $P = .001$), anxiety ($r = .74$; $P < .001$), stress ($r = .59$; $P = .004$), inadequate self ($r = .43$; $P = .046$), hated self ($r = .54$; $P = .009$), reassured self ($r = -.65$; $P = .001$), self-compassion ($r = -.63$; $P = .002$), shame ($r = .46$; $P = .033$) and empowerment regarding positive symptoms ($r = -.54$; $P = .015$).

Conclusions The SRS-P presented adequate reliability and convergent-divergent validity. Further studies are planned in order to test the factorial structure of the scale and confirm the presented results in a larger sample.

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

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EW0244

Internal and external responsiveness of the personal and social performance scale in patients with schizophrenia



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Introduction The Personal and Social Performance scale (PSP) is widely used to assess social functioning with 4-domain scores and a global score in patients with schizophrenia. However, internal and external responsiveness of the PSP is largely unknown limiting its use as an outcome measure.

Objectives The purpose of this study was to examine internal and external responsiveness of the PSP in inpatients with schizophrenia receiving treatments in the acute phase.

Methods Eighty patients were conducted the PSP and the Clinical Global Impression-Severity (CGI-S) at admission and at discharge. The standardized effect size (ES), the standardized response mean (SRM), and paired *t*-test were used for examining internal responsiveness. We estimated correlations between the changes in scores of the PSP and those of the CGI-S using Pearson's *r* for investigated external responsiveness.

Results For internal responsiveness, the ESs and the SRMs of the domains were 0.74–1.74 and 0.68–1.72, respectively. The values of the ES and the SRM in the global score were 1.72 and 1.74, respectively. The paired *t*-tests showed statistically significant difference ($P < 0.001$) for the score changes of the four domains and the global score. Regarding external responsiveness, fair and moderate to good correlations ($r = 0.35$ – 0.74) were found among the changes in the 4-domain scores and the global score with the those of the CGI-S.

Conclusions The PSP has sufficient internal responsiveness and substantial external responsiveness in inpatients with schizophrenia receiving treatments at the acute wards. The PSP is useful as an outcome measure for detecting changes of social functioning over time.

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

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EW0245

Cognitive outcomes of Bergamot Polyphenolic Fraction (BPF) supplementation in schizophrenia: Preliminary data



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Background Cognitive deficits in schizophrenia significantly affect illness and community outcomes, and quality of life. Several studies support the neuroprotective properties of polyphenolic compounds resulting in neuronal protection, suppression of neuroinflammation and the potential to promote memory, learning and cognitive functions. Bergamot differs from other citrus fruits for flavonoids and flavonoid glycosides composition (neohesperidin, neohesperidin, naringin, rutin, neodesmina, roifolina and poncirina), and for their high amount. For these features, BPF may represent a potential supplement for improving cognitive functions.

Aims The present study was aimed to explore the efficacy of BPF supplementation on clinical symptoms and cognitive functioning in a sample of schizophrenic subjects receiving atypical antipsychotics (APs).

Methods Ten schizophrenic outpatients treated with atypical APs assumed BPF at the oral daily dose of 1000 mg/day for 30 days. Brief Psychiatric Rating Scale, Wisconsin Card Sorting Test, Verbal Fluency Task-Controlled Oral Word Association Test, and Stroop Color-Word Test were administered.

Results The results obtained indicate that BPF administration substantially improved WCST performances (perseverative responses, $P = 0.008$; perseverative errors, $P = 0.012$; total errors, $P = 0.011$; categories, $P = 0.023$). Moreover, a trend for others clinical (BPRS) and cognitive variables (Verbal Fluency Task-Controlled Oral Word Association Test, and Stroop Color-Word Test) decrease was observed.

Conclusions The findings provide evidence that BPF administration may be proposed as an effective therapeutic strategy to improve cognitive outcome in schizophrenia. Further clinical trials with adequately powered and well-designed methodology are needed to better explore the BPF effectiveness on cognitive impairments in schizophrenic patients.

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

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EW0246

Neuropsychological profile of patients in the first episode of psychosis



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Neurocognitive dysfunction in patients presenting psychotic symptoms for the first time has been repeatedly noted by researchers. However, there is still much diversity in data concerning the performance of these patients in specific cognitive domains and their degree of impairment. We used the Cambridge Neuropsychological Test Automated Battery (CANTAB), in order to administer a comprehensive battery of neuropsychological tests. A series of tests was selected measuring attention, memory, planning, inhibition, shifting ability, mental flexibility, working memory and visuospatial ability. The sample comprised 64 patients (37 male) with first episode of psychosis and 14 healthy individuals (9 male). Patients' performance was lower in all cognitive domains, in relation to the performance of controls. More specifically, impairments in sustained attention ($-.6$ SD), memory ($-.7$ SD), planning ($-.6$ SD), working memory ($-.7$ SD), shifting ability ($-.6$ SD) and visuospatial ability ($-.6$ SD) were prominent. Also, patients presented a severe deficit in speed of processing ($-.7$ SD) and selective attention ($-.6$

SD). Our data confirms that patients in the first episode of psychosis present deficits in all cognitive domains. A more rigorous and thorough examination of specific subcomponents of cognitive abilities may be necessary in order to examine possible contributing factors as to specify the exact nature of cognitive deficits in first episode of psychosis.

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EW0247

A longitudinal evaluation of cognitive deficits in patients with first episode of psychosis

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It has been well documented in many studies till now that patients in their first episode of psychosis demonstrate cognitive deficits. However, it is yet to be made clear how these deficits progress. Deterioration, stability or even amelioration in some domains has been noted from researchers. The aim of this study was to examine the longitudinal course of cognitive deficits over time. We administered a comprehensive battery of neuropsychological test to a group of first psychotic episode patients at the acute phase, 6 months and 1 year later. The sample comprised of 25 patients (13 male) in the first episode of psychosis. Specific tests of the Cambridge Neuropsychological Test Automated Battery (CANTAB) were used. The cognitive domains of attention, memory, working memory, visuospatial ability and planning, mental flexibility/shifting were examined. Repeated measures ANOVA was used in order to detect changes in the patients' performance over time. According to our data, there was an improvement from baseline to 6 months in attention, planning and visual working memory. There was no change in performance in these cognitive domains from 6 months to 1 year from baseline. Memory, mental flexibility/shifting and visuospatial memory remained stable over time. Our data suggest variability concerning neuropsychological performance in specific tests examining different domains. Evaluation of cognitive function in the first episode of psychosis needs more thorough and comprehensive research, in relation to its course over time.

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

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EW0248

The relationship of emotion recognition with neuropsychological performance in patients with first episode psychosis

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The relationship between neuropsychological dysfunction and emotion perception has been frequently noted in various studies. Attention, for example, has been found to play an important role in emotion processing and recognition. Not many studies though, have examined this relationship in first psychotic episode patients. The aim of the present study was to explore the nature of the relation between performance in cognitive tests and a test that

measures emotion perception. In a sample of 46 first psychotic episode patients (22 male), we administered a comprehensive battery of neuropsychological non-verbal tests and an emotion recognition test. The cognitive domains of attention, memory, working memory, visuospatial ability and executive function were examined, by using specific tests of the Cambridge Neuropsychological Test Automated Battery (CANTAB). The emotion recognition assessment comprised a new test that includes 35 coloured pictures of individuals expressing six basic emotions (happiness, sadness, anger, disgust, surprise, fear) and a neutral emotion. We used partial correlation–controlling for the effect of age–and we found a statistically significant relationship between emotion recognition and overall cognitive performance. More specifically, attention, visual memory and visuospatial ability positively correlated with emotion recognition. In regard to specific cognitive domains, attention positively correlated with anger and fear, whereas visual memory correlated with happiness and fear. In conclusion, it seems that the role of underlying visual processes in emotion perception has to be further examined and evaluated in this group of patients.

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

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EW0249

No effect of cognitive performance on post-intervention improvement in emotion recognition

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Deficits in emotion perception in patients with first episode of psychosis have been reported by many researchers. Till now, training programs have focused mainly in patients with schizophrenia and not in first psychotic episode (FEP) patients. We used a new intervention for facial affect recognition in a group of 35 FEP patients (26 male). The emotion recognition intervention included coloured pictures of individuals expressing six basic emotions (happiness, sadness, anger, disgust, surprise, fear) and a neutral emotion. The patients were trained to detect changes in facial features, according to the emotion displayed. A comprehensive battery of neuropsychological tests was also administered, measuring attention, memory, working memory, visuospatial ability and executive function by using specific tests of the Cambridge Neuropsychological Test Automated Battery (CANTAB). We tried to explore whether cognitive performance can explain the difference noted between the original assessment of emotion recognition and the post-intervention assessment. According to our data, overall cognitive performance did not correlate with post-intervention change in emotion recognition. Specific cognitive domains did not correlate with this change, either. According the above mentioned results, no significant correlation between neuropsychological performance and post-intervention improvement in emotion recognition was noted. This finding may suggest that interventions for emotion recognition may target specific processes that underlie emotion perception and their effect can be independent of general cognitive function.

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

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EW0250

Efficacy and safety of MIN-101: A new drug for the treatment of negative symptoms in schizophrenia a 12-week randomized, double blind, placebo-controlled trial



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Objective To compare the efficacy, safety, and tolerability of MIN-101, a compound with high affinities for sigma 2 and 5-HT_{2A} receptors, to placebo in treating negative symptoms, in stabilized patients with schizophrenia.

Methods This multi-national phase 2b trial enrolled 244 patients with schizophrenia who were symptomatically stable for ≥ 3 months prior to entering the trial and had scores ≥ 20 negative subscale of the PANSS. Patients were randomized to monotherapy with MIN-101 32 mg/day, MIN-101 64 mg/day or placebo in a 1:1:1 ratio. The primary endpoint was the PANSS negative symptom score based on the five factors (pentagonal) model.

Results Statistically significant reduction in the primary endpoint score was demonstrated for MIN-101 32 mg and 64 mg compared to placebo ($P \leq 0.022$, ES 0.45 and ≤ 0.003 , ES 0.58, respectively). This was supported by similar effects on most of the secondary measurements including: the PANSS three factors negative symptoms subscale, PANSS total score, CGI, BACS, CDSS, and PSP. There were no statistically significant differences in PANSS positive subscale scores between MIN-101 and placebo. No weight gain or clinically significant changes in vital signs, prolactin levels, routine laboratory values, metabolic indices and extrapyramidal symptom scores (EPS) were observed.

Conclusions Since positive symptoms and EPS did not change, the improvement in negative symptoms was not secondary to improvement in positive symptoms or EPS, suggesting that MIN-101 might be the first specific treatment to have a direct effect on negative symptoms.

Disclosure of interest I have received consultant fees from Minerva Neuroscience the sponsor of this trial and own stock of Minerva Neuroscience

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EW0251

The importance of family in the long-term evolution of psychoses

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Introduction Adherence and tolerance to treatment are important factors, which may predict the long-term evolution of a psychosis. Family members may influence prognosis by modulating emotional expressivity and treatment supervision.

Objectives To assess the role of family members in the long-term evolution of psychoses.

Method The present study is retrospective, conducted on patients with psychosis. Data were obtained from psychiatric records extending for a period of four years. The following parameters were analyzed: socio-demographic data, family relationships (parents, spouses) and clinical/evolutive data (onset age for psychosis, number of recurrences).

Results We analyzed 71 patients, 42 (59.2%) women and 29 (40.8%) men with a mean age of 30.38 years ($SD = 9.33$). The subjects were diagnosed according to ICD 10 criteria with acute and transient psychotic disorder (50 patients, 70.4%), schizophrenia (13 patients, 18.3%), and schizoaffective disorder (8 patients, 11.3%). Patients who reported conflicts between parents had significantly more recurrences ($t = -2.1$, $P = 0.04$), while those who reported

satisfactory relationships in their family of origin had fewer recurrences ($t = 2.58$, $P = 0.01$) and a later onset age ($t = -2.89$, $P = 0.006$). Unmarried/single subjects had the psychosis onset at a significantly earlier age ($t = 4.72$, $P = 0.0001$). In addition, these patients had more conflicts between parents ($Z = -2.02$, $P = 0.04$) in comparison with married ones.

Conclusions Conflicts in the family of origin may predispose to a greater number of recurrences and to an earlier disorder onset. The presence of a spouse may represent a protective factor.

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

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EW0252

Classification of first-episode schizophrenia spectrum disorders and controls from whole brain white matter fractional anisotropy using machine learning

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Background Schizophrenia is a chronic disorder with an early onset and high disease burden in terms of life disability. Its early recognition may delay the resulting brain structural/functional alterations and improve treatment outcomes. Unlike conventional group-statistics, machine-learning techniques made it possible to classify patients and controls based on the disease patterns on an individual level. Diagnostic classification in first-episode schizophrenia to date was mostly performed on sMRI or fMRI data. DTI modalities have not gained comparable attention.

Methods We performed the classification of 77 FES patients and 77 healthy controls matched by age and sex from fractional anisotropy data from using linear support-vector machine (SVM). We further analyzed the effect of medication and symptoms on the classification performance using standard statistical measures (t -test, linear regression) and machine learning (Kernel-Ridge regression).

Results The SVM distinguished between patients and controls with significant accuracy of 62.34% ($P = 0.005$). There was no association between the classification performance and medication nor symptoms. Group level statistical analysis yielded brain-wide significant differences in FA.

Conclusion The SVM in combination with brain white-matter fractional anisotropy might help differentiate FES from HC. The performance of our classification model was not associated with symptoms or medications and therefore reflects trait markers in the early course of the disease.

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

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EW0253

Research and practice for ultra-high risk for psychosis: A national survey of early intervention in psychosis services in England

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Objectives Evidence from meta-analyses of randomised clinical trials shows interventions for young people at ultra-high risk (UHR) of developing psychosis are effective both clinically and economically. While research evidence has begun to be integrated into clinical guidelines, there is a lack of research on the implementation of these guidelines. This paper examines service provision for UHR individuals in accordance with current clinical guidelines within the National Health Service (NHS) in England.

Method A self-report online survey was completed by clinical leaders of Early Intervention in Psychosis (EIP) teams ($n = 50$) within the NHS across the UK.

Results Of the 50 EIP teams responding (from 30 NHS Trusts), 53% reported inclusion of the UHR group in their service mandate, with age range predominantly 14–5 years (81%) and service provided for at least 12 months (53%). Provision of services according to NICE clinical guidelines showed 50% of services offered cognitive behavioural therapy (CBT) for psychosis, and 42% offered family intervention. Contrary to guidelines, 50% of services offered antipsychotic medication. Around half of services provided training in assessment by CAARMS, psycho-education, CBT for psychosis, family work and treatment for anxiety and depression.

Conclusions Despite clear evidence for the benefit of early intervention in this population, current provision for UHR within EIP services in England does not match clinical guidelines. While some argue this is due to a lack of allocated funding, it is important to note the similar variable adherence to clinical guidelines in the treatment of people with established schizophrenia.

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e-Poster walk: Schizophrenia and other psychotic disorders—part 2

EW0254

Effects of chronic antipsychotic treatment on neurophysiological correlates of the auditory oddball task in schizophrenia: A preliminary report from a multicentre study

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Introduction The effects of chronic antipsychotic administration on the human brain are debated. In particular, first-generation (FGAs) and second-generation antipsychotics (SGAs) seem to have different impacts on brain function and structure in subjects with

schizophrenia. Few studies have investigated the effect of chronic administration of FGAs and SGAs on indices of brain function, such as event-related potentials (ERP) or neuropsychological performance.

Objectives Within the Italian Network for Research on Psychoses study, subjects stabilized on FGAs or SGAs were compared on P300, an ERP component, thought to reflect attention, working memory and context integration and on neurocognitive indices.

Methods ERPs were recorded in 110 chronic, stabilized patients with Schizophrenia (28 used FGAs) during a standard auditory oddball task. P300 latency and amplitude were assessed at Pz channel. MATRICS Consensus Cognitive Battery (MCCB) was used for cognitive assessment.

Results Compared with the SGAs group, patients on FGAs showed significant increased P300 latency ($P = 0.003$; Cohen's $d = 0.67$) and significant decreased P300 amplitudes ($P = 0.023$; Cohen's $d = 0.38$). The two groups did not differ on psychopathology and MCCB scores. Multiple linear regressions revealed that "FGAs vs. SGAs" ($\beta = 0.298$, $P = 0.002$) and MCCB neurocognitive composite T-score ($\beta = -0.273$, $P = 0.004$) were independent predictors of P300 latency, whereas only age ($\beta = -0.220$, $P = 0.027$) was an independent predictor of P300 amplitude.

Conclusions FGAs seem to affect the functional brain activity more than SGAs, particularly slowing cortical processing. Our results suggest that discrepant findings concerning P300 latency in schizophrenia might be related to the type of antipsychotic treatment used. Longitudinal studies are needed to further address this issue.

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

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EW0255

Schizophrenia and major depression: Resilience, coping styles, personality traits, self-esteem and quality of life

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Introduction Resilience is commonly defined as positive adaptation to adverse events or as the ability to maintain or regain mental health after exposure to difficulties. According to the bio-psycho-social model, resilience is influenced by self-esteem, coping strategies and personality traits. In schizophrenic patients, resilience seems to affect real-life functioning, while in mood disorders, resilience influences the longitudinal course of the disorder, reducing the frequency of relapses and improving drugs response.

Objectives The aim of this study is to assess levels of resilience and self-esteem, coping strategies, perceived quality of life and temperament characteristics in a sample composed by patients with major depressive disorder and patients affected by schizophrenia.

Methods We collected a sample composed by 40 patients with major depressive disorder and 40 patients affected by schizophrenia patients recruited at the "Maggiore della Carità" Hospital in Novara, Italy. The assessment protocol included: Resilience Scale for Adults (RSA), Coping Orientation to Problems Experienced Inventory—Brief (BRIEF—COPE), Rosenberg Self-esteem Scale (RSES), Paykel List Of Stressful Events, Temperamental and Character Inventory (TCI) and Short form 36 (SF-36). Comparison of qualitative data was performed by means of the χ^2 , a t -test was performed for continuous normal-distribution variables otherwise a non-parametric Mann–Whitney test was performed. Statistical significance was set at $P \leq 0.05$.



Conclusions In patients with major depressive disorder resilience were associated with a good self-perception of physical and mental health, higher self-esteem levels and problem-focused/emotion focused coping strategies. In schizophrenic patients, sample there was no positive correlation between resilience and perceived quality of life. Further implications will be discussed.

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

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EW0256

Systematic evaluation of dose-escalation strategies after initial non-response to standard-dose pharmacotherapy in schizophrenia



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Objectives This meta-analysis investigates if dose increase of an antipsychotic drug (high-dose treatment, dose escalation) is advantageous for schizophrenic patients who failed to respond adequately to standard-dose treatment with the same antipsychotic.

Methods Within a systematic literature survey, we identified all randomized controlled trials (RCTs) comparing a dose increase directly to standard-dose continuation treatment in schizophrenic subjects with initial non-response to prospective standard-dose pharmacotherapy with the same antipsychotic. The primary outcome was mean change in the Positive and Negative Syndrome Scale (PANSS) total score. Secondary outcomes were dichotomous response and attrition rates. Study selection and data extraction were conducted independently by two authors. We calculated effect sizes (Hedges's *g* and risks ratios) using the Mante-Haenszel random-effects model. Meta-regression analyses were performed to explore the influence of the degree of the dose increase on effect sizes.

Results Five trials ($n=348$) examining quetiapine ($n=2$, $n=191$), ziprasidone ($n=1$, $n=75$), haloperidol ($n=1$, $n=48$), and fluphenazine ($n=1$, $n=34$) were included. We found no significant between-group differences for the mean PANSS/BPRS total score change, even not when itemized according to the individual antipsychotic agents. There were no between-group differences for response and dropout rates. The non-significant meta-regressions indicate no impact of the different amounts of dose increments on effect sizes.

Conclusions We found no evidence for the efficacy of a dose escalation after initial non-response to standard-dose pharmacotherapy as general advisable treatment strategy. As the high-dose treatment was not accompanied by significant increased attrition rates, appropriate tolerability and acceptability of this pharmacological option can be assumed.

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

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EW0257

Cognition in schizophrenia: Selective impairment and factors that influence it



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Currently it is well known that schizophrenia is associated with cognitive impairment. Still there are many unresolved questions, such as whether cognitive deficit is total, what are the relationships of cognitive impairment with clinical features, demographic characteristics and different biomarkers, which could shed light on its pathogenesis. The aim of our study was to characterize cognitive impairment in schizophrenia and to find factors that may contribute to it. Sixty patients with paranoid schizophrenia were examined. BACS, Rey-Osterreith complex figure and correction task were used to assess cognitive functioning. Only 14.3% of patients had BACS score in the normal range. The vast majority of them showed impaired motor function, verbal and visual memory. Cognitive functioning did not worsen with time. Working memory impairment was influenced by genetic predisposition to schizophrenia and age of disease onset. Residual positive symptoms led to a decrease in the speed of skill development. Symptoms of anxiety and depression contributed to the impairment of accuracy. Hypomania was associated with impaired planning. Planning and problem-solving behavior did not correlate with other cognitive functions, which makes them isolated domains. Higher levels of NSE had been found in patients with more severe memory impairment. S100B level was associated with safer constructive abilities. In general, cognitive impairment in schizophrenia, although present in the majority of patients, varies a lot and appears selective and dependent on certain clinical features.

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EW0258

Testing decision-making competency of schizophrenia participants in clinical trials. A meta-analysis and meta-regression



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Aim The primary purpose of this study is to evaluate the degree of impairment of decision-making capacity in schizophrenia patients compared to non-mentally-ill controls, as determined by the MacCAT-CR instrument.

Materials and methods We analyzed the results obtained from three databases: ISI Web of Science, Pubmed, and Scopus. Each database was scrutinized using the following keywords: "MacCAT-CR + schizophrenia", "decision-making capacity + schizophrenia", and "informed consent + schizophrenia."

Results and discussions We included ten studies in the analysis. Even if schizophrenia patients have a significantly decreased decision-making competence compared to non-mentally-ill controls, they should be considered as competent unless very severe changes are identified during the clinical examination. Using enhanced informed consent techniques significantly decreased the difference between schizophrenia patients and non-mentally-ill controls (except for the reasoning dimension), and should be employed whenever the investigators want to include more severe

patients in their clinical trials. Older age, an increased percentage of men gender or inpatient status tend to escalate the score difference of decision-making competence compared to non-mentally-ill subjects in various dimensions of the decision-making capacity. The main limitations of the study are: (1) a decreased number of studies included in the analysis is small (2) only three studies included data about enhanced ways of informing potential subjects.

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EW0259

Diagnostic stability in the first episode of psychosis

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Introduction Early intervention programs in psychosis have demonstrated efficiency in reduction the duration of untreated psychosis, relapse prevention, socio-professional integration and prognosis improvement. In daily practice, it is evident the clinical heterogeneity of the first episodes of psychosis (FEP), as well as the difficulty in initially assigning a specific diagnosis, being difficult to do the differential diagnosis and verifying, during follow-up, very different clinical outcomes among patients.

Objectives/aims Two years after the start of specific consultation for FEP, the authors intended to characterize the followed patients and their evolution, comparing socio-demographic and clinical parameters, with emphasis on diagnosis at the first visit and after two years assessing their variability/stability.

Methods Data research from a 48 patients sample followed up on the FEP consultation.

Results The diagnostics on the first consultation were 79% psychosis with no other specification (NOS), followed by cannabinoids addiction in 35%. After two years, in 29% of cases, there was a diagnostic change being actually 46% Psychosis NOS, 21% cannabinoids addiction and 17% schizophrenia. Initially, only 39% did not have previous history of toxic substances use, being 75% the current percentage. Six percent abandoned the consultation.

Conclusions The authors conclude that, in this specific psychiatry consultation, it is important to initially keep an unspecified diagnostic, with further progressive evaluation allowing a more accurate diagnostic, since the initial diagnostic specification is often found to be incorrect, with adverse consequences for the patient. It would be useful to compare the results with a sample of patients under “as usual” treatment.

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

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EW0260

Auditory verbal hallucinations in first episode psychosis – an fMRI symptom capture study

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Introduction Neurobiological models of auditory verbal hallucination (AVH) have been advanced by symptom capture functional magnetic resonance imaging (fMRI), where participants self-report hallucinations during scanning. To date, regions implicated are those involved with language, memory and emotion. However, previous studies focus on chronic schizophrenia, thus are limited by factors, such as medication use and illness duration. Studies also lack detailed phenomenological descriptions of AVHs. This study investigated the neural correlates of AVHs in patients with first episode psychosis (FEP) using symptom capture fMRI with a rich description of AVHs. We hypothesised that intrusive AVHs would be associated with dysfunctional salience network activity.

Methods Sixteen FEP patients with frequent AVH completed four psychometrically validated tools to provide an objective measure of the nature of their AVHs. They then underwent fMRI symptom capture, utilising general linear models analysis to compare activity during AVH to the resting brain.

Results Symptom capture of AVH was achieved in nine patients who reported intrusive, malevolent and uncontrollable AVHs. Significant activity in the right insula and superior temporal gyrus (cluster size 141 mm³), and the left parahippocampal and lingual gyri (cluster size 121 mm³), $P < 0.05$ FDR corrected, were recorded during the experience of AVHs.

Conclusions These results suggest salience network dysfunction (in the right insula) together with memory and language processing area activation in intrusive, malevolent AVHs in FEP. This finding concurs with others from chronic schizophrenia, suggesting these processes are intrinsic to psychosis itself and not related to length of illness or prolonged exposure to antipsychotic medication.

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

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EW0261

QTc Interval in individuals with schizophrenia receiving antipsychotic as monotherapy or polypharmacy

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Introduction Antipsychotics are associated with the polymorphic ventricular tachycardia, Torsade's de pointes, which in worst case can lead to sudden cardiac death. The QTc interval is used as a clinical proxy for Torsade's de pointes. QTc interval is prolonged by monotherapy with antipsychotic, but it is unknown if the QTc interval is prolonged further with antipsychotic polypharmacy.

Objectives To investigate the associations between QTc interval and antipsychotic mono- and polypharmaceutical treatment, respectively, in schizophrenic patients.

Aims To learn more about the impact of antipsychotics on the QTc interval.



Methods An observational cohort study of unselected patients with schizophrenia visiting outpatient facilities in the Region of Central Jutland, Denmark. Patients were enrolled from January 2013 through March 2015 with follow-up until June 2015. Data was collected from clinical interviews and clinical case records.

Results ECGs were available in 58 patients receiving antipsychotic treatment. We observed no difference in average QTc interval for the whole sample of patients receiving monotherapy or polypharmacy ($P=0.29$). However, women presented longer QTc-interval on polypharmacy than on monotherapy ($P=0.01$).

Conclusion We recommend an increased focus on monitoring the QTc interval in woman with schizophrenia receiving antipsychotics as polypharmacy.

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EW0262

Postural control and executive functioning in patients with schizophrenia



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Introduction Patients with schizophrenia commonly show deficits in executive functioning that allow a person to make plans, solve problems, do many tasks simultaneously and adapt to unexpected conditions. Executive dysfunction is associated with very simple and automatic activities, such as walking in schizophrenia patients. However, no study exists about its relation to postural control in these patients.

Aim To investigate the effect of executive functioning on postural control using dual task paradigms.

Methods Fifteen clinically stable schizophrenia outpatients and 15 healthy controls were enrolled in the study. Postural control was assessed with bilateral stance test using the Balance Master system under three different conditions with eyes open and eyes closed (EC): without a task, during a cognitive task (verbal fluency) and during a motor task (holding a cup of water).

Results Standing on a foam surface with EC resulted in higher postural sway velocities in schizophrenia patients under all conditions ($P=0.009$, $P=0.032$, $P=0.013$). During a cognitive task, both schizophrenia patients and healthy controls showed higher velocities on firm surface with EC in comparison to the condition without a task ($P=0.023$). Both schizophrenia patients and healthy controls did not show higher postural sway velocities during the motor task.

Conclusion The effect of verbal fluency on postural sway shows the relationship between executive functioning and postural control in schizophrenia patients. Foam surface also higher postural sway velocities in schizophrenia patients in EC condition suggesting the difficulties in integrating the proprioceptive information in the absence of visual input.

Keywords Executive functioning; Schizophrenia; Postural control

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

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EW0263

Patients with severe schizophrenia. functioning improvement after 7-year of comprehensive treatment



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Introduction To reach not only clinical but also rehabilitation (especially to improve psychosocial functioning) goals in people with schizophrenia is a need.

Objective To know the retention in treatment and functional outcomes of patients with severe schizophrenia enrolled in a specific and comprehensive programme for 7 years.

Method A 7-year prospective, observational study of patients with severe schizophrenia (CGI-S of 5 or over) undergoing comprehensive programme ($n=200$). Assessment included at the beginning and after 3, 6, 12, 24, 36 and 84 months: the CGI-S, the Camberwell Assessment of Needs (CAN) and the WHO-DAS. Time in treatment, reasons for discharge, laboratory tests, weight, medications, adverse effects and hospital admissions in the previous six years and during the follow-up were registered.

Results CGI at baseline was 5.9 (0.7). After seven years, 44% of patients continued under treatment (CGI=4.3 (0.8); $P<0.01$); 36% were medical discharged (CGI=3.4 (1.5); $P<0.001$); WHO-DAS decreased in the four areas ($P<0.005$) and also CAN ($P<0.01$); 8% were voluntary discharges. Ten patients dead; three of them committed suicide (1.5%). Hospital admission decreased significantly ($P<0.001$), and also antipsychotic combinations and antiparkinsonian medications. Fifty-five percent of all of them were treated with atypical long-acting antipsychotics, with good tolerability and few side effects (among them, only 4% were voluntary discharges).

Conclusion Retention of patients with schizophrenia with severe symptoms and impairment in a specific and comprehensive programme was really high. Such good treatment adherence helped to get remarkable clinical and functional improvement. Long-acting medication seemed to be useful in improving treatment adherence.

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

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EW0264

Extrapyramidal side effects and functional remission in schizophrenia



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Treating patients with schizophrenia has evolved towards including, as an effective goal, their functional remission. Beyond the discrepancies in this concept definition, a plethora of studies has been conducted trying to identify predictors of functioning in schizophrenia. Among which antipsychotic prescription and related side effects.

Aim Explore extrapyramidal side effects link with functional prognosis of patients with schizophrenia spectrum disorder.

Methods We conducted a cross-sectional, retrospective and descriptive study in the psychiatry department "C", in Razi hospital (Tunis), between October 2014 and March 2015. Sixty patients suffering from schizophrenia spectrum disorder (DSM IV-R) were included. Functional status was explored with the Global Assessment of Functioning Scale (GAF), the Social and Occupational Functioning Assessment Scale (SOFAS) and the Social Autonomy Scale (EAS). Extrapyramidal side effects (EPS) were evaluated using the Simpson and Angus Rating Scale (SAS).

Results Functional remission was achieved according to GAF, SOFAS and EAS in respectively: 63,30%, 48,30% and 51,70% of the patients. SAS mean score was 0.898 ± 0.29 (0.4–2). Although SAS showed no significant association with GAF, SOFAS and EAS global scores, patient with less EPS had better autonomy in EAS' dimension "Relationship with the outside" ($P=0.048$).

Conclusion EPS may influence functional remission at several levels starting from the neurobiological to the social stigmatization and the treatment adherence levels. Further research in this matter is required.

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EW0265

Concomitant psychotropic medications and functional remission in schizophrenia patients



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Along with the rise of symptomatic and functional remission concepts in schizophrenia, multiple aspects of the disease treatment have been explored in their link to vocational prognosis. Although antipsychotics are the corner stone treatment, monotherapy is seldom. In fact, concomitant psychotropic medications (CPM) use during treatment of schizophrenia has dramatically increased worldwide.

Aim To examine whether concomitant psychotropic medications use is associated to functional remission in schizophrenia patients.

Methods A cross-sectional, retrospective and descriptive study was conducted in the psychiatry department "C", in Razi hospital (Tunis), between October 2014 and March 2015. Sixty patients suffering from schizophrenia spectrum disorder (DSM IV-R) were included. Functional status was explored with the Global Assessment of Functioning Scale (GAF), the Social and Occupational Functioning Assessment scale and the Social Autonomy Scale (EAS). Sociodemographic and therapeutic characteristics have been collected during a semi-structured interview.

Results Rates of functional remission were respectively: 63.30% at the GAF scale, 48.30% at the SOFAS and 51.70% at the SAS. Antipsychotics were prescribed alone in more than half patients (56.70%), mood stabilizers in 40% and antidepressants in 1.7% of the cases. Benzodiazepines were prescribed in 40% of the patients. There was no association between CPM use and functional remission, using three scales (GAF: $P=0.091$; SOFAS = 0.125; EAS = 0.728).

Conclusion Largely used, concomitant psychotropic medications can increase side effects, cause drug interactions, escalate treatment costs, and lead to non-adherence. That is said, their therapeutic effectiveness should be thoroughly investigated, aiming to recovery not only symptoms control.

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

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EW0266

Functional connectivity of the ventral tegmental area and avolition in schizophrenia: A resting state functional MRI study



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Introduction Impaired motivation is considered a fundamental aspect of the Avolition domain of negative symptoms. The ventral

tegmental area (VTA) contains the highest number of DA neurons projecting to the brain areas involved in motivation-related processes.

Aim The aim of our study was to investigate by functional MRI the resting-state functional connectivity (RS-FC) of the VTA in patients with schizophrenia and its relationships with real-life motivation and avolition.

Method The RS-FC was investigated in 22 healthy controls (HC) and in 26 schizophrenia patients (SCZ) treated with second generation antipsychotics only and divided in high (HA = 13) and low avolition (LA = 13) subgroups. We used the Quality of Life Scale and the Schedule for the Deficit Syndrome to assess real-life motivation and avolition, respectively.

Results HA, as compared to LA and HC, showed a reduced RS-FC of VTA with the right ventrolateral prefrontal cortex (R VLPFC), right posterior insula (R pINS) and right lateral occipital cortex (R LOC). The RS-FC for these regions was positively correlated with motivation in the whole sample and negatively correlated with avolition in schizophrenia patients.

Conclusion Our findings demonstrate that motivational deficits in schizophrenia patients are linked to reduced functional connectivity in the DA circuit involved in retrieval of the outcome values of different actions to guide behavior. Further characterization of the factors modulating the functional connectivity in this circuit might foster the development of innovative treatments for avolition.

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

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EW0267

The impact of cannabis in the early stages of schizophrenia: A 3-year longitudinal study on cannabis influence on relapse rates



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Introduction The first five years after the onset of a first episode of psychosis (FEP) are crucial for long term outcome. In this period, the risk of relapse is particularly high. Consequences of relapse include an increased risk of neurotoxicity, chronicity, hospitalization, decreased response to treatment, increased economic burden and functional impairment.

Objectives To discern the influence of cannabis on relapse as it may contribute to adopt specific measures in patients during early stages of the illness.

Material and methods PAFIP is an early intervention program for patients with a FEP. Between January 2005 and January 2011, 163 patients were recruited for this study. They were followed-up during 3 years at intervals of three months. The sample was divided into three groups: (1) those non-cannabis users neither before the FEP nor during follow-up (nn), (2) consumers before the FEP and during follow-up (ss) and (3) consumers before the FEP that gave up consumption during follow-up (sn).

Results No statistically significant differences between the three groups were observed but a trend ($P=0.057$) towards a more enduring survival in Group 3 (sn). (Kaplan–Meier curve and detailed Log Rank Test results will be included in the final poster).

Conclusions Cannabis has a detrimental effect on schizophrenia. The interruption of its use could contribute to improve the outcome of the disease, as the results of our study suggest.

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

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EW0268

Diagnostic stability in first psychotic episode after 5 years follow-up



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Introduction The diagnosis of psychosis is based on the presence or absence of characteristic symptoms. The presence of such symptoms varies during the course and treatment, raising the question of diagnostic stability after a first psychotic episode.

Aims and objectives The aim of this study is to evaluate the diagnostic stability after a first psychotic episode in the long term (five years after the first inpatient admission).

Methodology A retrospective study that included patients with first psychotic episode between 2007 and 2011 admitted to the inpatient unit of the psychiatry and mental health clinic of São João hospital center, Oporto, Portugal and re-evaluation of the diagnosis after five years.

Results We included 60 patients with a first psychosis episode, 22 of which were drop-outs after five years. Of the 38 patients evaluated, it was possible to see that after 5 years 68.4% ($n=26$) maintained the same diagnosis during follow-up. In particular, the diagnosis of schizophrenia was kept in 83.3% of patients after 5 years ($n=15$, 18 patients with the diagnosis of schizophrenia after first admission). Diagnosis of acute and transient psychotic disorder and psychosis not otherwise specified were the least stable diagnosis after 5 years.

Conclusions The diagnosis after a first psychotic episode has important therapeutic and prognostic implications. The presence of characteristic symptomatology, with periods of partial or total remission between subsequent episodes emphasizes the need for regular monitoring, since this group of patients appears to be more vulnerable to changes in diagnosis over time.

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

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EW0269

Side effects of clozapine and their relationship with clinical variables in patients with schizophrenia



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Introduction The side effects of clozapine may affect the treatment process negatively, and increase the disability.

Aims We aimed to assess the side effects of clozapine, and their relationship with the clinical variables in schizophrenia patients, and study the predictors of disability.

Methods Consecutive 122 outpatients who met DSM-IV criteria for schizophrenia, and were on clozapine treatment were included in the study. Information about sociodemographic characteristics, past and current clinical status were gathered through a clinical interview and review of the medical records, and physical measures and laboratory tests, including clozapine plasma levels, were recorded. The patients were assessed with SCID-I, Positive and

Negative Syndrome Scale, UKU-Side Effect Rating Scale, WHO-Disability Assessment Schedule-II.

Results Hypersalivation, weight gain, sedation and constipation were the most common side effects of clozapine. Although the mean plasma clozapine levels were high (828.11 ± 445.5 ng/mL), no significant effect of clozapine dose and plasma levels were detected on the severity of side effects, except for constipation. Metabolic syndrome prevalence was found to be 50% according to ATP IIIA criteria. Duration of clozapine treatment, clozapine dose and plasma levels were not significantly different between patients with and without metabolic syndrome. Regression analysis showed that the severity of schizophrenia psychopathology and the number of side effects predicted the severity of disability.

Conclusions Side effects of clozapine increase the disability of patients with schizophrenia and should be monitored regularly. On the other hand, clozapine dose and plasma levels do not determine the severity of most of the common side effects.

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

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EW0270

Effect of clozapine on psychiatric comorbidities in patients with schizophrenia



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Introduction Clozapine has superior efficacy in treatment-resistant schizophrenia, and has various effects on psychiatric comorbidities, which may affect the illness course.

Aims We aimed to assess the past and current psychiatric comorbidities in schizophrenia patients treated with clozapine, and study their relationship with clinical variables.

Methods Consecutive 122 outpatients who met DSM-IV criteria for schizophrenia receiving clozapine were included. Information about past and current clinical status were gathered through a clinical interview and review of the medical records, along with laboratory test results. Patients were assessed with structured clinical interview for Axis-I Disorders for DSM-IV, Clinical Global Impression Scale, Positive and Negative Syndrome Scale (PANSS), Calgary Depression Scale, Yale-Brown Obsessive Compulsive Scale (Y-BOCS), Panic and Agoraphobia Scale (PAS), WHO-Disability Assessment Schedule-II.

Results There was a significant decrease in the diagnosis of depression, alcohol and substance use disorder, number of suicide attempts, and an increase in the diagnosis of obsessive compulsive disorder (OCD) after clozapine initiation. Clozapine related de novo OCD appeared in 48.4% of the patients, and there was a positive correlation between Y-BOCS total scores and clozapine dose and plasma levels. In the de novo OCD group, compulsion scores were higher than obsession scores with checking most prevalent among compulsions. Total PANSS, Y-BOCS, PAS scores were positively correlated with total disability score.

Conclusions Clozapine seems to decrease comorbid depression, alcohol and substance use and number of suicide attempts and increase OCD. Assessment and treatment of psychiatric comorbidities in clozapine using schizophrenia patients is vital to decrease disability.

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

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EW0271

Effect of two long-acting treatments, the paliperidone palmitate 1-month and 3-month formulations on caregiver burden in European patients with schizophrenia



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Introduction Schizophrenia puts a significant burden on caregivers.

Objectives To explore the effects of two long-acting treatments (LAT), paliperidone palmitate 1-month and 3-month formulations on caregiver burden (CGB) in European patients with schizophrenia using the Involvement Evaluation Questionnaire (IEQ)

Aims To conduct a subgroup analysis of two randomized, double-blind studies (NCT01515423 and NCT01529515).

Methods Caregivers (≥ 1 h of contact/week with the patients) were offered to complete the IEQ (31 items, each scoring: 0–4; total score: sum of 27 items [0–108]).

Results Among 756 European caregivers (53% parents, 18% spouse/partner or girl/boyfriend, 10% sister/brother), 60% reported a CGB of ≥ 32 hours/week at open-label baseline (BL-OL). CGB reduced significantly for patients with both BL-OL and at least one double-blind IEQ sum-score ($n = 433$): mean improvement [SD] (9.9 [12.66], $P < 0.001$) from BL-OL (mean [SD] 26.0 [13.30]) to study end (16.0 [10.47]); (reduction in burden associated with worrying [2.9 points] and urging [4.3 points]). CGB significantly improved in patients on prior oral antipsychotics post-switching to LAT with less leisure days impacted and less hours spent in caregiving ($P < 0.001$). There was significant relationship between improvements and relapse status, patient age ($P < 0.001$), age at diagnosis ($P < 0.002$), and number of prior psychiatric hospitalizations in the last 24 months ($P < 0.05$). Prior use of long-acting antipsychotics other than paliperidone palmitate 1-month or 3-month formulations at BL-OL and duration of prior psychiatric hospitalizations in the last 24 months did not show significant effect on improvements.

Conclusion Switching from an oral antipsychotic to an LAT can provide a meaningful and significant improvement in caregiver burden.

Disclosure of interest All authors are employees of Janssen Research & Development, LLC and hold stocks in the company.

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EW0272

Comorbidities in patients with an at-risk mental state and first episode psychosis



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Introduction Non-psychotic axis I diagnoses are highly prevalent in at-risk mental state (ARMS) and first episode psychosis (FEP) patients, the most common being affective and anxiety disorders.

Few studies have examined differences between ARMS and FEP patients or gender effects regarding such diagnoses.

Objective To examine current and lifetime comorbidities in ARMS and FEP patients. Furthermore, to examine gender differences, and differences between patients with (ARMS-T) and without later transition to psychosis (ARMS-NT).

Methods This study was part of the Früherkennung von Psychose (FePsy) study. Current and lifetime axis I comorbidities were assessed using the Structured Clinical Interview for DSM-IV (SCID-I).

Results One hundred and thirty-two ARMS and 98 FEP patients were included. Current comorbidities were present in 53.1% of FEP and 64.4% of ARMS patients, the most common being affective, anxiety and substance use disorders. Current affective disorders were significantly more common in ARMS than FEP. Lifetime comorbidities were diagnosed in 58.2% of FEP and 69.7% of ARMS patients, with significantly more affective and anxiety disorders in ARMS than FEP. Male FEP patients had more current and lifetime substance use disorders (across all substances) compared to female FEP. No differences emerged between ARMS-T and ARMS-NT.

Conclusions As expected ARMS patients have many comorbidities, while clearly diagnosed FEP have less comorbidities. There were few gender differences in axis I comorbidities. Moreover, no differences between ARMS-T and NT emerged, suggesting that axis I comorbidities do not improve prediction of transition. Nevertheless, the high comorbidity prevalence is relevant for global functioning and clinical treatment.

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

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EW0273

Visual and motor functions in schizophrenia



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Introduction Over the past decade, perceptual organization has gained an increasingly important role in the psychopathology of schizophrenia. With the advancements in visual neurocognitive sciences, visual processing, especially mid- and high-level processing have been linked with psychotic symptoms, as well as prodromal and ultra-high risk patients. Motor dysfunction is being seen as well as an integral element of schizophrenia, separate from the other symptoms and with possible implications for disease risk and outcome. This could illustrate two systems at work, which by either individual dysfunction or integrative disorganization help explain some the neurocognitive mechanisms in schizophrenia.

Objective and aims The current study's argument is that tests from these two domains could be used in a complementary manner to offer a neurocognitive characterization of schizophrenic patients.

Methods A total of 24 patients and 19 controls were evaluated. In order to assess mid-level visual perception the Leuven Perceptual Organization Screening Test was used, along with a scale for assessing soft neurological signs and a task for gait and motor imagery. Clinical symptoms were measured with the Positive And Negative Symptoms Scale, using the five-factor model as proposed by Lindenmayer. Data analysis involved comparison of means between patient and control groups as well as a multivariate factor analysis calculating the impact of perceptual and motor functions on clinical symptoms.

Results Consistent with previous findings, visual and motor functions would differentiate between patient and control groups. In

accordance with the study's aim, visual and motor functions had different impact on symptom dimensions.

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

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EW0274

Spanish adaptation of the recovery enhancing environments (REE) measure: Preliminary results

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Introduction During the last decades, the recovery from severe mental illness has shifted from a focus on reducing symptoms to a more holistic approach of emphasizing consumer-centered goals and subjective wellness (Anthony, 1993). The implementation of this controversial new model it has not had an easy path. In that sense, Ridgway (2004, 2011) developed the Recovery Enhancing Environments (REE), an instrument to gather information on personal mental health recovery and the elements that people feel are important to their recovery; staff activities and an organizational climate that encourages resilience.

Objective To present the preliminary results of the Spanish adaptation.

Method English to Spanish translation of REE was carried out. The REE interview and Euro-Qol5d, HoNOS, EEAG and CGI scales were completed by 312 patients in Mental Health Services organization of Bizkaia (Spain), 189 men and 123 women (age = 48.89). The interviewers of the REE were service users trained and hired for this task.

Results The alpha de Cronbach was .98, and for its dimensions: program performance indicators (.97), organizational climate (.92) and recovery markers (.93). The concurrent validity with others scales have resulted in correlations coefficients superiors to $r = .35$ ($P < .001$).

Discussion As the different indicators are adequate and the instrument has a similar structure to other theoretical studies, it can be concluded that Spanish REE is an appropriate measure to fill the gap between the knowledge in the recovery model and what services can do to support this model. All of this information gathered from people who receive mental health services.

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

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EW0275

How is evaluated mental health recovery?

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Introduction There is an increasingly recognition of the concept of recovery in the treatment of mental illness. Recovery defined as living a fulfilling, rewarding life, even in the ongoing presence of a mental illness. Consequently, a number of instruments have been designed to assess recovery-oriented outcomes.

Objective The objective of the study was to conduct a systematic revision of the instruments used to assess recovery with appropriate psychometric properties.

Method A systematic review of the literature has been realized. The adequacy of the instruments utilization, the content validity and psychometrics properties were gathered and analyzed.

Results/discussion After a systematic review, it has been obtained 25 different instruments for measuring personal recovery and 17 for assessing the orientation of recovery in mental health services. As a consequence of the lack of consensus that exists in the conceptualization of recovery; several instruments have been developed and used to assess the different recovery domains. But it is essential to select scales that match with the recovery model and assess adequately the individual's recovery, and also, the recovery orientation of services. Moreover, those instruments should have appropriate psychometric properties and should be suitable to be introduced in routinely clinical settings.

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

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e-Poster walk: Substance related and addictive disorders—part 1

EW0276

Clinical variants of psychopathological disorders in users of synthetic cannabinoids (spices)

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Introduction The problem of mental health of synthetic ("designer") drug or "spice" users draws the increasing attention of experts of various areas in psychiatry, addiction psychiatry and psychotherapy.

Research objective To classify and describe the psychotic states arising after the use of "spice"; to define the personality changes and probable consequences of the use observed in patients in the conditions of a hospital.

Material and methods One hundred and one patients (93 men and 8 women; mean age 27.8 ± 7.6 years) with dependence on "spice" revealed between 2014 and 2015 were examined. History taking, clinical-psychopathological investigation and experimental psychological testing were used.

Results and discussion As a result of research the patients were divided into 5 groups according to criteria of ICD-10:

- group 1: acute intoxication with delirium ($n = 16$; 15.84%);
- group 2: residual and late-onset psychotic disorders like flashbacks ($n = 9$; 8.92%);
- group 3: withdrawal state with delirium ($n = 32$; 31.68%);
- group 4: psychotic disorder, mainly hallucinatory ($n = 30$; 29.70%);
- group 5: paranoid schizophrenia ($n = 14$; 13.86%).

The use of synthetic cannabinoids ("spice") can initiate transient psychotic episodes, serve as the contributing factor of development of paranoid schizophrenia, continuous type of the course, leads to "accentuation" of schizoid, paranoid and psychopathic traits of the personality. It is proposed to make up a question of the possibility

of additional use of the clarifying designation “synthetic cannabinoids/spice” at reference of patients using synthetic cannabinoids to the section of ICD-10 F12 “Mental and behavioural disorders due to use of cannabinoids” the agenda of clinicians.

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

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EW0277

Adverse childhood experiences, personality disorders and addiction: Which relationship?



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Introduction Stressful or traumatic events occurred during childhood do have a role in the genesis of personality disorders. Less is known about this remarkable association in people with addictive behaviors.

Aims This study aims to disentangle the relationship between childhood adverse experiences, personality disorders (PDs) and substance use disorders (SUDs).

Methods A cross-sectional naturalistic study of 320 consecutive SUDs outpatients attending an Italian addiction service. Participants were clinically evaluated by a semi-structured interview, the SCID-II (Structured Clinical Interview for DSM-IV Axis II PD), and the CECA-Q (Childhood Experience of Care and Abuse-questionnaire). Multivariate logistic regression analyses were used to estimate odds ratio (OR) and 95% confidence intervals (95% CI)

Results The prevalence rate of PDs in our sample of patients is 62.2%. PDs were associated with a history of physical punishment in childhood (OR = 1.82; CI 95%: 1.05–3.16; $P = 0.034$). Being exposed to three adverse events increases the risk of Cluster B PD (OR = 5.92; CI 95%: 2.21–15.92; $P < 0.001$). Heroin addiction increases the risk of Cluster B PD, both as previous (OR = 2.93; CI 95%: 1.49–5.75; $P = 0.003$) or current (OR = 4.34; CI 95%: 1.97–11.8; $P = 0.004$) consumption. Childhood institutionalization increases the probability of cluster B PD (OR: 2.15; CI 95%: 1.02–4.54; $P = 0.041$). Whereas being employed reduces the probability of both PDs and SUDs (OR = 0.54; CI 95%: 0.31–0.93; $P = 0.027$).

Conclusions PDs occurred in 62% of patients and were related to adverse childhood experiences and SUDs having detrimental effects on both social and occupational functioning. Being employed could be a protective factor on the development of PDs.

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

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EW0278

The prevalence and correlates of depression awareness in patients with alcohol use disorder



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Introduction Alcoholic use disorder is a big problem in every country. It is the leading factor causing high disability-adjusted life year (DALYs). The National Institute of Mental Health Epidemiology Catchment Area found that 37% of people with alcoholic use disorder had comorbid along with psychiatric disorder especially depression. In order to successfully treat patients with alcoholic use disorder, we have to treat their comorbidity along as well.

Aim To examine the prevalence and correlation of depression awareness in patients with alcoholic use disorder.

Methods Inpatients and outpatients who were diagnosed with alcoholic use disorder and alcohol dependence were invited to participate in this research. Subjects who had any history of depressive disorder treatment before were excluded. The awareness of depression was determined by the Illness Perception Questionnaire-Revised, IPQ-R. Depressive disorder was determined by the Thai version of the nine-item Patient Health Questionnaire (PHQ-9).

Results Ninety subjects with alcoholic use disorder agreed to join this research. Twenty-nine of the 90 (32.2%) had depression due to the PHQ-9 scale. Twenty-three were aware that they had depression and that was related to alcohol use. Using the logistic regression analysis, there were no significant factors related to this awareness.

Conclusion There is high prevalence of depression in patients with alcoholic use disorder and most of them have awareness did not receive treatment for depression.

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

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EW0279

Metacognitive awareness in cocaine addiction (MACA): Rationale and feasibility of an integrated intervention program



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Introduction Systematic reviews and meta-analyses report low-quality evidence to suggest a significant differential effectiveness between standard psychosocial interventions in reducing substance consumption. They highlight the presence of several types of treatments that usually integrate different approaches in a multimodal manner. CBT-based interventions seem to be the most effective ones in terms of dropouts and relapse prevention, particularly in cocaine addiction.

Objectives We discuss recent advances in experimental and clinical studies on cocaine addiction. We especially try to integrate emerging cognitive neuroscience evidences and results of the meta-analyses of the effectiveness of psychosocial interventions.

Aims The primary aim of this study is to explore the feasibility of a new multimodal intervention for cocaine addiction, namely MACA (Metacognitive Awareness in Cocaine Addiction). Secondary aims are to discuss: (i) rationale of integrating different approaches; (ii) preliminary results of a previous pilot-study; (iii) feasibility of present study using the RE-AIM (reach, effectiveness, adoption, implementation, and maintenance) framework.

Methods We describe and evaluate our model that comprises: – an individual short intervention based on dilemma-focused therapy; – a psycho-educational group based on standard CBT treatments; – a relapse-prevention group based on mindfulness protocols for addiction; – a follow-up online self-administered course and automatic personalized feedback.

Results Existing literature seems to support the need for new integrated programs. RE-AIM feasibility analysis shows promising results in integrating the proposed approaches in terms of symptoms reduction, relapse prevention and cost-benefit ratio.

Conclusions Preliminary evidence supports potential for the MACA program in treating cocaine addiction. The research design of a wait-list controlled trial with pre- and post-treatment assessment is discussed.

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

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EW0280

Evaluation of the use of psychoactive substances among patients admitted to a cardiology intensive care unit: Prevalence and prevention



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Introduction Addiction to psychoactive substances (PAS) can lead to cardiovascular complications. Cardiotoxicity of drugs is known but it is rarely documented by toxicology.

Objectives We conducted a prevalence study on PAS use among patients with cardiac symptoms, with an analysis of diagnosis and a description of PAS user's characteristics.

Aims To improve the therapeutic management in addictology for cardiac patients.

Methods Prospective observational study performed during 3 months. Patients admitted in cardiology had to complete a hetero-questionnaire about his PAS consumption and a qualitative toxicological research in urine and/or blood (immunochemical/GC–MS detection).

Results One hundred and sixty-one patients were included: 86% men, aged 24–68 years (Table 1). Results show a high level of PAS use in our population: 8.7%. A significant PAS use is observed among patients aged 40–70 years, with a prevalence of 22% for the 40–49, 15% for the 50–59 and 7% for the 60–69. PAS detected were mainly cannabis and cocaine. Clinical diagnoses of patients positive to PAS were acute coronary syndromes and severe cardiac arrhythmias.

Conclusions In patients admitted in cardiology, toxicological screening is rarely done. Our study shows a significant PAS use among patients aged 40–70 years. According to data of the French Health Barometer, there is regular use of cannabis and cocaine at respectively 3% and 1.1% among people aged 18–64. These results invite us to achieve a more systematic identification of PAS use among patients with cardiovascular disorders and to optimize the therapeutic management by a systematic orientation in addictology.

Table 1 Patients characteristics.

Data about patients	Total sample (N / %)	PAS positive (N / %)	PAS negative (N / %)	p-value
PATIENTS	161 (100%)	14 (8.7%)	147 (91.3%)	
Male	111 (69%)	12 (86%)	99 (87%)	p=0.17
Median age	64	50	65.4	p=0.0004
Current smoker	54 (34%)	11 (79%)	43 (29%)	p=0.0005
Cardiovascular risk factors (at least 1)	121 (75%)	9 (64%)	112 (76%)	P=0.50
Past cardiovascular history	70 (43%)	5 (36%)	65 (44%)	p=0.77
Neither past cardiovascular history, nor risk factors	33 (20%)	5 (36%)	28 (19%)	p=0.25
Previous substance use disorders	21 (13%)	5 (36%)	16 (11%)	p=0.03
Admission for acute coronary syndrome	71 (44%)	8 (57%)	63 (43%)	p=0.47

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

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EW0281

Role of co-occurring alcohol and substances abuse on QTc interval prolongation among psychiatric patients: A cross-sectional national survey



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Introduction QTc interval prolongation is considered a risk factor for fatal polymorphic ventricular tachycardia, which can result in sudden cardiac death. Most psychotropic drugs have a dose-dependent potential to prolong the QTc interval. However, other factors require appropriate consideration, including: age; gender; other medications; electrolyte abnormalities; severe comorbid conditions, such as co-occurring alcohol or substances abuse/dependence.

Objectives The objective was to study the potential mediating roles of alcohol/substances abuse on QTc prolongation.

Aims The Italian research group STAR Network, in collaboration with the Young Italian Psychiatrists Association, aimed to evaluate the frequency of QTc interval prolongation in a sample of patients under treatment with psychotropic drugs through a cross-sectional national survey.

Methods A sample of 2411 unselected patients were enrolled after performing an ECG during the recruitment period. Sociodemographic and clinical characteristics were collected from medical records. Collected data underwent statistical analysis.

Results A total of 11.2% of patients reported alcohol abuse, and only 8.9% psychotropic substances. According to the threshold, less than 20% of patients had a borderline value of QTc, and 1% a pathological value. Patients with co-occurring alcohol misuse and drug abuse were more likely to have longer QTc interval.

Conclusions The present study describes the frequency of QTc prolongation in real-world clinical practice. Before prescribing a psychotropic drug, the physician should carefully assess its risks and benefits to avoid this type of adverse reaction, particularly when additional risk factors are present. The potential role of alcohol and substances on QTc length could be particularly useful in emergency settings.

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

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EW0282

Clinical features and diagnosis of alcoholic hallucinosis



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Introduction Alcoholic hallucinosis is a rare complication of chronic alcohol abuse, characterized by acoustic verbal hallucinations and delusions, mainly of a menacing content, arising in clear consciousness, that appear during or shortly after a period of heavy alcohol consumption.

Objectives and aims To outline the key clinical features of alcoholic hallucinosis in order to improve differential diagnosis with other entities.

Methods We studied the evolution of an outpatient followed in a Mental Health Centre of Valladolid and compared it with present data about the condition, found in a bibliographic search of articles no older than 10 years about the topic.

Results Partial insight about the experience, along with clear consciousness, was key to discard other psychiatric diagnosis that also present acoustic hallucinations. Neuroimaging and functional tests in our patient showed moderate cognitive impairment and cortical atrophy, which contradicts other studies which claim that an acceptable level of cognition must be present in order to gain the necessary insight to meet the diagnostic criteria.

Conclusions Alcoholic hallucinosis is a rare form of subacute encephalopathy, secondary to an abrupt stop in a previously chronic and heavy alcohol consumption. Its diagnosis is mainly clinical, and neuroleptics are the most used drug, being abstinence essential for an adequate evolution. The course is usually benign, although the acoustic phenomena may not disappear completely.

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

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EW0283

Resilience and psychological correlates in a group of patients affected by dual diagnosis



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Introduction Although several authors found a strong association between childhood trauma and substance abuse disorder, many other suggest that specific personological aspects and resilience may contribute to the development of this disease.

Objectives To compare the characteristics of psychiatric patients with and without dual diagnosis assessing differences in psycho-

logical correlates, such as resilience, coping strategies, self-esteem, temperament, character traits and childhood trauma.

Methods From November 2015 to May 2016, we recruited all patients aged between 18 to 65 years referred to the Psychiatry Ward of "Maggiore della Carità" Hospital in Novara, Italy. Diagnosis of psychiatric disorder was made according to DSM-5 diagnostic criteria. Exclusion criteria were: inability to express a valid informed consent, a personality disorder or mental retardation diagnosis. We administered to each patient: Resilience Scale for Adult (RSA), Brief Cope, Rosenberg Self-esteem Scale (RSES), Childhood Trauma Questionnaire (CTQ), Temperament and Character Inventory (TCI). Patients were subdivided for the analysis into two groups: dual diagnosis and no dual diagnosis (or single diagnosis) group.

Results Data show that dual-diagnosis patients ($n = 40$) had lower global levels of resilience (RSA) and cooperativeness (TCI). Higher novelty seeking and reward dependence traits (TCI) were found as well. Moreover, the lower Cope-Avoidance (Brief Cope) was statistically different among patients with dual diagnosis compared to single diagnosis ones.

Conclusions Identified differences between these two groups could suggest targets to manage during the treatments in order to optimise dual diagnosis patients' outcomes.

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

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EW0284

Recovery orientation as a key element in addiction treatment: Preliminary results of a patient's survey



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"Recovery" in addiction treatment goes far beyond abstinence, but means a self-determined and meaningful life. Although this approach has been implemented in a number of programs, only little research has been carried out on this issue. Within the context of focusing our treatment program for addictive disorders more strongly according to recovery principles, we studied the baseline situation with the Bremerhavener Questionnaire of Treatment Satisfaction (BFPZ). Sixteen items cover different aspects of our traditional qualified inpatient detoxification program as well as recovery principles. Each item can be rated from 0 (strongly disagree) to 3 (strongly agree). Between December 1st 2015 and March 31st 2016, all in house patients with a substance abuse treated for more than 24 hours in the psychiatric department of Klinikum Bremerhaven Reinkenheide were asked to fill in the questionnaire ($n = 201$). Response rate was 35% ($n = 70$). Overall treatment satisfaction was high (mean: $2,57 \pm 0,65$). On the single item level, aspects of empathy and openness were rated best (mean $> 2,3$), while special aspects of personal recovery (choice, hope, life goals, diversity of treatment options) were rated worst (mean $< 2,3$). Eighty-nine percent of the patients wanted to stop their alcohol consumption completely, 2% wanted to break their consumption temporarily and 9% wanted to consume less. Thirty-four percent were interested in additional therapy offers for controlled substance use. The results will be presented in detail and discussed with regard to the implications for recovery-oriented addiction treatment.

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

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EW0285

Substance-induced psychotic disorders in an emergency department



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Introduction Substance abuse has been correlated with psychotic disorders albeit more accurate details on causality remain to be assessed. Furthermore, the prevalence and prognosis of substance-induced psychotic disorders have not been clearly established.

Method Retrospective study performed in 124 patients assessed in an Emergency Department (ED) due to psychotic symptoms over a 6-month period. Medical records were reviewed to obtain clinical and socio-demographic variables.

Objectives (1) To analyse substance abuse patterns among ED psychotic patients; (2) to estimate the prevalence of substance-induced psychotic disorders in ED; (3) to underpin the socio-demographic and clinical variables associated.

Results Personal history of substance abuse: THC 31.5%, alcohol 29%, cocaine 18.5%, benzodiazepines 18.5%, opiates 6.5%, MDMA 4%, amphetamines 3.2%, hallucinogens 2.4%. Accumulated time interval of substance abuse prior to psychotic onset: 0–5 years 15% (3.9% developed psychosis during the first year of cannabis use), 5–10 years 9.2%, more than 10 years 20.8%. Urine testing for drug misuse undertaken in 80.6% of cases: positives 53%, negatives 47%. Among positive urine test results: THC 16.5%, benzodiazepines 16.5%, cocaine 6.1%, opiates 5.1%, alcohol 0.9%, amphetamines 0.8%, hallucinogens 0.8%. Substance-induced psychotic disorder (F19.15) was diagnosed among 20.4% of patients. This diagnosis was 1.5 times more prevalent among males. Forty-eight percent of patients were single, 36% married, 12% divorced, 4% widowers. Habitat: 68% urban, 34% rural. Highest prevalence group 36 – 50 year olds.

Conclusions Both substance abuse and substance-induced psychotic disorders are highly prevalent in our sample. Their socio-demographic and clinical profile is similar to that found in schizophrenia. Further refinements of these findings are warranted.

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

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EW0286

Cannabis-induced psychotic disorders and THC use among patients with psychotic symptoms



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Introduction Causality between THC and psychotic symptoms has been outlined in several studies and a potential role for THC in the development of Schizophrenia remains to be assessed.

Methods Retrospective study undertaken in a sample of 124 patients assessed in an Emergency Department (ED) due to psychotic symptoms. Medical records were reviewed to obtain clinical and sociodemographic variables.

Objectives (1) To analyse the prevalence of THC consumption among psychotic patients in ED; (2) to establish the prevalence of cannabis-induced psychotic disorder; (3) to underpin the socio-demographic and clinical variables associated with cannabis-induced psychosis.

Results Personal history of cannabis use 31.5% (6.5% as a single drug.) Accumulated time interval of cannabis use prior to the first

psychotic episode: 0 – 5 years 15% (3.9% developed psychosis during the first year of cannabis use), 5 – 10 years 9.2%, more than 10 years 20.8%. Cannabis-induced psychotic disorder (F12.5) was diagnosed in 3.3% of the sample. The prevalence of this diagnosis was the same among male and female patients. The highest prevalence of cannabis-induced psychosis was found among 36–50 years old patients (50%). All patients with a diagnosis of Cannabis-induced psychotic disorder had a personal history of THC use and urine tests had been positive for THC in 75% of the cases. Habitat: 75% urban, 25% rural. Marital status: 50% single, 50% married.

Conclusions Cannabis use is highly prevalent among patients who present with psychotic symptoms in ED and THC is correlated with psychotic episodes. The prevalence of cannabis-induced psychosis has also increased. Further studies comprising larger samples are warranted.

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

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EW0287

Evolutionary aspects of psychotic disorders induced by cannabis



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Introduction Cannabis is increasingly used by young people. Its several noxious effects on mental health have become a matter of preoccupation. Although cannabis use may be involved in the etiology of acute psychosis, there has been considerable debate about the association observed with chronic psychosis.

Aims (1) To describe the profile of patients with cannabis use disorders (CUD); (2) to determine the evolutionary aspects.

Methods We proceed with a retrospective and descriptive study conducted among 16 male patients with CUD and hospitalised for the first time in the psychiatric department at the University Hospital Hedi Chaker during the period from 1 January 2012 to 31 December 2014.

Results An overwhelming majority of the subjects were single and unemployed. One-third of the users had a stay abroad, the half was incarcerated at least once and one patient was implicated in illegal drugs trade. CUD were associated with specific personality disorders: borderline (18.8%) and antisocial (6.3%) personality. Into at least the 2 years of follow-up, different evolutionary aspects were distinguished. Many of the patients were lost to follow (18.8%). A total restitution of symptoms or a recurrence of the same disorders were observed in 25% of cases. About 56.3% of subjects had a change in diagnosis to either schizophrenia (43.3%) or affective disorder (12.5%).

Conclusion This study showed that cannabis use can be a cause of the emergence of chronic psychosis. This emphasizes the importance of early screening of the vulnerability to psychotic disorder and identify more effective strategies to improve intervention.

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

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EW0288

Video and Internet gaming addiction among young adults



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Introduction With the popularity of high-tech devices and Internet use in recent years, playing online or offline games has become

a popular activity, among young adults (YA). However, research suggests that excessive engagement may in extreme cases lead to symptoms commonly experienced by substance addicts.

Aims Estimate the prevalence of problematic use of video and Internet games (PUVIG) among YA. Determine the factors associated with it.

Methods A cross-sectional study was carried out during the first half of September 2016. A sample of 69 YA with a high education's level was randomly selected from the general population. Data were collected through a global questionnaire consisted of a sociodemographic part, the Young Internet Addiction Test, the Problem Video Game playing questionnaire, online network game scale and the Perceived Stress Scale.

Results The average age was 27.6 years. The majority (70%) reported using video or Internet games. The risk of dependency to online network games involved 10% of game players while the presence of video games use consequences concerning 16%. Gaming addiction was significantly more likely in boys ($P=0.001$). The students had more PUVIG than employees ($P=0.036$). A link was highlighted with a problematic Internet use ($P=0.008$), a facebook addiction ($P=0.001$) and high perceived stress level (0.014).

Conclusions Playing video and Internet games is a widespread activity among YA. The factors potentially involved are inevitably multiple and complex. It supports the need to carefully explore these emerging practices among this vulnerable population and suggest the establishment of better prevention and better tracking of video gaming.

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

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EW0289

Does adolescents' depressive symptoms increase the possibility of addictive Internet gaming?: 1-year follow up study in Korea

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Introduction Adolescents' Internet gaming disorders might influence on their social and psychological developmental tasks and physical health negatively. Depression is the commonly co-existed conditions with addictive Internet gaming, but not much research has been reported whether depressive symptoms would precede the addictive Internet gaming in this population.

Objectives This prospective observation study was performed to make clear whether adolescents' depressive symptoms precede their addictive Internet gaming.

Aims Adolescents' 1-year incidence of the addictive Internet gaming was calculated, and test their depressive symptoms increase the incidence.

Methods In Korea, whole students of the 1st grade in three middle schools were participated in this study. Baseline assessment of 508 students was performed via standardized self-reported questionnaire on May–June, 2015. Internet game use-elicited symptom screen (IGUESS) was used to addictive Internet gaming conditions. IGUESS is the 9-itemed DSM-5 diagnostic criteria-based instrument to screen high risk of Internet gaming disorders. Depressive symptoms was measured by Child Depression Inventory (CDI) group. One year after the baseline assessment, follow-up assessment was performed. Four hundred and forty-eight students have been par-

ticipated in the 1-year check up without addictive Internet gaming at baseline.

Results In total, 4.7% of subjects had depressive symptoms at baseline, and incidence of addictive Internet gaming was 9.2%. After adjusted by sex, Internet game use per week, and self-control status, depressive symptoms of baseline increased the 1-year incidence of addictive Internet gaming significantly (OR=3.5, $P=0.034$).

Conclusions Depressive adolescents have higher possibility they could experience the addictive Internet gaming.

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

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EW0290

The impact of the lifetime depression history on alcohol consumption in male and female alcoholics

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Background Psychiatric co-morbidities and alcohol craving are known contributors to differences in alcohol consumption patterns.

Methods Univariate and multivariable linear regression models were used to examine the association and interactions between the Inventory of Drug Taking Situations (IDTS) negative, positive and temptation sub-scale scores, sex, as well as co-morbid depression and anxiety determined by Psychiatric Research Interview of Substance and Mood Disorders (PRISM) with alcohol consumption measured by Time Line Follow Back (TLFB) during preceding 90 days in 287 males and 156 females meeting DSM-IV criteria for alcohol dependence.

Results IDTS positive, negative and temptation scores were strongly associated with increased alcohol consumption measures including the number of drinks per day and number of drinking days per week ($P<0.0001$). Male sex was associated with higher amount of alcohol consumption per drinking day ($P<0.001$), but not with the number of drinking days per week ($P>0.05$). In men, lifetime history of depression was associated with fewer drinking days ($P=0.0084$) and fewer hazardous drinking days ($P=0.0214$) but not with differences in daily alcohol consumption. In women, depression history was not significantly associated with alcohol consumption measures. Post-hoc sex-stratified analyses suggested that the association of the negative IDTS score with total amount of alcohol consumed by men may be modified (decreased) by lifetime depression history. We found no associations of alcohol consumption measures with anxiety or substance-induced depression.

Discussion Decreased frequency of drinking in male alcoholics with lifetime depression history is unexpected. This finding emphasizes the complex relationships between alcoholism and depression, which require further investigation.

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

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EW0291

FKBP5 modulates the effects of nicotine on hpa axis activity in females



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Background FK506 binding protein 51 is a modulator of the hypothalamic-pituitary-adrenal axis activity. Its function is modulated by the single nucleotide polymorphism rs 1360780. Females often use smoking to cope with stress. The aim of this study was to investigate if the influence of nicotine consumption on cortisol plasma levels is modified by the polymorphism of rs 1360780 in females.

Methods Two hundred and ninety-six female smokers were genotyped for the SNP rs1360780 of FKBP5 protein. Cortisol plasma concentrations were measured in blood plasma drawn three hours after smoking. Severity of tobacco addiction was assessed based on the Fagerström Test for Nicotine Dependence (FTND).

Results Thirty-six participants were TT-homozygotes and 260 were C allele carriers. In TT homozygotes, we found a significant negative correlation between the FTND sum score and the cortisol plasma concentrations. In a linear regression analysis, the FTND sum score accounts for 12.4% of the variance of cortisol plasma levels. By contrast, we could not find such an association in C allele carriers.

Conclusions Our results suggest that nicotine is an important confounder in the modulation of HPA axis activity by FKBP5. In the light of these findings, future studies on FKBP5 should include nicotine consumption as a confounder.

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

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EW0292

Influence of impulsivity during decision-making in regular cannabis users

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Introduction Regular cannabis use is associated with cognitive impairments, including impaired decision making measured by the Iowa Gambling Task. The question remains whether the impulsivity measured in regular cannabis users may participate to impaired decision making. Interestingly, the Cambridge Gambling Task (CGT) is a computerized gambling task allows to differentiate risk taking and impulsivity when making a decision.

Aims This study aims at separately exploring the impact of regular cannabis use on risk taking and impulsivity during decision making process.

Objectives To do so, we compared the performance of regular cannabis users and healthy controls during the CGT.

Methods Forty-three regular cannabis users (>7 units/week) with a cannabis use disorder (CUD), 8 non-CUD regular cannabis users and 30 healthy controls were recruited. Decision-making was assessed using the CGT. The following outcomes were considered: Delay aversion score, Overall proportion bet, quality of decision making, risk taking and risk adjustment.

Results The analysis on delay aversion score showed a group effect ($F=3.839$, $P=0.026$) but no effect on other CGT variables. This effect was explained by the fact that cannabis CUD users had

a higher delay aversion score than healthy controls and non-CUD cannabis users.

Conclusions In this study, CUD cannabis users had an increased impulsivity but no increase of risk taking and quality of decision-making. Future work should include the CGT with a clinical scale to evaluate impulsivity and a motor inhibition task to understand if the impairment observed relates to cognitive or motor abilities.

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

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EW0293

Psychosocial functioning in injured and non-injured athletes with symptoms of exercise addiction

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Introduction Exercise addiction is characterized by compulsive and excessive exercise patterns that eventually can lead to musculoskeletal injury. While exercise leads to increased self-esteem and is a useful tool for emotional regulation, the level of psychosocial distress may be negatively affected by such injuries.

Objectives The prevalence proportions of post-injury depression and emotional stress in athletes with exercise addiction have not previously been explored and compared to non-addicted athletes.

Aims We wanted to test the hypothesis that athletes with addiction profiles react to injury with higher levels of emotional and social distress compared to athletes without addiction.

Methods A cross-sectional survey was employed and a total of 1167 athletes (673 with diagnosed musculoskeletal injuries and 494 without present injury) responded to the following questionnaires: The Exercise Addiction Inventory, The Major Depression Inventory, The Perceived Stress Scale and EQ-5D to assess quality of life.

Results We found that 26% of the injured athletes with exercise addiction had symptoms of major depression and 53% reported emotional distress. These proportions were significantly greater compared with the injured non-addicted athletes where 11% had symptoms of major depression and 28% reported stress. Quality of life was also significantly reduced in the addiction group.

Conclusions Injured athletes with exercise addiction report more post-injury psychosocial distress compared with injured non-addicted exercisers. Future trials need to investigate the effect of emotional assessment and support as a complement intervention to somatic injury treatment. Injured athletes should be examined for exercise addiction as they are at risk of depression.

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

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EW0294

Use of novel psychoactive substances and induced psychiatric symptoms: Outcomes from the Eivissa Project



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Introduction Polydrug abuse seems to be especially popular in Ibiza, an important market for new psychoactive substances (NPS). The misuse of psychoactive substances can lead to serious psychiatric symptoms.

Aims To evaluate symptoms induced by NPSs and other club drugs, correlating with the main classes of drugs.

Methods Ninety subjects (M/F 59/31) admitted in the Psychiatric Unit of Can Misses Hospital (Ibiza) referring a recent intake of substances were enrolled. The following scales were administered: TLFB (Timeline follow-back); Positive and Negative Symptoms Scale (PANSS); Symptom checklist-90 (SCL-90); Young Mania Rating Scale (YMRS); Hamilton Depression Scale (HAM-D); Hamilton Anxiety Scale (HAM-A); Modified Overt Aggression Scale (MOAS); Columbia Suicide Severity Rating Scale (C-SSRS).

Results Polydrug abuse was reported by 67.4% of the sample; the sample was grouped by the main preferred substance in THC-, stimulants-, and depressors-users. The majority of patients reported a previous psychiatric history. Positive symptoms resulted to be higher among THC-users ($P < .05$). Anxiety evaluated by SCL-90 was prevalent in the group of Depressors-users ($P < .05$). The scores of MOAS and SCL-90 subscale for hostility/aggression resulted to be significantly ($P < .01$) greater in the THC-users group.

Conclusions Some specific psychiatric symptoms are characteristic of some classes of substances and may help to identify them when a urine sample is not available. The possibility to develop psychiatric symptoms after a recent drug use is more common in two situations: (1) patients with a previous psychiatric history; (2) subjects with a history of very strong substance use.

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

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e-poster walk: Bipolar disorders – Part 2

EW0295

The concentration of the factors involved in trafficking of stem cells in long-term treated bipolar disorder patients



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Introduction After analysis of biological and pharmacological data, we formulated the hypothesis that the factors involved in

trafficking of stem cells could be engaged in aetiology of bipolar disorder (BP).

Aims In this study, we considered the role of complement cascade proteins, stromal derived factor-1 (SDF-1), and sphingosine-1-phosphate (S1P) in long-term treated BP.

Methods A group of 30 patients with BP, without the history of lithium treatment, was examined in remission and compared with a group of 30 healthy volunteers. In peripheral blood, we have analysed the concentration of stromal derived factor-1 (SDF-1), sphingosine-1-phosphate (S1P), and some proteins of the complement cascade (C3a, C5a, C5b-9).

Results Peripheral blood concentration of C3a, C5a, C5b-9 and SDF-1 was significantly higher in BP group compared to control group. The concentration of S1P does not distinguish BP patients from controls.

Conclusion Our results suggest the possible role of the regeneration system in aetiology of BP.

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EW0296

Five-year course of bipolar disorder following treatment of first manic episode with risperidone versus olanzapine: A retrospective review



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Objective Contemporary treatment guidelines recommend use of second-generation antipsychotics (SGAs) either as mono therapy or in combination with mood stabilizers as first-line treatment. While these drugs have been established to have superior efficacy compared to placebo, there is very less data comparing these antipsychotics with one another. We sought to study differences in the five-year outcome of first episode of mania (FEM) treated with olanzapine or risperidone, either alone or in combination with mood stabilizer.

Methods We conducted a retrospective chart review of patients diagnosed with FEM (ICD-10) in the year 2008 ($n = 88$) at our centre. We selected the data of patients prescribed either olanzapine or risperidone for the purpose of this analysis. We extracted data about time to recovery and recurrence after FEM, total episodes, drug compliance and response, and number of follow-up visits from 2008 to 2013. The study was approved by the Institute Ethics Committee.

Results A total of 88 patients received diagnosis of FEM in the year 2008, of which 50 (56.8%) received risperidone and 35 (39.8%) received olanzapine. The two groups were comparable in socio-demographic and clinical symptomatology of FEM (all $P > 0.08$). Complete recovery was significantly more in the olanzapine group than the risperidone group ($\chi^2 = 4.84$, $P < 0.05$).

Conclusion Our study indicates that risperidone and olanzapine, either alone or in combination with mood stabilizers have a similar impact on the five-year course of BD following a first manic episode. However, olanzapine is associated with more complete recovery from FEM than risperidone.

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

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EW0297

Bipolar disorder, obesity and cognitive impairment

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Introduction According to scientific literature, cognitive impairment is a disabling feature of the bipolar disorder (BD), present in all the phases of the disease. Obesity and metabolic disorders represent another risk factor for cognitive dysfunctions in BD, since the excess of weight could adversely influence several cognitive domains.

Objective To highlight the presence of impairment of cognitive functions in a sample of subjects suffering from BD and obesity.

Aims Evaluation of the cognitive performance in a sample of BD patients, considering their anthropometric measures (height and weight) and body mass index (BMI).

Methods The neuropsychological battery MATRICS Consensus Cognitive Battery (MCCB) was administered by trained physicians for the evaluation of seven different cognitive domains in 46 patients (mean age: 43.17 years old; 39.13% male), affected by BD enrolled in the psychiatric unit of Azienda Sanitaria Locale and University of Foggia. In particular, cognitive functions assessed were speed of processing, attention/vigilance, working memory, verbal learning, visual learning, reasoning and problem solving, and social cognition. BMI was calculated, and patients were divided into a group of normal weight and another one of overweight or obese, on the base of BMI value (BMI cut-off = 25).

Results The obese patients amounted at 56.52%. We have found the presence of cognitive deficits in two of the seven domains assessed, that are speed of processing ($P < 0.01$) and reasoning and problem solving ($P < 0.05$) in the sample of overweight patients.

Conclusions Cognitive deficits are clearly revealed in BD patients during the euthymic phase of the disorder. The obesity in BD could contribute to increase dysfunctions in cognitive domains.

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

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EW0298

Concordance and discrepancy between subjective and objective cognitive assessment in bipolar disorder: What is influencing this discrepancy?

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Introduction Evidence has shown that some patients with bipolar disorder have a relatively accurate sense of their cognitive abilities, whereas others may overreported or underreported cognitive difficulties, which causes a discrepancy in this measures.

Objectives To investigate concordance and discrepancy between subjective and objective cognitive measures, as well as to identify factors that could influence this discrepancy.

Methods Patients who met DSM IV-TR criteria for bipolar disorder in partial or full remission (HDRS-17 score ≤ 12 ; YMRS score ≤ 7) were recruited from outpatient clinic at Barcelona and Porto Alegre. Objective cognitive assessment was performed by the Letter-Number Sequencing (LNS-WAIS III). Cognitive Complaints in Bipolar Disorder Rating Scale (COBRA) was used as a subjective cognitive measure.

Results Were included 179 patients. We found a concordance between COBRA and LNS in 62 cases, and discrepancy in 117 cases (Fig. 1). The incongruent group (COBRA-and LNS+) have less years of study (8.10 ± 4.01) than the incongruent group (COBRA+ and LNS-) (13.44 ± 4.05 , $P = 0.001$), and than congruent group (COBRA-and LNS-) (13.75 ± 4.04 , $P = 0.003$). Finally, the congruent group (COBRA+ and LNS+) was the group with higher functioning impairment.

Conclusions A few number of false-negative cases were detected, suggesting that COBRA can be used as a screening instrument. A special attention should be provided for subjects with a few years of study, because possibly these subjects presents more difficulty in express its cognitive difficulties.

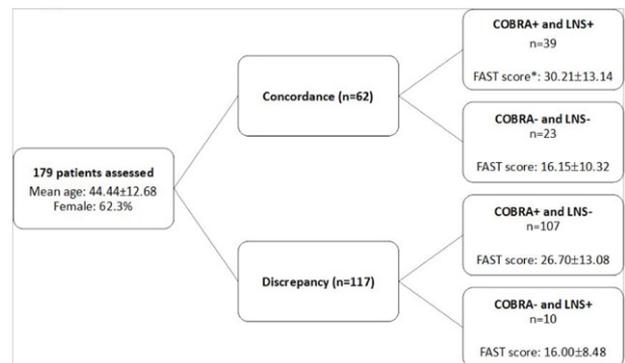


Figure 1 Concordance and discrepancy between subjective and objective assessment in bipolar disorder. Legend: LNS: Letter-number sequencing; COBRA: Cognitive Complaints in Bipolar Disorder Rating Scale; FAST: Functional Assessment Short Test. *Difference is statistically significant for the comparison between COBRA+ LNS+ and COBRA-LNS+ ($P = 0.011$), for the comparison between COBRA+ LNS+ and COBRA-LNS- ($P = 0.004$), and for the comparison between COBRA+ LNS- and COBRA-LNS- ($P = 0.039$).

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

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EW0299

Typical and atypical antipsychotics in acute mania: Comparison of effectiveness

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Introduction Mania is challenging to treat. Typical antipsychotics may be more efficient compared with atypical antipsychotics, however, with unfavourable side effects.

Objectives To help the clinician choose between typical and atypical antipsychotics.

Aims To investigate the correlation between change in severity of mania and the corresponding day to day use of typical and atypical antipsychotics.

Methods This retrospective case record study included patients admitted with mania (International Classification of Diseases 10th revision code F30, F31.0, F31.1, F31.2 or F31.6) at the Department of Affective Disorders, Aarhus University Hospital, Denmark, between January 2013, and December 2015. The dose of typical and atypical antipsychotics was standardized as defined daily dose according to the World Health Organization's guidelines. The severity of mania was measured daily with the Modified Bech-Rafaelsen Mania Scale (MAS-M), a validated, nurse administered scale (MAS-M). We applied a linear regression in a mixed model approach to compare the Mas-M score over time under the influence of typical and atypical antipsychotics, respectively, adjusted for baseline characteristics.

Results We included 43 patients. Patients receiving typical antipsychotics had more recent hospital admissions, a higher dosage antipsychotics and more constraint. The baseline MAS-M score was higher in patients receiving typical antipsychotics. The daily change in MAS-M score was -0.25 for typical antipsychotics and -0.23 for atypical antipsychotics with a difference of 0.02 (95% CI $0.008-0.039$).

Conclusions The rate of improvement of mania may be independent of baseline illness or type of antipsychotic medication. This may be confounded by indication.

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

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EW0300

Neuropsychological differences between bipolar and borderline personality disorder patients



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Introduction There is a continuing debate about the differences and similarities between bipolar disorder (BD) and borderline personality disorder (BPD).

Objectives Only few studies have focused on the neuropsychological profile of these two disorders.

Aims We studied the differences on memory, executive function and inhibitory control between BD and BPD patients.

Methods Twenty-nine patients with BD in euthymia, 27 patients with BPD and 22 healthy controls matched for age and education were included in the study. All of them were female. BD patients who could also be diagnosed with BPD were excluded from the study. Participants were administered a series of tests from the Cambridge Neuropsychological Test Automated Battery (CANTAB), assessing memory, executive function and inhibitory control.

Results BD and BPD patients performed worse than controls in general. Significant differences were found in the PAL test; BD patients had 46.71, BPD patients had 36.56 and controls had 15.77 errors ($P=0.004$). BPD patients performed worse in the IE/ED set-shifting test; they made 48.16 errors while BD patients made 23.64 and controls 16.14 ($P=0.001$). BPD patients performed better in the

problem-solving task (SOC), they solved 10.0, BD patients 6.32 and controls 8.32 problems ($P<0.001$).

BD and BPD patients had similar performance in the SST inhibition task but worse than controls ($P=0.03$).

Conclusions BD and BPD seem to have differences in neuropsychological performance. BD patients show more deficits in memory learning and problem solving while BPD patients show more deficits in set shifting.

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

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EW0301

Could soluble intercellular adhesion molecule-1 be associated with state affective symptomatology in healthy adults?



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Introduction Immune parameters are frequently associated with mood disorders and affective temperaments. In our study, we investigate the role of soluble intercellular adhesion molecule-1 (sICAM-1) in affective temperaments and mood symptoms in healthy adults.

Methods Healthy adults were screened for psychiatric disorders using the non-patient version of the Structured Clinical Interview for DSM-IV-I and II. Affective temperaments were evaluated with Temperament Evaluation of Memphis, Pisa, Paris and San Diego-Autoquestionnaire (TEMPA). State mood symptoms were assessed using the Young Mania Rating Scale (YMRS) and Montgomery-Åsberg Depression Rating Scale (MADRS). Serum sICAM-1 levels were measured using enzyme-linked immunosorbent assay.

Results We identified no association between sICAM-1 levels and affective temperament scores. We identified correlation between sICAM-1 levels and manic symptoms measured by YMRS. Furthermore, sICAM-1 was a significant predictor of manic symptoms in a linear regression model with age, gender, BMI and smoking habits as confounding variables.

Conclusions Our findings suggest that sICAM-1 could be a relevant immune factor for severity of state affective symptoms and could contribute to better understanding of complexity of affective disorders.

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

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EW0302

The association between school achievement and subsequent development of bipolar disorder



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Introduction Prior studies have indicated that both high and low school achievement are associated with development of bipolar disorder (BD). We believe that the latter association may be due to the confounding effect of family history of mental disorder.

Objective To further investigate the association between school achievement and subsequent development of BD by adding adjustment for family history of mental disorder.

Methods We are conducting a historical prospective cohort study based on data from nationwide Danish registers. The cohort consists of all individuals born in Denmark 1986–97 of Danish-born parents, who were alive and living in Denmark at age 16 years, and who have completed final examinations in 9th grade between 2002 and 2014 ($n = 578,247$). The cohort members will be followed until death, emigration, development of bipolar disorder, or end of study, whichever comes first. Hazard rate ratios for bipolar disorder will be calculated in a Cox model using the z-score for examination grades as unit of exposure. The regression analyses will be adjusted for a series of potential confounders including family history of mental disorder.

Results We expect to find a positive association between high school achievement and development of BD. In contrast, we expect to demonstrate that the association between low school achievement and BD detected in prior studies is due to confounding by family history of mental disorder. The results will be shown at the conference.

Conclusions By further testing the potential link between emigration and BD, we hope to contribute to a more balanced perception of BD.

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

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EW0303

Emotional deficits in remitted bipolar and schizoaffective patients



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Introduction Both bipolar and schizoaffective patients have deficient social skills persisting even during the remission of the clinical symptoms. These deficits may represent impediments for the social reintegration and recovery of these patients.

Objectives The purpose of the study was to assess and compare emotion recognition abilities of schizoaffective and bipolar patients during remission.

Methods The study was conducted between 2014 and 2016 on remitted outpatients, diagnosed with either bipolar disorder ($n = 38$) or schizoaffective disorder ($n = 32$), according to ICD 10 criteria, and a healthy control group ($n = 65$). In order to evaluate patients' ability of understanding the emotional expressions of other people, we used the revised version of the “Reading the Mind in the Eyes” test (“Eyes test”).

Results The patient group consisted of 41 (58.6%) women and 29 (41.4%) men, with a mean age of 43.57 years ($SD = 10.56$). The control group was comprised of 25 males (38.5%) and 40 females (61.5%), with a mean age of 42.03 years ($SD = 11.07$). We found statistically significant differences ($P = 0.003$) between the patient groups and the control group regarding emotion recognition abilities (poorer emotion recognition skills than the control group in both bipolar and schizoaffective patients). Patients with schizoaffective disorder gave significantly more incorrect answers in the “Eyes test” than bipolar patients ($P = 0.015$). Although not statistically significant, women had better emotion recognition abilities than men, both in the patient sample and the control group.

Conclusions Schizoaffective patients have more severe emotional deficits than bipolar patients during euthymic periods.

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

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EW0304

Lurasidone adjunctive to lithium or valproate for prevention of recurrence in patients with bipolar I disorder



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Introduction Information is not available on the maintenance efficacy of lurasidone in bipolar disorder.

Objectives/aims To evaluate the recurrence prevention efficacy of lurasidone plus lithium (Li) or valproate (VPA) for the maintenance treatment of bipolar disorder.

Methods Patients with bipolar I disorder received up to 20 weeks of open-label lurasidone (20–80 mg/d) plus Li or VPA. Patients who achieved consistent clinical stability were randomized to 28 weeks of double-blind treatment with lurasidone (20–80 mg/d) or placebo, plus Li or VPA.

Results A total of 496 patients met stabilization criteria and were randomized to adjunctive lurasidone vs. placebo. Fewer patients in the lurasidone group had recurrence of any mood episode compared with the placebo group, with a hazard ratio of 0.71 ($P = 0.078$). In pre-planned secondary analyses, recurrence rates were significantly lower for the lurasidone group treated with a modal open-label dose of 80 mg/d (hazard ratio [HR], 0.35; $P = 0.020$); when patients presented with an index episode of depression (HR = 0.57; $P = 0.039$); and when outcome was time-to-all-cause discontinuation (HR = 0.72; $P = 0.034$), or time-to-recurrence based on symptom severity criteria (HR = 0.53; $P = 0.025$).

Conclusions In patients stabilized on lurasidone plus Li or VPA, continued treatment was associated with non-significant reduction in risk of recurrence of any mood disorder (primary). Consistent with dose-response effects observed during acute treatment of bipolar depression, risk of recurrence on lurasidone was significantly reduced after open-label treatment with the 80 mg/d dose, and in the 20–80 mg/d dose in patients presenting with an index episode of depression.

Clinicaltrials.gov: NCT01358357.

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EW0305

Exploring the complex association between affective temperaments and suicidal behaviour



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Introduction Suicidal behaviour is one of the most relevant public health problems and it is associated with a significant disability and psychosocial impairment. Affective temperaments, hopelessness, suicidal ideation, and suicide intent may be significantly involved in suicidal behaviour.

Objectives The present study explored the complex relation between these clinical variables and suicide.

Aims We aimed to evaluate the specific role of affective temperaments and other risk factors as potential predictors of suicide risk.

Methods The sample included 276 patients (19.9% men, 81.1% women; mean age: 48.1 years, SD:16.9), of which most with major affective disorders, who were admitted at the Psychiatric Unit of the University of Genoa (Italy). All participants have been evaluated using the Temperament Evaluation of Memphis, Pisa and San Diego Auto-questionnaire (TEMPS-a), Beck Hopelessness scale (BHS), Scale for Suicide Ideation (SSI), and Intent Score Scale (ISS).

Results Patients with anxious temperament significantly differ in terms of residual interepisodic symptoms, substances abuse, adherence to treatment, and current episode duration when compared with those having other affective temperaments. Only suicidal ideation and irritable temperament resulted significant predictors of suicide preparation. In addition, suicidal ideation and prior suicide attempts represent significant predictors of suicide intent.

Conclusions The present findings suggest the importance of systematic evaluation for suicidal behaviour that may allow clinicians to identify patients at higher suicide risk. As these data may be influenced by the severity of the psychopathological conditions and psychiatric medications, which were used during admission by our patients, further additional studies are needed to test these preliminary findings.

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

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EW0306

Childhood traumatic experiences and coping strategies: Correlations with quality of life



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Introduction Individuals with a history of childhood traumatic experiences may exert maladaptive coping strategies and impaired adult quality of life.

Objectives The present study explored the association between childhood traumatic experiences, coping strategies, and quality of life.

Aims We aimed to evaluate whether childhood traumatic experiences or specific coping strategies may significantly predict quality of life.

Methods This is a cross-sectional study including 276 patients (19.9% men, 81.1% women; mean age: 48.1 years, SD: 16.9), of which most with major affective disorders, who were recruited at the psychiatric unit of the university of Genoa (Italy). All participants were assessed using the Childhood Trauma Questionnaire (CTQ), Coping Orientation to Problems Experienced (COPE), and Short Form 12 Health Survey version 2 (SF-12).

Results Subjects with a history of emotional abuse were more likely to have an earlier age of onset of their psychiatric conditions, an earlier age of their first treatment/hospitalization, higher recurrent episodes and days of hospitalization, longer illness duration and non-psychiatric treatments at intake when compared with those who did not present any history of abuse. Based on regression analyses, only positive reinterpretation and growth, focus on and venting of emotions, and substance abuse, but not childhood traumatic experiences, resulted positive predictors of physical quality of life. Moreover, focus on and venting of emotions was able to predict mental quality of life.

Conclusions While traumatic experiences did not predict quality of life, specific coping strategies were significant predictors of quality of life. Further studies are requested to test these preliminary results.

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

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EW0307

Platelet and plasmatic lipidic profile as potential marker of bipolar disorders: Preliminary findings



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Introduction Although the diagnosis of bipolar disorder is currently based on clinical criteria, preliminary studies showed that palmitic and arachidonic acid levels are able to discriminate adult patients with major depressive disorder (MDD) from those with bipolar disorder (BD).

Objectives To replicate and to expand previous findings by investigating the relation between mood disorders and platelet and plasmatic fatty levels.

Aims To compare the lipidic profile of individuals with different mood disorder (MDD vs. BD) and to investigate the relation with specific clinical features (duration of illness, attempted suicide, psychotic symptoms).

Methods Potential participants were recruited from the outpatient and inpatient psychiatric units of the university hospital of Palermo (Italy). Diagnosis of DSM IV mood disorders was made using the MINI. Symptom severity was assessed using the HAM-D rating scale and the YMRS. Fatty acid profile was analyzed using mass spectrometry.

Results Preliminary analyses were performed on 8 patients with MDD and 6 with BD. Groups were similar in terms of demographic variables. Patients with MDD showed highest levels of platelet palmitic acid, stearic acid, and arachidonic acid. Furthermore, plasmatic docosahexaenoic acid was negatively related with manic symptoms severity ($Rho = -0.697$; $P = 0.025$) and platelet alpha linolenic acid was positively related with illness duration ($Rho = 0.845$; $P = 0.040$).

Conclusions These preliminary findings suggest that platelet fatty acids may be possible biological markers to improve the diagnosis of BD.

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

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EW0308

Bipolar disorder in epilepsy

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Introduction Bipolar disorder (BD) and epilepsy are the chronic recurrent diseases with several similarities in pathogenic mechanisms. There are high prevalence of comorbidity between affective disorders and epilepsy. However, most recent studies focused on association epilepsy with depression, while lack of scientific data about relationship between epilepsy and BD.

Objectives This study examined the frequency of bipolar disorder in epileptic patients.

Aims To improve the diagnostic tool for BD in epileptic patients.

Materials and methods We observed 50 patients with epilepsy (PE). In this study, the symptoms of BD were measured by the Hypomania Checklist-32 (HCL-32).

Results The mean age of the entire cohort was 40 (SD=19.2) years. The proportion of females were 62%. The mean score using HCL-32 were 11.1 (SD=4.5, range: 3–20) with 17 (34%) scoring above 14, the cut-off points for the basic version of the HCL-32. Among of high score subgroup there were 6 men and 11 women, maximum age was 74 and minimum 19, the mean age of the subgroup were 37 years. The patients 8 out of 17 (47%) received a score of 20 or more (maximum of 37) on the bipolar index that corresponds to $\geq 20\%$ probability BD.

Conclusion The results of the study observed a high prevalence of BD in PE. Future research addressing (1) using of psychiatric examination instruments to assess affective symptoms among PE and (2) treatment management of affective symptoms by antiepileptic drugs might result in better treatment outcomes among patient with comorbidities of BD and PE.

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

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EW0309

Early and late onset bipolar disorders in older adults

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Introduction Age of onset of illness may be useful in explaining the heterogeneity among older bipolar patients.

Objective To examine the relationship of age of onset with clinical, demographic and behavioral variables, in older patients with bipolar disorder.

Methods This was a cross-sectional, descriptive and analytical study, including 24 patients suffering from bipolar disorders, aged 65 years or more and followed-up in outpatient psychiatry unit

at Hedi Chaker university hospital in Sfax in Tunisia. We used a standardized questionnaire including socio-demographic, behavioral and clinical data. Age of onset was split at age 40 years into early-onset (<40 years; $n = 12$) and late-onset (≥ 40 years; $n = 12$) groups.

Results The mean age for the entire sample was 68.95 years. The mean age of onset was 39.95 years. The majority (60%) of patients were diagnosed with bipolar I. Few meaningful differences emerged between early-onset and late-onset groups, except that tobacco use was significantly higher in the late-onset group (66.6% vs. 16.6%; $P = 0.027$). No significant differences between the early-onset and late-onset groups were seen on demographic variables, family history and number of medical diagnoses or presence of psychotic features.

Conclusion Our study found few meaningful behavioral differences between early versus late age at onset in older adults with bipolar disorder.

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

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EW0310

Cultural variations in bipolar disorders in non-clinical samples



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Introduction The prevalence of bipolar disorder (BD) is continuously increasing worldwide. Based on pathophysiological prospective, BD is related to the change in neural circuitry involved in the regulation of emotion. Since there is a cultural variation in emotion expression, it is expected that BD is subject to cultural differences. The literature suggests that the prevalence of BD is influenced by gender, region and ethnicity.

Objectives Exploring the pervasiveness of BD in the Arab cultures. **Aims** – exploring the pervasiveness of BD in six different but related Arab cultures;

– examining the gender differences in BD in the Arab cultural context.

Methods This study used 327 freshmen university students (42% males and 58% females) from six different Arab universities and administered the Mood Disorder Questionnaire (MDQ). The validity and reliability of the MDQ was measured on 220 Qatari university students.

Results The results showed that BD was positively related to age and that males exhibited greater BD symptoms than females. The MDQ scores varied between the Arab subcultures. Sudanese subjects scored the highest on the MDQ, and therefore showed the highest numbers of BD characteristics, followed by Palestinians, Egyptians, Yemenis, Qataris, Jordanians and Tunisians. The Tunisians exhibited the lowest BD symptoms among six Arab cultures.

Conclusions The findings suggested that it is arguable that BD is sensitive to cultural variations in the Arab world, with males showing a higher number of bipolar symptoms. It is arguable that BD is influenced by cultural openness and socioeconomic status.

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

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EW0311

Evaluation of cognitive dysfunction in a sample of patients affected by bipolar disorder



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Introduction Cognitive dysfunctions concerning working memory, attention, psychomotor speed, and verbal memory are a disabling feature of the bipolar disorder (BD). According to scientific literature, cognitive disturbances are present not only in depressive and manic phases of BD, but also during the euthymic period, without regard to whether or not drugs are assumed.

Objective To determine the presence of one or more dysfunctions in cognitive domains in a sample of subjects suffering from BD, in euthymic phase, compared with healthy controls.

Aims Evaluation of the following cognitive performances in subjects affected by BD: speed of processing, attention/vigilance, working memory, verbal learning, visual learning, reasoning and problem solving, and social cognition.

Methods Forty-six patients affected by BD in the euthymic phase (mean age: 43.17 years old; 39.13% male), and 58 healthy controls (mean age: 39.21 years old; 51.72% male) were enrolled in the psychiatric unit of Azienda Sanitaria Locale, Foggia. The neuropsychological battery MATRICS Consensus Cognitive Battery (MCCB) was administered by trained psychiatrists.

Results We found the presence of cognitive impairment, affecting six out of seven of cognitive functions assessed ($P < 0.001$): speed of processing, attention/vigilance, working memory, verbal learning, visual learning, reasoning and problem solving.

Conclusions These preliminary results from our case-control study show that cognitive deficits are clearly present also during the euthymic phases of subjects with bipolar disorder (mainly pertaining attention/vigilance domain). These cognitive abnormalities may represent a biomarker of bipolar disorder.

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

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EW0312

Patterns of impairment in executive functions within unipolar and bipolar depression



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Introduction The majority of studies revealed that cognitive deficits are an important aspect in many psychiatric illnesses, such as bipolar disorder and major depressive disorder. In the past, cognitive impairment was considered part of depression and it was expected to diminish as other mood symptoms improved with treatment.

Method This study is based on the review of recent literature, performed in order to understand the dimension of executive impairment in unipolar and bipolar depression.

Results Both unipolar and bipolar depressed patients display cognitive deficits in several cognitive domains within executive functions. Different subcomponents of executive functions are altered in both types of patients, but impairments in sustained attention appear specific in bipolar depression while dysfunctional divided attention is reported in unipolar disorder. Studies describe deficits in planning strategies and monitoring processes that are characteristically impaired in unipolar depressed patients. Also these subjects tend to make more perseverative responses suggesting set shifting deficits and moreover they require longer time and more cognitive effort in order to accomplish tasks involving inhibitory control or cognitive flexibility. Other findings suggest that bipolar I depressed patients perform worse than bipolar II depressed patients and unipolar depressed patients across all executive functions especially in the decision making process that is considered to be a trait marker for bipolar disorder with no differences between the two types of bipolar subjects.

Conclusions Executive functions represent a term that includes a higher order of cognitive abilities with deficits that are present in both disorders but display slightly different patterns of impairment.

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

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EW0313

Objective quantification of psychomotor dynamics during pharmacological treatment of bipolar depression



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Introduction Psychomotor disturbances are among the core symptoms of endogenous depression. They reflect the underlying pathophysiology of the depressive episode and are sensitive to the neurobiological effects of its pharmacological treatment. Being objectively manifested, the psychomotor functions and dysfunctions are technically recordable and measurable by the available motion analysis systems.

Aims To objectively record and measure the psychomotor dysfunctions in bipolar depression and their dynamics during pharmacological treatment.

Methods We introduced an original (internationally patented) equilibrium method for objective and quantitative recording of psychomotor dysfunctions during stepping locomotion in 37 hospitalized patients with bipolar depression and 30 well-matched healthy controls. Two separable psychomotor functions were analyzed in parallel: conscious (voluntary) activity and subconscious (automatic) reactivity. Both patients and controls were examined twice in order to quantify their psychomotor dynamics. Patients were examined at the first day of their hospitalisation and the day before their discharge. The two consecutive examinations of the controls were with equivalent time intervals.

Results There was no significant psychomotor dynamics ($P > 0.05$) in the healthy controls between their first and second equilibrium recording. Psychomotor activity and/or reactivity of the patients were relatively slower at their first recording and significantly accelerated ($P < 0.05$) at their second recording after effective pharmacological treatment.

Conclusions Objective recording and quantitative assessment of psychomotor dynamics in patients with bipolar depression during the pharmacological treatment of their current episode could be a sensitive measure of their improvement and might be used as a surrogate pharmacodynamic biomarker for objective treatment monitoring.

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

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EW0314

The effect of gender on neurocognitive functioning in bipolar disorder



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Introduction Bipolar disorder (BD) is frequently associated with cognitive deficits in attention, verbal memory and executive functions that have been related to various clinical characteristics of the disorder.

Objectives However, few studies have examined the effect of gender on cognition despite its clinical relevance.

Aims The aim of our study was to investigate potential diagnosis-specific gender effects on visual memory/learning and executive functions in BD.

Methods Cognitive performance of 60 bipolar-I patients and 30 healthy controls was evaluated by using CANTAB battery tasks targeting spatial memory (SRM), paired associative learning (PAL), executive functions (ID/ED, SOC). A multivariate analysis of covariance (MANCOVA) of neuropsychological parameters was performed with gender and diagnosis as fixed effects and age and education as covariates. Following univariate analyses of covariance (ANCOVA) were undertaken to examine the effect of gender on each neuropsychological task.

Results Bipolar patients showed significantly poorer performance in paired associative learning (PAL), set shifting (ID/ED) and planning (SOC). Moreover, a diagnosis specific gender effect was observed for cognitive functioning in BD (gender × diagnosis interaction $P=0.029$). Specifically, male healthy controls outperformed healthy females in tasks of visual memory/learning but this pattern was not sustained (SRM) or was even reversed (PAL) in BD patients.

Conclusions The present study is one of the few studies that have examined the effect of gender on neurocognitive function in BD. Our findings indicate that the gender-related variation observed in healthy subjects is disrupted in BD. Moreover, they suggest that gender may modulate the degree of frontotemporal dysregulation observed in BD.

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

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EW0315

Features of emotional intelligence and its connection with level of social functioning in patients with depressive-paranoid symptoms



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Introduction The problem of social functioning of psychiatric patients is one of the most relevant these days.

Objectives Studying characteristics of emotional intelligence parameters in patients with depressive-paranoid symptoms in psychotic disorders in the structure of F 20.0, F25.1 and F33.3.

Participants Study involved 40 patients divided into three groups according to nosology:

– Group 1: F 20.0;

– Group 2: F 25.1;

– Group 3: F 33.3.

Methods MSCEIT (Russian version of the adapted version of Sergienko O.O., Vetrova I.I.), the scale of PANSS and PSP.

Results The highest rates are in the group F25.1, except for the scale D. In group F 20.0 compared to other scales reduced scale index N. In group F 33.3 reduced compared to the scales A and E are indicators of scales D and H. 2. The observed negative correlation scale D performance of N5, G1, G5, G8, G14 (PANSS) in group F 20.0 and positive correlation in group F 33.3 of G6. E indicators scales show positive correlation with G3, group F20.0, and F33.3. Also was found a negative correlation with the performance scale O13 H group F20.0. 3. The positive correlation between the level of social functioning and performance scale H group F20.0 scales and indicators in the group D F33.3.

Conclusion The findings are the “resource area”, which have become “target” of rehabilitation programs for this group of patients.

Disclosure of interest The author has not supplied his/her declaration of competing interest.

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EW0316

Some personality traits in patients with bipolar II disorder



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Introduction Bipolar I disorder (BD I) is characterised by at least one full-manic episode. In bipolar II disorder (BD II), all upswings are hypomanic, which means they never reach full-blown mania. Therefore, BD II evolves into BD I, but BD I can never evolve into BD II. Differential diagnosis of patients evaluated for BD II should include BD I, major depressive disorder (MDD) and borderline personality disorder (BPD). Patients with BPD often have the same type of severely disrupted life as well as patients with BD II because of the multiple episodes of significant mood disorder symptoms.

Objectives Establishing some personality traits in patients suffering from BD II, their relationship and predictability.

Methods The test group was formed out of 55 patients diagnosed with BD II in remission phase from 2012 until 2015. Three measuring instruments were used: Eysenck's Personality Questionnaire (EPQ), Self-destruction Scale (SAD) and Beck Depression Inventory (BDI).

Results We calculated the prevalence of personality traits (neuroticism, psychoticism, elements of borderline personality Disorder), their correlation and predictive validity.

Conclusion We established the prevalence of neuroticism, elements of Borderline Personality Disorder and their significant predictability in patients with BD II in remission.

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

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e-poster walk: Child and adolescent psychiatry–Part 3

EW0317

An embodied approach to understand behavioural characteristics in subjects with autism spectrum disorders



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There are three main areas of impairment in autism: social interaction, communication and repetitive-stereotyped behaviors. While over a long time orthodox cognitive psychology tried to explain the background of these symptoms, nowadays embodiment theories also seem to be useful tools to grasp the real nature of the disease and get a coherent picture about it. The significance of body states, the perceiver's experiences, dynamic interaction between the organism and its environment, and the emergent nature of the connected processes have increased. This study focused on the autistic children's cognitive development and aimed to explore several aspects of it. Accordingly, the sensory-perceptual processes and the participating children's object use were investigated. The main research methods were questionnaires that were filled in by the parents, participant observation via object play and eye-movement analysis during static and dynamic stimuli. The results confirmed different behavioral patterns by children with autism. Thus, for example, hyper-/hyposensitivity, a reduced rate of creative/pretend activities and a lower level of the preference of social effects could be explored in the autistic group more often than it was found in the case of individuals with typical development. In this way, more aspects of the disease could be clearly interpreted using an embodied approach to the behavioural characteristics, although further studies are required to explore these phenomena in a wider range.

Disclosure of interest The author has not supplied his/her declaration of competing interest.

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EW0318

The effects of high exposure to smartphone from ages 3 to 5 years on children's behaviors



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Introduction Smartphones are becoming widely popular and the number of users is significantly increasing, reaching over 65% in South Korea in 2013 and the children begin to use a smartphone at earlier age. Earlier and higher exposure of multimedia is known to have negative effects on children's physical and mental status.

Objectives The aim of the present study was to examine young children's exposure to smartphone and identify the effects of high exposure of smartphone on children's behaviors among Korean children from ages 3–5 years.

Methods In 2014–2015, the parents of 400 children aged 3–5 years (207 boys and 193 girls) were surveyed using a questionnaire on the use of smartphone, children's behaviors, temperaments, social and language development at 3 community-based children's mental health centers.

Results Many children used televisions (95.5%), computers (37.3%) or tablet PC (36.2%), and smartphones (84.6%). Most (74.2%) started using mobile medias before age 2. Parents gave children devices like smartphones to keep them calm (60.8%), when being busy doing something (52.2%), and at playtime (34.3%). The chil-

dren's age at first smartphone use and the frequency were not associated with children's behaviors and temperaments. Higher use group (>2 h/d) show more somatic symptoms (OR 8.97, $P < .001$), more attention problem (OR 4.43, $P < .001$), more aggressive symptoms (OR 1.30, $P < .001$) and more withdrawal symptoms (OR 1.22, $P < .001$) than lower use group.

Conclusions Young children in Korean urban communities had almost universal exposure to mobile devices, especially smartphone. Early and severe exposure of smartphone by young children aged 3–5 years is highly associated with children's behaviour problems like both internalising and externalising problems.

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

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EW0319

Handedness in children with autism spectrum disorders



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Children with autism spectrum disorders (ASD) have a less definitive hand preference for certain actions as opposed to neurotypical children. Moreover, left-handedness in children with ASD has been associated with more echolalia. The objective was to conduct a screening of potential risk and associated features for autism spectrum disorders, among which the hand preference of the child. The current aim is to compare the perceived handedness of children with autism spectrum disorders with that of children with other psychiatric pathologies.

Methods Eight hundred and forty-two parents completed our risk and associated features screening questionnaire. Out of these, 494 answered the question regarding handedness (209 had children diagnosed with ASD). This asked the parents to state how they perceived their child's handedness. An ADOS assessment has been conducted for 170 of the children whose parents were included in the study, based on clinical relevance for the case. The data were analysed using Excel and SPSS 22.0. For the comparisons, Chi² and the Kruskal–Wallis test were used.

Results Children with ASD had more left-handedness ($\chi^2(2) = 12.54$, $P = 0.002$). There were no differences between boys and girls in terms of perceived handedness in any of the groups. There were no differences in the ADOS scores according to the perceived hand laterality ($\chi^2(2) = 0.58$, $P = 0.74$).

Conclusion Rightward-asymmetry in regions of corpus callosum has been reported to correlate with symptoms severity in ASD. The finding of different perceived handedness in children with ASD versus children with other psychiatric pathologies is useful for designing appropriate, individualized training programs for motor therapy.

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

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EW0320

Prevention of conduct disorders at the community level



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Introduction Epidemiological data indicate that 30% to 50% of young people contact the child psychiatrist for behavioral disorders problems. Protective factors research that reduce the risk of conduct disorders are just as important as the research of risk fac-

tors. The aim of this work is to introduce the preventive factors in the reduction of conduct disorders, including 4 domains: individual, family, school and community. The emphasis is placed on preventive factors at the community level, which are covered by the national, state and local policies that support programs oriented towards children and young people. Good infrastructural community support enable young people to participate in activities where they have opportunities to make choices, make decisions and share responsibility. These experiences help young people to develop new skills, increase their self-confidence and make the difference, while such programs help adults to create a basis for understanding and working together with young and engaged people.

Conclusion The interest in the behavior of young people and their perspective creates a culture of care for young people instead of a culture of ignoring or even marking behavior among young people as deviant and antagonistic, which has a significant preventive effect on the development of behavior disorder.

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

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EW0321

Evaluation of stress and support to parents of children with developmental disabilities—Our experience

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Introduction Stress is an integral part of parenting. The stress of parenting is especially increased at parents of children with developmental disabilities, which can have negative effects on the health of the parents, the relationship with the child and total parental behavior. The objective of this work is to assess the level of stress of parenting among parents of children with developmental disabilities. Parents were involved in workshops support within a regional project. The workshops were conducted twice a month, in the duration of two hours, during the one-year period. The workshops were led by experts in various fields, and work with parents was psycho-educational and supportive. The assessment was made using the questionnaire Parenting Stress Index-Short Form, within the two time frames, at the beginning of the project and after 12 months. The results showed that nearly two-thirds of parents of children with disabilities were under clinically significant stress at the beginning of the service. By retesting after twelve months, it was found that parental stress decreased, and the decrease is particularly evident in the parental competence experience. Although stress is reduced to some extent by the way the parent is experiencing emotional exchange with the child, its level still remains high.

Conclusion Our experience shows that supportive workshops, which we participated in significantly, but insufficiently contributed to the stress reduction among parents. This paper discusses other possible interventions, which would specifically be aimed at developing strategies for reductions of clinically high level of parental stress.

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EW0322

The impact of psychopedagogical intervention on quality of life in adolescents with attention deficit



hyperactivity disorder (ADHD) treated with psychostimulant medication

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Several studies have shown that ADHD has a significant negative impact on multiple domains of quality of life of children and adolescents, particularly in terms of behavioral, emotional and psychosocial quality of life. The psychopedagogical intervention can be therapeutic, preventive and promote educational inclusion. Moreover, it aims to address the learning process, how it is developed and how the individual relates himself to learning, both in the cognitive, social and emotional domains. Our purpose was to understand whether the psychopedagogical intervention influences the quality of life of adolescents with ADHD considering their pharmacological plans. The aim of this study was to evaluate the impact of a psychopedagogical intervention on quality of life of a sample of adolescents with ADHD taking into account their pharmacological plans (rubifen, ritalin, and concerta). We used quantitative and qualitative assessment measures: the KIDSCREEN-10, to measure the quality of life of these adolescents, and a semi-structured interview to assess the impact of a psychopedagogical intervention in the lives of these adolescents and their parents, respectively. The results showed that psychopedagogical intervention has a positive impact on the quality of life of adolescents with ADHD, as well as in the family dynamics. Due to the demands of school work (homework) and their negative impact on the family dynamics and consequently in the quality of life, the results corroborate the relevance of a psychopedagogical intervention to improve these areas. Thus, it appears that this type of intervention is very useful for adolescents with ADHD.

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

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EW0323

Faux pas: Assessing theory of superior mind. A control-case study

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Often, children with autism spectrum disorder (ASD) can present deficits for acquiring superior level of theory of mind (ToM) in the detection of false beliefs or blunder situations. The objective of this study is to assess 51 subjects with a primary education level (18 with ASD compared to 33 control subjects) comparing ToM level by using the test of Faux Pas test by Baron-Cohen et al. (1999) in two groups divided in 2 layers by age of 7 and 11 years. Results showed significant differences in this construct (ToM) between control group and ASD group only at the age of 11 years (z -score = 2.26; P = .023), but not at the age of 7 years (z -score = 1.89; P = .062). This suggests that ToM's superior capacity acquires greater expression and maturity towards late childhood, just before transition to adolescence stage.

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

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EW0324

Cognitive, emotional and personal features of children with cleft lip and palate



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Introduction Cognitive and behavioural problems usually accompany isolated clefts of the lip and/or the palate (ICLP) [1].

Aims To investigate cognitive, emotional and personal features of children with ICLP in comparison with non-cleft children from complete families and non-cleft orphans.

Methods The ICLP group consisted of 29 children (age 14.2 ± 0.7). The first comparison group (1CG) consisted of 34 non-cleft children (age 14.1 ± 0.5). The second comparison group (2CG) consisted of 30 non-cleft orphans (age 13.8 ± 0.8). Drawing tests "House-Tree-Person" have been selected to evaluate the level of children's development, emotional and personal features in all three groups. M. Luscher Color test was chosen to figure out the children's psychological state, regardless of education level.

Results The most characteristic features of the ICLP children and 2CG were similar. They included infantilism (69%; 43.3%), low self-control (65.5%; 56.7%), demonstrative demeanor (62%; 36.7%), escape from reality into fantasy (93%; 76.7%), anxiety (69%; 63.3%). ICLP children compared with the 1CG has shown significantly higher level of aggression (79.3% vs. 4.2%), increased self-esteem (59.6 vs. 4.2%), impulsiveness (51.7% vs. 16.7%), the importance of other people's opinions (59.6% vs. 29.2%). Contrary, the feelings of lack of emotional warmth, the need for protection were observed in 1CG more frequently—70.8% vs 55.2% in ICLP and 60% in 2CG.

Conclusions Psychological correction in children with ICLP should be aimed at increasing the adaptive functions, facilitating communication with peers, search the area for self-realization.

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

Reference

[1] van der Plas E, Kosciak TR, Conrad AL, et al. *J Clin Exp Neuropsychol* 2013;35(5):489–500.

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EW0325

Prenatal and perinatal factors in autism spectrum disorders—a case control study of a Serbian sample



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Introduction Autism spectrum disorders (ASD) are complex psychiatric disorders, with both genetic and environmental factors

implicated in their etiology. Recent studies suggest the prenatal and early postnatal genesis of ASD, therefore, understanding the effect of environmental risk factors could be important for prevention and treatment of ASD.

Aims The aim of this study was to determine the association of prenatal factors and perinatal complications with ASD.

Methods Our study included 102 subjects with ASD (80% boys) aged 9.35 ± 5.85, and 107 age and sex matched healthy controls (77% boys). For the diagnosis of ASD, we used the ICD-10 criteria and Autism Diagnostic Interview-Revised (ADI-R). A questionnaire regarding prenatal and perinatal factors/complications was administered to all subjects.

Results Logistic regression model of having autism vs. being a control subject included gender, age, maternal and paternal age at birth, pregnancy order, smoking in pregnancy, number of medication during pregnancy (mostly tocolytics, antihypertensives, antiarrhythmics), and early postnatal complications (mostly prematurity, low birth weight, hyperbilirubinaemia). The model was significant, explaining about the third of variance, with number of medication during pregnancy and having an early postnatal complication as significant predictors.

Conclusions Our study has shown a significant association of specific prenatal and perinatal factors and ASD, even after controlling for other potential confounding variables. Identifying specific risk factors is important for prevention of ASD. It is also the first step in defining basis of the gene–environment interaction mechanism, which might enable development of an individualised therapeutic approach for this group of disorders.

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

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EW0326

Sensory processing disorders and psychopathology



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Introduction Sensory processing is the individual's ability to receive, process and integrate sensory information from the environment and body movement in the central nervous system, in order to produce adaptive responses. Sensory processing disorders (SPD) are associated to difficulties in regulating emotions and behaviours as well as motor abilities in response to sensory stimulation that lead to impairment in development and functioning. It is estimated that SPD affect 5–16% of school-aged children. Although these diseases constitute a primary diagnostic category in the Diagnostic Classification of Mental Health and Development Disorders of Infancy and Early Childhood: DC0-3, they have not yet been validated by the Diagnostic and Statistical Manual of Mental Disorders-DSM. In the latest edition of DSM, SPD were only included as one of the diagnostic criteria of autism-spectrum disorders. However, several studies have suggested that SPD may present themselves solely or coexist with other clinical conditions.

Objective The aim of this study was to review systematically the relationship between SPD and psychopathology.

Methodology Articles indexed in the Pubmed database were analyzed.

Results/conclusion Although sensory processing problems are well known to occur in association with autism, their relationship with other mental disorders is not a well studied area. Some studies have related them with ADHD, behavioural disorders and learning disorders. Some studies also comproved that SPD are a valid diagnosis and that there are individuals with SPD who do not meet the criteria for other known disorder. One study found an abnormal

white matter microstructure in children with SPD. Despite these findings SPD need to be further studied.

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

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EW0327

Altered puberty timing in recent decades: Implications for adolescence-onset conduct disorder



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Introduction In industrialised countries, the age of puberty onset has substantially diminished over the last 150 years. Several factors, like improved nutrition and health care have contributed to this, but there are concerns about other factors, like obesity, levels of divorce and chemicals. There is an association between early puberty and externalizing disorders in both girls and boys.

Aim To describe trends in advanced puberty timing and adolescence-onset conduct disorder (CD), analyse if an association exists between both and evaluate which measures can be taken to prevent youth from antisocial activities during adolescence.

Method A systematic literature review using Medline, Embase and Psycinfo Databases.

Results Family break-up and increased stress are risk factors for adolescence-onset conduct disorder. Obesity is associated with low SES families, so prevention campaigns giving advice on healthy nutrition may be beneficial. On the general level, there is no clear positive correlation between adolescence-onset CD and early puberty over the last decades as numbers of CD are decreasing.

Conclusion Potential mental health gains can be obtained to focus on children with multiple risk factors for early puberty. More research is needed to assess, which interventions (diet, advice on body changes, social expectations, etc.) are most useful.

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

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EW0328

Onset paranoid symptoms in depressive and non-depressive middle adolescence sample: School-based preliminary study from Croatia



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Introduction There is a lack of epidemiological evidence on the prevalence and incidence of mental health disorders in adolescence in Croatia. Depressive disorder and paranoid symptoms have been demonstrated to be closely related in adult community samples or patients with adult depression. The present study used a cross-sectional design to evaluate a sample of Croatian adolescents.

Objectives Examine the prevalence of paranoid symptoms in adolescents attending grammar school as a preliminary study of clinical characteristic of depression in adolescence.

Methods A sample of 450 individuals, average age 15.7 (SD=0.45); female 232 (51.6%), male 218 (48.4%). The screening was followed by the use of a structured psychiatric interview (HAMD-21), which was administered to confirm the presence or absence of depression disorder. Item paranoid symptoms were administered to evaluate the level OD symptoms (0–none;

1–suspicious; 2–ideas of reference; 3–delusions of reference and persecutions).

Results A total of 450 participants were screened, using HAMD-21, paranoid symptoms occurred (44.9%). Depressed adolescents: moderate, severe and very severe, defined as more than 14 points in HAMD-21 presented paranoid symptoms 68.1%, and non-depressed 32.2%.

Conclusion The depressive group displayed more frequent and intense paranoid symptoms than the control group ($P < 0.001$). Among non-depressed the incidence of paranoid symptoms is a surprisingly high. This could be the consequences of the war in Croatia, transition, as well as the influence of social networks on adolescent communication. This requires future studies.

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EW0329

Relationship between early maladaptive schemes and traumatic childhood experiences with suicidal behavior in adults



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Exposure to traumatic events in childhood is associated with suicidal behavior in adulthood, in the form of ideas, attempted or completed suicide. The abuse causes impaired cognitive schemes in the attachment figure, abandonment, mistrust and vulnerability to damage. The literature has demonstrated the dose–response relationship between a traumatic event in childhood and the development of mental disorders and the possibility of suicidal behavior. In addition, abuse is transmitted through the generations along with another factor of suicidal vulnerability (family history of suicide). Abuse in childhood is associated with depression, anxiety, antisocial behavior or substance. In fact, in investigations is suggested the vulnerability to any psychopathological disease. A history of suicidal behavior increases the risk for these children. Since child abuse increases suicidal behavior, we can find families in which coexists history of suicidal behavior and child abuse. The high prevalence of abuse and vulnerability neurodevelopmental leads us to consider a plan of action for this population. Rejection and/or contempt suffered in a developing brain might be related to subsequent alterations in emotional regulation or impulsivity. For these associations should conduct a more thorough screening in children's consultations to address this issue. It is very important to approach about cognitive schemes that subsequently repeated dysfunctional acts. Impulsive or unstable behavior could be reduced. This would decrease the consequences that these children have in adulthood.

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EW0330

Executive functioning impairments in adolescents with early diagnosis of obsessive compulsive disorder



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Despite the neuropsychology literature provide reliable evidence of impaired executive functions in obsessive-compulsive disorder (OCD), it has not been determined whether these deficits are prior to onset of the disorder or they begin to appear as consequence. To investigate whether recent onset of OCD in ado-

lescence is characterized by executive functioning difficulties in behavioral inhibition, attentional flexibility, and decision-making. Executive functions were compared in adolescents with recent (past year) appearance of OCD symptoms ($n=40$) and control group ($n=40$). Three computerized tests within the CANTAB battery were completed by all subjects (the Affective Go/No Go task, the Intra-Dimensional, Extra-Dimensional Set-Shifting task, and the Decision-Making task). Using one-way ANOVA showed that compared with control group, the OCD adolescents displayed a bias towards negative stimuli with less errors on sad and hopeless words on the Affective Go/No Go task. They also made faster decisions while they bet more of their available points compared to controls, in the Decision-Making task. Adolescents with recent OCD diagnosis (less than one year) showed greater attention towards sad and hopeless stimuli and more impulsive behavior when making decisions. However, they were able to switch attentional set to neutral stimuli. These findings suggest that executive functioning impairments can characterize adolescence OCD from early beginning of the disorder.

Disclosure of interest The author has not supplied his/her declaration of competing interest.

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EW0331

Comparison of learning disabilities in reading, math, spelling and academic progress of children with attention deficit disorder with hyperactivity and normal children at elementary schools

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Learning disabilities and attention deficit disorder with hyperactivity of important issues should be considered in elementary school students. The aim of this study was comparison learning disorders, reading, spelling, math and achievement among students in elementary school grades in Bandar Abbas. For this purpose, 384 students were randomly selected. Instruments for gathering data were:

- k-Math test;
- test spelling disorder (Fallahchai test);
- reading test (Baezat test);
- CSI-4.

Factor analysis of variance test was used to analyze of data. The results showed that in the scale of dyslexia, there were more disorders in the children with attention deficit disorder in reading errors, comprehension and reading speed than normal group. In mathematical disorder scale, there were significant difference between the two groups of children with attention deficit disorder with hyperactivity and normal children. Then, the children with attention deficit disorder had higher disorders in operations math, mathematical concepts, mathematical applications, and general score math. The scale of the problem dictates there were significant difference between the two groups of children with attention deficit disorder with hyperactivity and normal children. Then, the children with attention deficit disorder had higher disorders in problem dictates. In academic achievement, the children with attention deficit disorder had lower mean in academic achievement. Finally, the results showed that age, gender, and their interaction had no significant impact on learning disorders, based on attention deficit disorder and normal groups.

Keywords Attention deficit hyperactivity with mathematics disorder; Reading disorder; Dictates disorder; Academic achievement

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

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EW0332

Analysis of applied behavior treatment for children with autism spectrum disorder

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According to Boesch et al., people with autism spectrum disorder (ASD) are at a greater risk of developing harmful behaviors, such as self-aggression and other challenging behaviors than individuals with normal development do not exhibit. The method of approach that is supported by scientific evidence for interventional procedures is applied behavior analysis, reported by Carr et al. [1].

Aim In order to provide evidence-based intervention for autism from this approach in practice.

Method In reference to a longitudinal approach, an intervention program was designed and implemented to serve 40 children with ASD, who were treated for one (1) year at the Victory BRT Institute in Florida, US. The behaviors targeted for reduction (excess behavioral), are the following: physical aggression, self-aggression and non-compliance. The program began with a baseline (12 consecutive days) with observations at home and others different natural contexts. The last three (3) months of the year consisted of monthly follow-up sessions to monitor the treatment implemented. The results were analyzed by repeated measures, ANOVA Sig ($P=0.003$) ($F=8$). Analyses show that the critical level associated with the effect of time-content interaction is strong, so the treatment generated a positive effect by reducing the behaviors targeted in time.

Conclusions These results provide evidence that interventions from applied behavior analysis are effective.

Keywords Autism spectrum disorder; Applied behavioral analysis; Child; Adolescent

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

Reference

- [1] Carr ME, Moore DW, Anderson A. Self-management interventions on students with autism a meta-analysis of single-subject research. *Exceptional Children* 2014.

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EW0333

Pharmacogenomics and efficacy of risperidone long-term treatment in Thai autistic children and adolescence

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Risperidone, atypical antipsychotics, was approved for irritability in autistic disorder. However, some patients had minimal improvement or no response to this treatment. The purpose of this study was to evaluate the association of pharmacogenomics factors and clinical outcomes in autistic children and adolescence who treated with risperidone for long periods. Sixty-seven autistic subjects diagnosed with DSM-IV criteria and treated with risperidone more than 1 year were evaluated clinical symptom by CGI, aggressive, over activity, and repetitive score. Polymorphisms of ABCB1, CYP2D6, DRD2, DRD3, and HTR2A were analyzed. Almost patients showed stable symptom on aggressive (91.04%), over activity (73.13%), repetitive (68.25%) behavior, and all clinical symptoms (82.09%). Only 4.48% of patients showed minimally worse on CGI-I score. Patients in non-stable of all symptom group had DRD2 Taq1A non-wildtype (TT and CT) frequencies higher than clinical stable group ($P=0.046$), whereas other genes polymorphism showed no significant association. Interestingly, there was no patient with HTR2A-1438G > A wildtype in all non-stable symptoms. However, there was no significant association due to small sample sizes. Drug levels (RIS, 90H-RIS, and active moiety) did not show the association with any clinical outcome. Increased appetite was the common ADRs, which associated with high body weight, whereas there was not significantly associated with genetic variations and non-genetic information. In conclusion, risperidone showed efficacy to control autism, especially aggressive symptom in long-term treatment. However, dopamine 2 gene variation affect to non-stable in risperidone treated patients. This study supports pharmacogenomics testing for personalized therapeutics of risperidone in autistic disorder.

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

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e-poster walk: Child and adolescent psychiatry–Part 4

EW0334

Psychiatric disorders run in families. Children of parents with serious mental disorders: A case history

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Aims/method Publications and studies have shown that the existence of serious mental disorders in parents is a risk in the development of children and is more common the existence of mental illness in them than in the general pediatric population. This work aims to reflect in depth on the study of the influence of psychotic parents on child development through a review of a clinical study. We present the case of 14 years old adolescent who is being treated in a mental health center, whose parents suffers from a severe mental illness. We also defend the importance of a preventive approach or treatment that impinges on the child and family environment.

Results/conclusions A way of community work, in coordination with the different teams (social services, educational services, etc.)

allows more efficient and appropriate treatment, using various resources. When risk factors for developing mental health problems in childhood, family history and especially the existence of one or both parents of mentally pathology type schizophrenia or other psychoses are studied become important. It seems essential to address as a priority to the social group have called “high-risk group of psychosis”, and in particular to the “sons of patients diagnosed with psychosis”, both for its size and the severity and chronicity of psychopathology if developing means for early psychosocial care does not occur.

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

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EW0335

Kaufman brief intelligence test analysis of its usefulness in children population for the assessment of intelligence quotient (IQ)

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Introduction The determination of IQ is essential in the assessment and diagnosis of children. There are multitude of tests, one of the most used are the Wechsler Scales.

Aims Hypothesis: Assessment of IQ is equivalent using the Wechsler Intelligence Scale for Children-Revised (WISCr) and Kaufman intelligence brief test (KBIT).

Subjects Children undergoing treatment at Unit Child and Adolescent Mental Health of Talavera with determination IQ at some point in the intervention: 39 pairings determination of IQ subjects attended: 20 males and 19 females, aged between 4 and 14 years.

Material Subjects are evaluated with KBIT and WISCr tests.

Methods Design: Quasi-experimental with two conditions. Independent variables: IQ Total WISCr and age management KBIT (for eight years application of the full test, under this age not full test).

Dependent variable: IQ KBIT.

Analysis Calculation of correlation between IQ by non-parametric test. Comparison between groups using non-parametric test for dependent data (sign test). Rejecting null hypothesis for alpha significance $P < 0.05$.

Results Partial KBIT; 21 comments, 11 males, 10 females; Spearman $r = .714$ ($P < .001$); average estimate of 12.71 points higher in KBIT, Dt 18.07, sign test $Z = -2.012$ ($P < .041$).

Full KBIT 18 observations, 9 males, 9 females; Spearman $r = .739$ ($P < .001$); lower average estimate of 3.44 points in KBIT, Dt 12.43, sign test $Z = -.236$ ($P < .815$).

Conclusions The results support high validity regardless of age management KBIT, although IQ scores obtained before 8 years should be considered with caution. The KBIT has the advantage of its shorter evaluation, however the information obtained from WISCr is wider.

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

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EW0336

Paternal smoking during early developmental period and risk of offspring's attention deficit hyperactivity disorder

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Introduction Although prenatal maternal smoking is an established risk factor for offspring's attention deficit hyperactivity disorder (ADHD), the studies of association between paternal smoking and childhood ADHD have produced inconsistent results. **Objective** The objective of the present study was to determine whether paternal smoking during early developmental period is associated with an increased risk of offspring's ADHD.

Methods We conducted hospital-based case-control study with 107 medically diagnosed ADHD cases and 205 controls (aged 6–12 years). The diagnoses of ADHD were assessed with DSM-IV based semi-structured diagnostic interviews. Paternal smoking behavior was assessed with spouse-report questionnaire. The association between exposure to paternal smoking and ADHD were analyzed using multivariate logistic regression analysis. The primary outcome of interest was an odds ratio (ORs) reflecting the risk of offspring's ADHD incidence associated with father's smoking during the index pregnancy, up to one year after birth, and current smoking status. Control variables in our regression model were age, sex, financial status, parents' education levels, low birth weight, and premature birth.

Results Our final regression model revealed that paternal smoking during pregnancy (OR = 1.68, 95% CI = 1.03–2.76) and up to one year after birth (OR = 1.69, 95% CI = 1.04–2.77) were significantly related to their offspring's ADHD.

Conclusions The current results suggest that exposure to paternal smoking during the fetal and newborn period is associated with increased risk of ADHD. This study warrants public health policies to reduce children's exposure to secondhand smoke and their risk of ADHD.

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

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EW0337

Adversity, parental mental illness, and risk of depression in youth

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Background The association between parental severe mental illness (SMI) and depression in offspring may be due to genetic liability or adverse environments. We investigated the effect of parental SMI, SES, and adversity on depression in a sample of youth enriched for familial risk of mental illness.

Method We assessed 217 youth (mean age 11.95, SD 4.14, range 6–24), including 167 (77%) offspring of parents with SMI. We measured exposure to childhood maltreatment and bullying with the



Juvenile Victimization Questionnaire (JVQ) and Childhood Experiences of Care and Abuse (CECA) interview.

Results In total, 13.36% participants reported significant bullying and 40.76% had a history of childhood maltreatment. Rates of bullying and maltreatment were similar in offspring of parents with and without SMI. Maltreatment likelihood increased with decreasing socioeconomic status. Exposure to bullying (OR = 3.11, 95% CI 1.08–8.88, $P = 0.03$) predicted depression in offspring more strongly than family history of SMI in parents.

Conclusions Adversity, such as maltreatment and bullying, has a stronger impact on the risk of developing depression than family history of mental illness in parents. These adverse experiences are associated with socioeconomic status rather than parental mental illness.

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

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EW0338

Paradigm shift in the educational system of adolescents with disabilities

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Introduction In the last years, there has been a paradigm shift in the educational system of young people with disabilities. Regular schools associated with specific support plans have become the destination of choice for these adolescents, instead of schools with special education. This integrated teaching seeks to reduce stigma and to promote tolerance but frequently these students become easy targets of psychological and physical violence or discrimination.

Objective To evaluate the integration of adolescents with disabilities in mainstream education compared to special teaching.

Methods Analysis of 32 patients with disabilities from the adolescence consultation of the psychiatry service of hospital de Santa Maria, between January 2015 and September 2016.

Results About 30% of the adolescents with disabilities who attend regular schools with special support complains of poor adjustment associated with some kind of mistreatment by peers.

Conclusion Violence among students in school is a current problem very difficult to fight. Young people with disabilities often find themselves in a significant minority presenting less efficient defense mechanisms. If unprotected, they may easily develop school phobia or refusal. These situations must be identified and avoided to prevent the associated suffering.

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

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EW0339

Association between irritability and depressive symptoms in children and adolescents

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Introduction Irritability is the most frequently reported symptom in child and adolescent depression. The association of both has been linked with high rates of chronicity, comorbidity and impairment.

Objectives To study the association between irritability and depressive symptoms in children and adolescents.

Methods We have studied 857 participants recruited from the only child and adolescent mental health clinic in a catchment area of 122,968 people under 18 (2004–2010). A sample of 857 participants (112 controls and 745 patients) was included to carry out a cross-sectional study. Irritability was measured by a Visual Analog Scale (VAS irritability)–scored from 0 to 10–, and depressive symptoms by the Children's Depression Inventory (CDI). The participants were categorized into controls and patients, and according to their irritability (≤ 4 [I], 5 [II] and ≥ 6 [III]). The mean of CDI score was calculated for each of the groups, adjusted by sex and age, and analyzed by ANCOVA.

Results The following means were obtained from the controls: 13,71 (group I), 9,82 (group II) and 17,45 (group III). Regarding to the patients: 13,92 (group I), 11,54 (group II) and 15,64 (group III). A quadratic association ($P < 0.0015$) was found between VAS irritability score and CDI score.

Conclusions There is not a linear association between irritability and depressive symptoms in children and adolescent. High rates of depressive symptoms were associated both with high and low rates of irritability. Several questions remain unexplained about the status of irritability in psychiatry, as Stringaris group has been pointed out.

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

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EW0340

Negative psychotic symptoms in 22q11.2 deletion and their association with neuropsychological profile



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22q11.2 deletion syndrome (22q11.2 DS) is associated with a markedly elevated risk for schizophrenia spectrum disorders. The role of negative symptoms in the pathogenesis of schizophrenia in this population and their link to role, social and cognitive functioning is still unclear. Aims of this study were investigate the association between negative symptoms, social and role functioning and neurocognitive performance in the sample of individuals with 22q11.2DS and compare them to healthy controls. The study was conducted on a sample of 60 individuals with 22q11.2DS (mean age = 14.8; SD = 4.8) and 56 healthy control (HC) participants (mean age = 13.8; SD = 5.4). Individuals with 22q11.2DS and high level of negative symptoms showed significantly higher level of impairment in several neurocognitive domain (i.e. visuospatial abilities, verbal response inhibition) compared with individuals with 22q11.2DS and low level of negative symptoms and healthy controls. They showed also lower global functioning, specifically role functioning and not social functioning. Negative symptoms are frequent in 22q11.2DS and are associated with specific cognitive deficit and low role functioning. These results suggest that negative symptoms should be considered an important target in the assessment of risk of conversion to full-blown psychosis and in planning of psychological interventions for this population.

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

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EW0341

Correlations between the parents' ADHD score and the child's ADOS score in parents of children with comorbid ADHD–autism spectrum disorder



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From assortative mating theory to genetic background, several ethipathogenic hypotheses in ASD deal with the traits of parents. Background several ethipathogenic hypotheses in ASD deal with the traits of parents. The objectives of our study were to measure the ADHD and autism spectrum disorder quotients in parents of children diagnosed with ASD comorbid with ADHD and to correlate the measurements for the tests in parents with those in their children. The specific aim was to identify whether any significant correlations exist.

Method Fifty-two pairs of parents of children with autism spectrum disorders and ADHD were included in this study, based on informed consent and the ethical committee's approval. The child's diagnosis was established by a specialist in child and adolescent psychiatry, based on the child's clinical symptoms and on specific diagnostic scales, such as the ADOS and ADHD-rating scale. The parents completed an Autism Spectrum Quotient Scale (ASQS) and an adult ADHD scale. The data were analyzed using SPSS 22.0 and Excel. The correlations were verified using Spearman's non-parametric correlation test.

Results There was a strong correlation between the parents' ADHD scores ($r = 0.5$, $P < 0.001$), and a reverse medium correlation between the mother's ADHD score and the child's ADOS score ($r = -0.32$, $P = 0.02$). The father's ASQS and ADHD scores correlated between each other ($r = 0.31$, $P = 0.02$). There were no correlations between the parents' and the child's ADHD score, nor between the child's ADOS score and the parents' ASQS scores.

Conclusion Our results suggest that ADHD symptoms in parents of children with autism spectrum disorders comorbid with ADHD might be predictors for the child's prognosis.

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

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EW0342

The co-occurrence of non-suicidal self-injury and attempted suicide among adolescents hospitalized in clinic for mental disorders "Dr Laza Lazarevic"



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Introduction The phenomenon of non-suicidal self-injury (NSSI) as an act of deliberate destruction of body tissue without suicidal intent is common in adolescence. NSSI and suicide attempts (SA), although distinct behaviors differing in intent, form and function, often co-occur in the same individual.

Objective and aims Recent studies investigate the association between SA and NSSI among adolescent, as well as risk factors associated with these phenomenon. We investigated the co-occurrence of NSSI and SA among adolescents treated in hospital during the previous year.

Method We conducted a cross-sectional study among hospitalized adolescents in the Clinic for mental disorder “Dr Laza Lazarevic”, aged 14 to 18 years, in the period from 01.01.2015 to 01.01.2016. The data were obtained from clinical interviews of patients.

Results Study included 146 adolescents, 51.4% male and 48.6% female, average age 15.5. We found a statistically significant difference of NSSI ($c^2 = 9.951, P = 0.002, \phi = 0.276$) and SA ($c^2 = 4.517, P = 0.034, \phi = 0.192$) among female adolescent. The co-occurrence of NSSI and SA was found in 4.8% of adolescents, which does not indicate a statistically significant difference ($c^2 = 1.009, P = 0.315, \phi = -0.101$) compared to the total population of hospitalized adolescents.

Conclusion Although our study did not confirmed a higher incidence of SA in adolescent with NSSI, understanding of what percentage of those engaging in NSSI also make SA, and how they are related have great significance in their prevention taking into account the dangerousness and lethality of those behavior.

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

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EW0343

Untreated remission of adolescents' mental health problems: Challenging the treatment gap?



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Introduction Mental health problems are highly prevalent and are associated with a high burden, but such problems are often left untreated. This is referred to as the “treatment gap”. The question of who is most likely to remit from their mental health problems without treatment has received surprisingly little attention. A few studies do suggest that untreated remission is common in the general population, but these are in particular limited by short follow-up times.

Objectives The aims of this study are to describe untreated remission of mental health problems in adolescence, and to assess the extent to which mental health problems recur after untreated remission.

Methods Data from the Dutch community-based cohort study TRacking Adolescents' Individual Lives Survey (TRAILS) were used. Depressive and anxiety problems were assessed using the Youth Self-Report at ages 11, 13, and 16, and the Adult Self-Report at ages 19 and 22.

Results Preliminary analyses show high rates of untreated remission (approximately 80% over all waves). However, a substantial proportion of remitted cases still report sub clinical levels of mental health problems at follow-up. More elaborate analyses are ongoing, and will be presented at the conference.

Conclusions First results suggest that untreated remission is common in adolescents. The presence of residual symptoms may point towards an elevated risk of recurrence in adolescents who remit without treatment. Further knowledge about untreated remission is of vital importance for an accurate assessment of the treatment gap, and for prevention and early intervention programmes.

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

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EW0344

Self-harm and attachment in adolescents: What is the role of emotion dysregulation?



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Introduction Self-harm typically occurs in adolescence and has been conceptualized as a dysfunctional strategy to regulate intense negative emotions. Furthermore, empirical literature outlines that self-harmers are more prone to have an insecure attachment style. Moreover, the link between quality of attachment and capacity to regulate emotions has been theoretically and empirically supported.

Objective To examine the associations between attachment style, self-harm behaviors and emotion dysregulation among a sample of adolescents. The sample consisted of 740 adolescents aged between 13 and 19 years (mean age = 16.70, SD = 0.91).

Aims To explore the nature of different pathways by which insecure attachment leads to self-harm behaviors.

Results As expected, insecure attachment and emotion dysregulation were positively associated with self-harm behaviors. Moreover, emotion dysregulation mediated the link between attachment styles and self-harm. Specific pathways between types of insecure attachment dimension of emotion dysregulation and self-harm behaviors emerged.

Conclusions Such results confirm the theorization of self-harm behaviors as a dysfunctional strategy to regulate emotions. Moreover, such emotion dysregulation in self-harmers seem to be connected to insecure attachment. Depending on the subtype of insecure attachment, specific dimensions of emotion dysregulation seem to be involved in self-harm behavior, suggesting interesting clinical implications.

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

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EW0345

A population service evaluation of the ADHD pathway of children and young people's services, Malta



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Introduction ADHD is the commonest neurodevelopmental disorder in young people (YP) aged 5–18 years. YP with untreated ADHD are 5 times more likely to develop co-morbid psychiatric disorders.

Objectives To carry out a population service evaluation of the assessment process and management of YP with ADHD at Child and Young People's Service (CYPS), Malta age 0–16 years for 2014.

Aims To describe the service input, assessment and treatment of YP attending CYPS and compare to ADHD NICE guidelines 2008.

Methods All patients diagnosed with ADHD at CYPS throughout 2014 were included. The incidence of YP with ADHD on treatment age 3–16 years in Malta was calculated. Information was collected from; (i) retrospective case file review and (ii) methylphenidate and atomoxetine registry and compared with NICE guidelines.

Results One hundred and thirty-six YP were diagnosed with ADHD. The minimum 12-month incidence of ADHD on treatment (3–16 years) in Malta was 553 per 100,000. Pre-diagnosis assessments were more frequently performed by other YP services ($n = 97$,

71.3%, $P \leq 0.01$). A psychiatrist or paediatrician confirmed the diagnosis in 113 (83.1%). Sixty-two (45.3%) of YP were prescribed medication, 50 (36.8%) were referred for parental skills course and 55 (40.4%) psychotherapy. Mean waiting time for first appointment was 187.6 days ($CI \pm 26.9$, 0–720), and first specialist review was 301.0 days ($CI \pm 34.4$, 0–800) (Tables 1–3).

Conclusions The incidence for YP (3–16 years) with ADHD on treatment was lower than the US. Since most pre-diagnostic assessments were carried out by other services, this raised the question about the reliability and validity. We recommend a diagnostic MDT meeting following the multimodal assessment to diagnose ADHD. Medication prescribing followed NICE overall, standardising non-pharmacological management is required.

Table 1 Assessment available at intake multidisciplinary team meeting.

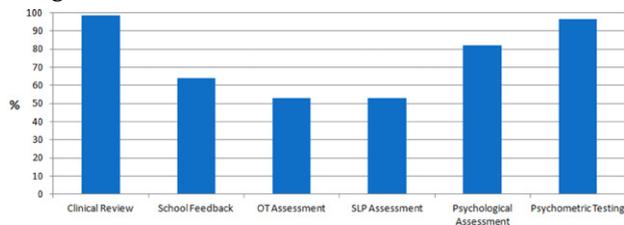


Table 2 Young people prescribed medication.

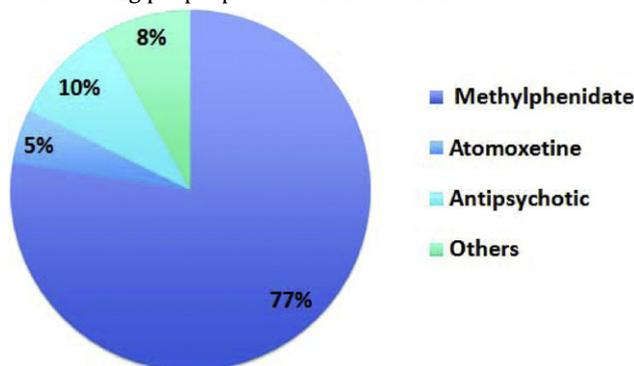
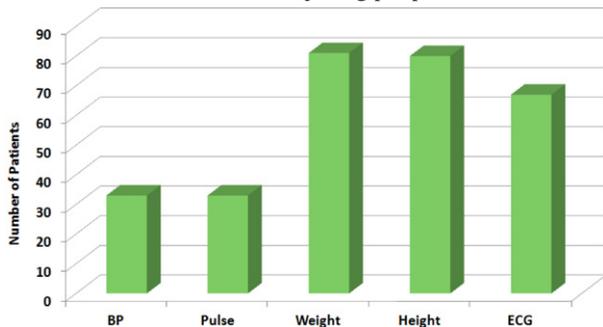


Table 3 Medical assessment for young people on treatment.



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EW0346

High Bdi-21 scores in adolescents without depression are associated with negative self-image, immature and neurotic defense styles and adverse life events

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Introduction Structured self-reports, such as Beck's Depression Inventory (BDI) are widely used in assessing adolescents' psychological wellbeing.

Objectives To investigate what factors are associated with discrepancies between BDI scores and diagnostic assessment in adolescent psychiatric patients and general population.

Aims To recognize what factors may contribute to high BDI scores besides depressive symptoms.

Methods The study population consisted of 206 adolescents (13–17 years old) who were hospitalised for the first time in adolescent psychiatry and 203 age and gender matched adolescents recruited from schools in the same region. Study subjects filled self-reports on depression symptoms (BDI-21), substance misuse (AUDIT), psychiatric symptoms (SCL-90), defense styles (DSQ-40) and self-image (OSIQ). Diagnostics was based on K-SADS-PL interview, and/or clinical interview and clinical records when available. Information on background and life events was gathered from study subjects.

Results We compared subjects who scored in BDI-21 either 0–15 points or 16–63 points firstly among subjects who did not fill diagnostic criteria for current unipolar depression and secondly among those who did fulfill the diagnostic criteria. High BDI-21 scores in subjects without depression diagnosis were associated with female sex, older age, several adverse life events, higher psychiatric comorbidity, worse self-image and more immature, neurotic and image-distorting defense styles (and less mature defense style). Low BDI-21 scores among subjects with depression diagnosis were associated with male sex, more positive self-image and less immature defense style.

Conclusions High BDI-21 scores may reflect a broad range of challenges in an adolescent's psychological development even in the absence of depression.

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

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EW0347

School violence: Characterization of occurrence's records of a public high school institution

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Introduction Acts of indiscipline, incivility and violence are common in the school environment and reflect on physical and mental health of those involved.



Objective To characterize conflict records made by students, teachers/others and parents/guardians in a Brazilian high school institution.

Method Qualitative research, exploratory documental. Studied 113 records from 2014 to 2016.

Results “Indiscipline and Incivility”–75 records (66 by teachers/others and 9 by students) of students: improper use of clothes and accessories, cell phone use in class, not bringing material, dating in school, conversations during class, do not respect the timetables, inappropriate jokes, disrupting activities, theft of materials and disrespect toward authority figures. “School violence”–22 records (12 by students, 9 by teachers/others and 1 by parent/guardian) of school violence: physical violence between students, psychological/verbal between students/teachers/others, and a match of sexual abuse. Three records (by teachers/others) of violence against the school: students destroyed teaching and cleaning materials and caused damage to the patrimony. Fifteen records (12 by students, 2 by parents/guardians and 1 by teacher) of school’s violence: teachers’ harassment (excessive rigor in regard to school performance, clutter in the ratings, refusal to clarify doubts and inappropriate criticism on student’s behavior) and institutional negligence (teachers’ delay, lack of clarification on teaching organization and supervision in practical activities).

Conclusion Some students’ acts of indiscipline and incivility can be protests against the social control of the school. Assistance in case of conflicts and violence as well as preventive measures must be based on interdisciplinary and inter-sectorial articulation practice.

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

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EW0348

Mothers mental health of children with attention deficit/hyperactivity disorder (ADHD)



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Background Attention deficit hyperactivity disorder (ADHD) is the most common neuropsychiatric disorder in pediatric populations with an early onset. Mental health of mother can effect on child mental health and relation between mother and child is very important. The aim of this study was investigation about mental health of mothers with children suffering from attention deficit/hyperactivity disorder.

Materials and methods This cross sectional study was carried out on 100 mothers of children with ADHD diagnosis (Kashan, Iran). The data collection instruments included the Goldberg’s General Health Questionnaire, and the questionnaire form includes the personal information and the variables associated to mental health.

Results The total means score of GHQ in the mothers’ was $26/6 \pm 11/78$. Fifty-eight percent of the mothers have mental health problem. The highest mean score in the sub scales was related to the anxiety subscale (7.73) and the most common mental health problem in these mothers was anxiety problems (11%). Mental health problem is most common in mothers with low socio-economic status, younger age than 30 years old, education lower than diploma degree, householder mothers, single, having boy child with ADHD, having child more than 9 years old.

Conclusion According to the results of this study, 58% of the mothers have mental health problem. So with screening and on time diagnosis and treatment, we can prevent disadvantage effects of these problems on social and mental health of their children.

Disclosure of interest The author has not supplied his/her declaration of competing interest.

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EW0349

Factors associated with depression severity in adolescence



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Introduction Severe depression is greatly impairing during adolescence and involves a high risk for suicidal behaviors.

Objectives and aims Identify clinical and demographic factors associated with severity of depression in adolescents diagnosed with a major mood disorder so as to improve clinical treatment and prevent suicidal behaviors.

Methods We analyzed factors associated with depression severity in 145 severely ill adolescents diagnosed with a major affective disorder using the K-SADS (Kiddie-Schedule for Affective Disorders and Schizophrenia) at the Mood Disorder Outpatient Program of Bambino Gesù Children’s Hospital (Rome). Depressive and manic symptoms were rated with the CDRS-R (Children’s Depression Rating Scale-Revised) and K-SADS-MRS (Mania Rating Scale), respectively. Bivariate comparisons were followed by multivariable linear regression modeling.

Results Depression severity was greater among females than males (mean CDRS scores: 53.0 vs. 42.8; $P < 0.0001$) and with major depressive versus bipolar disorder diagnosis (50.4 vs. 45.4; $P = 0.001$). Manic symptoms, including irritability, mood lability, crowded thoughts, delusions, and insomnia, were more likely with more severe depression; their number and severity correlated with CDRS-R total score (respectively, $\beta = 1.53$ and 5.44 ; both $P < 0.0001$). Factors independently and significantly associated with CDRS-R depression score in multivariate modeling were:

- presence of suicidal ideation;
- absence of ADHD;
- female sex;
- greater number of manic symptoms.

Conclusions Severe depression was associated with manic symptoms and with suicidal ideation among adolescents diagnosed with either bipolar or major depressive disorders. This relationship should be considered in treatment planning and suicide prevention, including consideration of mood-stabilizing and antimanic agents in the treatment of severe adolescent depression.

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

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EW0350

Pediatric mania: The controversy between euphoria and irritability



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Introduction Pediatric bipolar disorder (BD) is a highly morbid pediatric psychiatric disease, consistently associated with family psychiatric history of mood disorders, with high levels of morbidity and disability and with a great risk of suicide.

Objectives While there is a general consensus on the symptomatology of depression in childhood, the phenomenology of pediatric mania is still highly debated and the course and long-term outcome of pediatric BD still need to be clarified.

Aims To assess the prevalence, demographics, clinical correlates and course of these euphoric versus irritable pediatric mania.

Methods Systematic review of the available studies assessing the phenomenology, course and outcome of pediatric mania.

Results Eighteen studies reported the number of subjects presenting with either irritable or elated mood during mania. Irritability has been reported to be the most frequent clinical feature of pediatric mania reaching a sensitivity of 95–100% in several samples. Only half the studies reviewed reported on number of episodes or cycling patterns and the described course was mostly chronic and ultra-rapid whereas the classical episodic presentation was less common. Few long-term outcome studies have reported a diagnostic stability of mania from childhood to young adult age.

Conclusions Severe irritability is the most common presentation of abnormal mood described in children with bipolar disorder. Longitudinal studies of samples with irritable versus elated mood presentation and chronic versus episodic course may help clarify whether these are factors predicting different long-term course, treatment-response and outcome of pediatric onset bipolar disorder.

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

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e-poster walk: Classification of mental disorders and cultural psychiatry

EW0351

Pretreatment predictors of early response revealed by quantitative cerebral blood flow in major depressive disorder

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Objective The potential pattern of regional cerebral blood flow (rCBF) in major depressive disorder (MDD) underlies different response to antidepressants medication remain unclear. This study aimed to investigate the differences of rCBF between patients with different treatment response.

Methods Eighty MDD patients [(44 treatment-responsive depression (RD) and 36 non-responding depression (NRD)] and 42 healthy controls (HC) underwent pulsed arterial spin labeling (PASL) scans in magnetic resonance imaging and clinical estimates. The exact rCBF values of each groups were obtained via quantification evaluation.

Results Compared to NRD, the RD patients showed decreased rCBF values in frontal sensorimotor network (i.e. left paracentral lobule, left medial frontal gyrus, right superior frontal gyrus and right middle frontal gyrus), and further receiver operating curve (ROC) analyses demonstrated that the altered rCBF in these four regions exhibited outstanding performance on distinguishing NRD from RD. The NRD also exhibited reduced rCBF in bilateral cerebellum posterior lobe and right middle occipital gyrus and elevated rCBF in right postcentral gyrus and right middle frontal gyrus as compared to HC.

Conclusions The decreased rCBF in frontal sensorimotor network appeared to be distinct characteristics for NRD, and might be severed as promising neuroimaging markers to differentiate



depressed patients with weak early response to antidepressant medication. These findings expand our understanding of neural substrate underlying the antidepressant efficacy.

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

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EW0352

Review of Othello syndrome and its relationship with neurological disorders

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Introduction Othello syndrome is a psychotic disorder characterized by delusion of infidelity or jealousy. It predominantly occurs in the context of specific psychiatric or neurological disorders. Othello syndrome is associated with mental changes including excessive aggression, hostility, and irritability. Patients with Othello syndrome misinterpret the behaviour of the spouse or sexual partner to provide evidence for their false perception.

Objectives and aims The purpose of this paper is to examine the phenomenon of Othello syndrome as a result of specific neurological diseases.

Methods The study design was a retrospective case series of patients with Othello syndrome. We searched the electronic databases PubMed and Embase for review articles and original research using the search terms 'Othello syndrome, Morbid Jealousy, Pathological Jealousy, Delusional Jealousy, Delusions and Infidelity, Delusions of Jealousy or Infidelity'.

Results In the present study of 95 case reports, the relationship between Othello syndrome and a neurological pathology was described. This syndrome was most commonly associated with neurodegenerative diseases (59%), followed by medication induced Othello syndrome (13.7%) and vascular dementia (8.4%). Lesions particularly in the right (dorsolateral) frontal lobes were associated with this syndrome.

Conclusion This study demonstrates that Othello syndrome occurs most frequently in patients with right frontal lobe dysfunction. It is predominantly related with Lewy Body Disease and Alzheimer's disease. Clinicians should keep an "index of suspicion" regarding dementia when Othello syndrome presents in elderly persons.

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

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EW0353

Reward learning and dopamine release in adults with 22q11DS

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Background 22q11.2 deletion syndrome (22q11DS) is a genetic disorder caused by a microdeletion on chromosome 22q11.2 and



associated with an increased risk for psychosis. A dysfunctional motivational reward system is thought to be one of the salient features in psychosis caused by abnormal dopamine functioning. It is unknown whether patients with 22q11DS have a dysfunctional reward system.

Methods This study aims to investigate reward learning in 22q11DS. The study included 10 adults with 22q11DS (age: 33.1 years, 60% female) and 10 age-gender-matched healthy controls (HC, age: 39.7 years, 60% female). A single infusion 18F-fallypride PET scan was acquired during which all subjects performed a version of the learning phase of the Probabilistic Stimulus Selection Task for reward learning (RL), modified to deliver social feedback. **Results** IQ-scores were significantly lower in the 22q11DS group ($P < .001$) compared to HC. The 22q11DS group both earned significantly less money ($P < .05$) and performed worse during the RL-task ($P < .05$) than HC. However, the learning curve for the RL-task was the same for both groups. IQ-scores were a significant positive predictor for earnings ($P < .05$) and performance ($P < .05$), but not for the learning curve.

Conclusions These preliminary results indicate that people with 22q11DS are capable of learning at the same speed as HC, however they are less susceptible for reward than HC because their overall performance during RL is worse than HC. This lower reward sensitivity could be a result of haplo-insufficiency of COMT in 22q11DS and consequently abnormal prefrontal dopamine functioning.

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

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EW0354

Alexithymia and coping strategies: Predictors of hopelessness?

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Introduction Alexithymic traits and coping strategies may affect the onset and course of many psychiatric conditions. However, their role in determining hopelessness and suicide risk has been not still elucidated.

Objectives The present study analyzed the correlations between alexithymia, coping strategies, and hopelessness.

Aims We aimed to evaluate whether specific coping strategies and alexithymia may predict hopelessness which is widely considered an independent risk factor for suicide.

Methods This is a cross-sectional study conducted on 276 patients (19.9% men, 81.1% women; mean age: 48.1 years, SD: 16.9), of which most with major affective disorders, who were admitted at the Psychiatric Unit of the University of Genoa (Italy). All participants were assessed using the Beck Hopelessness Scale (BHS), Coping Orientations to Problems Experienced (COPE), and Toronto Alexithymia Scale (TAS-20).

Results Alexithymic subjects significantly differ from non-alexithymic individuals in terms of substance abuse ($\chi^2 = 23.1$; $P = .027$). According to bivariate analyses, we found a significant correlation between hopelessness and suicidal thoughts/wishes ($r = .34$; $P = .01$), humor ($r = -.24$; $P = .05$), and behavioural disengagement ($r = .205$; $P = .05$). Behavioural disengagement is also a positive predictor of hopelessness (OR = 1.25; 95% CI: 1.03–1.52) while humour is a negative predictor of hopelessness (OR = 0.85; 95% CI: 0.73–0.99).

Conclusions Behavioural disengagement needs to be considered a risk factor while humor is a protective factor for suicide. Surpris-

ingly, we found no significant association between alexithymia and hopelessness. Further additional studies are requested to test these exploratory findings in order to more deeply elucidate the role of both alexithymia and coping strategies in suicidal behaviour.

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

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EW0355

Clinical high risk symptoms and criteria in the community: Prevalence, clinical significance and risk factors for their occurrence

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Introduction In clinical samples, symptomatic ultra-high risk (UHR) criteria and the basic symptom criterion "cognitive disturbances" perform well in predicting psychosis, and best when both approaches are combined.

Objective However, little-to-nothing is known about clinical high risk (CHR) and their constituent symptoms in the community.

Aims We studied the prevalence, clinical relevance, and moderators of CHR criteria and symptoms in the community.

Method Regression analyses involved 2683 community participants (age 16–40 years; response rate: 63.4%). Semi-structured telephone interviews were performed by well-trained psychologists.

Results Lifetime and current CHR symptoms were reported by 21.1% and 13.8% of interviewees. Frequency of symptoms was mostly low, only 2.4% met any CHR criterion. A stepwise relationship underlay the association of the two types of CHR symptoms and criteria with the presence of mental disorders and functional deficits, with odds ratios being highest (7.4–31.8) when UHR and basic symptoms occurred together. Report of a family history of mental disorder generally increased risk for CHR symptoms. While younger age increased risk for basic symptoms, lifetime substance misuse and trauma increased risk for UHR symptoms.

Conclusions Prevalence of CHR criteria was within the to-be-expected range from prevalence rates of psychoses. Clinical relevance of both CHR symptoms and criteria increased in a stepwise manner from basic symptoms via UHR symptoms to their combined presence, reinforcing the clinical utility of their combined use. The risk factors selectively associated with basic and UHR symptoms support developmental models relating basic symptoms to neurobiological and UHR symptoms to psychological factors.

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

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EW0356

Two-step cluster analysis application to a sample of psychiatric inpatients at psychiatric service of diagnosis and care

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Introduction Recent findings demonstrated significant overlaps among major psychiatric disorders on multiple neurocognitive domains. However, it is not clear which are the cognitive functions that contribute to this phenomenon.

Objectives To find the optimal clustering solution using the two-step cluster analysis on a sample of psychiatric patients.

Aims To classify into subgroups a cross-diagnostic sample of psychiatric inpatients on the basis of their neurocognitive profiles.

Methods Seventy-one patients with psychotic, bipolar, depressive and personality disorders hospitalised at Psychiatric Diagnosis and Care Service of Bufalini Hospital of Cesena participated in the study. The symptomatology was assessed using Health of the Nation Outcome Scales-Roma and Brief Psychiatric Rating Scale. Cognitive functions were evaluated using Tower of London, Modified Wisconsin Card Sorting Test, Judgment and Verbal Abstract Tasks test, Raven matrices, Attentional Matrices, Stroop Test and Mini Mental State Examination. Two-step cluster analysis was conducted using the standardized scores of each neurocognitive test.

Results Two groups were obtained: – group 1, with good cognitive performances; – group 2, with almost all subjects having impaired cognitive performances.

Executive functions and attention are the major determinants of the cluster solution. The clusters did not differ on socio-demographic correlates. Different diagnoses were equally distributed amongst the clusters.

Conclusions Two-step cluster analysis was useful in identifying subgroups of psychiatric inpatients with different cognitive functioning, overcoming other cluster techniques limitations. According to former literature, these results confirm a continuum of severity in cognitive impairment across different psychiatric disorders.

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

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EW0357

ICD-11 psychotic disorders: Preliminary results of the case-controlled studies and the Russian opinion



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Introduction One of the WHO's innovations for improving the ICD-11 chapter Mental and Behavioral Disorders was the creation of the Global Clinical Practice Network (GCPN), an international network of more than 12,000 mental health and primary care professionals from 144 countries.

Aims and objectives In order to evaluate perceived clinical utility of the ICD-11 guidelines, the case-controlled field studies that involved the application of the proposed diagnostic guidelines to standardized case material were implemented via the Internet in different languages.

Method Two hundred and seventy-eight Russian mental health care professionals, the GCPN members, have participated in case controlled Internet study for the chapter “Schizophrenia and

Other Primary Psychotic Disorders”. Russian participants were represented by psychiatrists mostly (89%) and much less by psychologists (8%) which corresponds with the general situation in the Russian mental health care system.

Results Russian clinicians have used the proposed ICD-11 diagnostic guidelines successfully to assess delusional disorder as well as schizophrenia. But there were certain categories (schizoaffective disorder, subthreshold delusions) with which the participants seemed to struggle. The critical comments were focused on opposing so called syndrome-based assessment and nosological diagnostics. Most concerns were about elimination of Schizophrenia subtypes.

Conclusion Russian mental health care professionals proved to be interested in ICD revision process and demonstrated their special diagnostics opinion based on rich clinical traditions and psychopathological approach. In order to use ICD-11 guidelines in clinical practice more efficiently supplementary appropriate training would be needed.

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

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EW0358

Exploring maternal mental health in Syrian refugee women



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Introduction There has been a rapid influx of 30,000 Syrian refugees in Canada, many are women of childbearing age, and most have young children. The literature reports that refugee women are almost 5 times more likely to develop postpartum depression than Canadian-born women. However, little is known about the experiences that the Syrian refugee women have encountered pre- and post-resettlement and their perceptions of mental health issues in general, and of maternal depression in particular. Thus, there is an urgent need to understand the refugee women's experiences of having a baby in Canada from a mental health perspective.

Methods Participants include Syrian refugee women who migrated to Saskatoon Canada in 2015–16 and who were either pregnant or up to one year postpartum. Qualitative data was collected via a focus group with thematic analysis, while depression with Edinburgh Postnatal Depression Scale (EPDS) and PTSD screening and sociodemographic descriptive data were collected from a structured questionnaire to provide context for the qualitative analysis.

Results Twelve women participated in the focus group, despite smiling often, 58% of them screened as probable depression (EPDS > 10), 25% screened positive for depression (> 12 on EPDS), and 17% screened positive for PTSD. None of the women indicated intimate partner violence or suicidal thoughts. All participants indicated social support, mostly partner, and 25% had a history of depression. Thematic analysis will be shared.

Conclusions Perinatal Depression is a serious problem for refugee women that deserve more in-depth study to ensure optimal outcomes and to develop services and programs.

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

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EW0359

Validation and test-retest reliability of facial expressions basic emotions of baby stimulus



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Introduction Emotional facial expression paradigms of adults have been very used in the literature; however, studies with baby's emotional faces are very few.

Objectives To study the psychometric validity and reliability of a series of basic emotions faces of babies stimuli.

Methods We used 72 photographs of 12 baby faces (6–12 months), both sex and different ethnic groups, expressing basic emotions (happiness, sadness, fear, anger, surprise and neutral) elicited in the laboratory by pre-task defined. A total of 119 subjects of both sexes (63% women) in different age groups (18–65 years) and ethnicities, were invited to evaluate the facial emotional stimuli presented by the computer program SuperLab. They should choose the emotion represented by the photograph. Furthermore, 31 subjects were randomly selected to perform a test-retest assessment after an interval of 20 days.

Results It was observed that 35 stimuli presented hit rate exceeding 70% and 11 between 60% and 50%. The facial emotion of happiness was the most easily recognized, while fear was associated with the lower success rates. Only seven stimuli presented a hit rate lower than 20% (fear). All stimuli, except for one, showed a good reliability test/retest (McNemar test > 0.05).

Conclusion The study offers a series of baby emotional facial stimuli with good validity and reliability for research setting. However, the 30% of stimuli without satisfactory success rate may be problems with stimuli or stimulating task, as it becomes difficult to distinguish the emotion face on the baby.

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

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EW0360

Does hikikomori exist in Ukraine?



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Introduction The term “Hikikomori” refer to the modern phenomenon—severe (acute, prolonged) social withdrawal (SSW). Recently, there have been increasing reports of Hikikomori around the globe, Ukraine is not an exception.

Objectives To describe epidemiological and psychopathological features of Hikikomori from Ukraine.

Methods Hikikomori was defined as a six-month or longer period of spending almost all time at home, avoiding social situations, social relationships, associated with significant distress/impairment. Lifetime history of psychiatric diagnosis was determined by the M.I.N.I. 7.0. Additional measures was Alexithymia Scale (TAS-20), Life experience questionnaire (LEQ), Buss-Durkee Hostility Inventory (BDHI), Chaban quality of life scale (CQLS).

Results In total, 65.4% of Hikikomori group (HG, $n=26$) had at least one psychiatric diagnosis, 34.6% had not. Personality disorders (15.4%), PTSD (11%), MDD (7.7%), SAD (7.7%), OCD (7.7%), bulimia nervosa (3.8%) were the most common. Onset of SSW in 41.7% started before 18 y.o. Healthy individuals formed the control group (CG, $n=25$). Individuals with Hikikomori had high

level of alexithymia (TAS-20 $M=71$, $SD=11.6$ vs. $M=60.8$ $SD=13.8$, $P=0.006$). Childhood trauma was reported by 31.8% of CG vs. 52% of HG. Hikikomori had higher trauma index (LEQ $M=3.03$, $SD=0.98$ vs. 2.31 , $SD=1.1$, $P=0.019$), larger number of lifespan traumatic events (LEQ 95%CI 4.57–7.35 vs. 2.8–5.28, $P=0.039$); higher levels of irritability, resentment, suspiciousness, higher aggressiveness (BDHI $M=23$, $SD=6.4$ vs. $M=16.6$, $SD=6$, $P=0.001$), low quality of life (CQLS $M=12.4$, $SD=3.3$, $P\leq 0.001$).

Conclusion Hikikomori exist in Ukraine, SSW quantitatively and qualitatively related to childhood trauma, manifests in adolescence, can be characterized by defined psychopathological features and affects quality of life.

Disclosure of interest The author has not supplied his/her declaration of competing interest.

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EW0361

Analysis of the factors affecting stigmatization and attitudes toward depression in young and elderly patients



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Objectives Depression is a frequently seen but under-recognized and under-treated syndrome in community. Stigmatization is an important barrier for care-seeking and treatment.

Aims In this study, we aimed to investigate the relationship of sociodemographic factors and attitudes towards depression between young and old age groups in a clinical population.

Method A total of 133 patients (18–88 years old, $n=37$ old-age group, $n=96$ young-age group) with a diagnosis of depression were recruited in this study. All the patients were evaluated with a semi-structured clinical interview and using stigmatization scales.

Results As young and old age groups compared, RHIDO total scores, RHIDO alienation sub-scale scores, social withdrawal subscale scores, and resistance to stigmatization subscale scores were found to be higher in young-age group than old-age group. Except working status, other sociodemographic factors were not found to have any effect on the scores of stigmatization scales.

Regarding the clinical features; number of episodes, comorbid physical disorders and time since first admission had an effect on RHIDO total and subscale scores. Negative attitudes towards depression were seen to be common in all the subjects, but no statistically significant difference was found between young and old age groups.

Conclusion Stigmatization is very common also for depression, and it is found to be related to different features including age, working status, and time since first admission. In order to help for decreasing the negative attitudes and increasing the help seeking behavior, some interventions should be conducted both in psychiatry clinics and society.

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

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EW0362

Using culture to enhance mental health in a northern Canadian aboriginal population



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Introduction We present three community case studies for how community development and cultural enhancement affected mental health as an epiphenomenon.

Methods An initiative was undertaken in 3 Northern Canadian aboriginal communities to enhance spiritual and cultural fluency and to provide opportunities to healthy interaction among community members. We began each process with a narrative investigation of the community by eliciting stories about perceived problems in the community. We collected further narratives at the end of the intervention about how it had affected people personally. We reviewed the narratives for commonalities and themes using modified grounded theory and dimensional analysis. We measured numbers of patients presenting to behavioral health services with mental health diagnoses, number of people sent to hospital for mental health treatment, and number of suicide attempts. We collected quality of life data using the My Medical Outcome Profile 2.

Results Community development and cultural enhancement efforts reduced all of the variables we were tracking. Follow-up interviews revealed common themes of people becoming more present-centered, feeling higher quality in their relationships; feeling more connected to god, creator, nature, or higher power; feeling more peaceful; feeling more accepting of death and change; and having a greater sense of meaning and purpose. As an interesting side effect, people began to eat more traditional diets and to be more active.

Conclusions Creating opportunities for community interaction and shared community projects and enhancing interactions with spiritual elders resulted in improvement in indices of mental health in three indigenous communities in Northern Canada.

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

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EW0363

Female genital mutilation [FGM] and emotional support: A research study exploring the value and sustainability of offering emotional support to women exposed to FGM

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Introduction Global estimates suggest over 130 million girls and women have undergone FGM. While practiced in Africa, Asia and the Middle East, due to immigration trends it is now prominent in Western society. While studies have focused on physical health consequences, post-2000 a small but growing number of studies have reported on the psychological impact of FGM. This paper reports on a project exploring the mental health consequences of FGM, the effectiveness of therapeutic support, and the sustainability of a new service through training peer mentors.

Objectives To establish and evaluate 3 drop-in clinics, offering emotional support to women who have experienced FGM. Build capacity through training peer mentors to continue the work of supporting women.

Method Community-based participatory research (CBPR) was used for this two-part project. In part 1, 30 women participated, data being collected via the Warwick-Edinburgh Mental Well-being Scale (WEMWS) and follow-up interviews. Part 2 involved the training of 12 peer mentors. Data was analysed using descriptive statistics and thematic analysis and evaluation respectively.



Results Improvement was found in the women's mental well-being, with themes (1) Speaking the unspoken (2) Emancipation of emotion (3) Harnessing hope, being identified. Of the 12 peer mentors successfully completing the course, 9 are now volunteering.

Conclusion Mental health professionals are best placed to enable women to address FGM traumas and improve their mental well-being. Additionally, they can raise public and professional awareness and, through research, can help develop more appropriate and sensitive services for migrant women from practicing communities.

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

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EW0364

Korean public knowledge and perceptions about treatment of attention-deficit hyperactivity disorder

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Objective The aim of this study was to examine (1) public knowledge and perceptions about attention-deficit hyperactivity disorder (ADHD) and (2) factors influencing the public's decisions to adhere to ADHD pharmacotherapy.

Methods In this study, 396 participants responded to the Internet survey regarding their experiences, beliefs and treatment preferences about ADHD.

Results Two hundred and fifty-two respondents (63.6%) were reluctant to pharmacological treatment of ADHD. The respondents chose the functional impairment of the brain as the main cause of ADHD were favorable to pharmacological treatment and scored significantly high on the ADHD Knowledge Questionnaire. On the other hand, the respondents who regarded ADHD as an overly active personality rather than a disease were skeptical to pharmacotherapy and scored significantly low. The respondents who were acquainted with someone who had been diagnosed with ADHD perceived themselves relatively well informed about ADHD. However, the subjective perception of the degree of knowledge of ADHD was not correlated with the objective score of the ADHD Knowledge Questionnaire.

Conclusion The Korean public is not well informed about ADHD and its treatments. Culturally appropriate psychoeducational strategies based on the media and the Internet are needed. Providing biomedical conceptualization of ADHD to the public may aid with treatment decisions and promote adherence to pharmacological treatment.

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

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EW0365

A systematic review and case report of the Koro syndrome in an intellectually disabled Caucasian patient

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Introduction Koro syndrome has traditionally been considered a culturally bound syndrome, characterized by the delusional belief that one's genitalia are retracting and the anxiety caused by the



perception of imminent death. Although it is widely regarded as an epidemic in South-east Asia, there are some isolated cases in other cultures as well.

Objectives We present a Koro case study and a systematic review, focusing on the presentation and its treatment, in order to make visible this syndrome to Western culture and provide the tools to identify it.

Aims To provide an overview of Koro's presentation, phenomenology and treatment. We also want to clarify the nosology classification of this syndrome and its influence in the reported cases.

Methods We begin describing a new case of Koro syndrome: a Spanish male presented an acute psychosis, the patient had an intellectual disability and a family history of mental illness. A systematic review was done based on articles published in Pubmed following the PRISMA guidelines.

Results From 117 studies, only 29 met the inclusion criteria. Data were analyzed on several epidemiological and clinical characteristics. We found that Koro syndrome is more often presented as a result of intoxication or as a part of a previous known psychotic disorder. Cases involving patients sharing their delusion have been only reported in Asia.

Conclusion No specific data could be obtained about epidemiology and pathogenesis, as our conclusion about Koro syndrome was based mainly on few case studies. Pharmacotherapy and social support may be effective in ameliorating the symptoms.

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

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EW0366

Describing and comparing quality in psychiatric care across the globe with the QPC-Instrument



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Introduction There is a lack of cross-cultural comparison of patients and staff perceptions of quality of care in the psychiatric care. One reason is the absence of standardized instruments.

Objectives The international research programme "Quality in Psychiatric Care" aims at adapting the instrument QPC versions for patients and staff to different international settings.

Aims The aims are to test the psychometric properties and equivalence of dimensionality of the different language versions of QPC and also to describe and compare the quality of inpatient, outpatient and forensic in-patient psychiatric care across different countries.

Methods The QPC is a family of self-reported instruments from the patients' perspective. In this programme, we used different languages versions in three areas for patient and staff; inpatient (QPC-IP/IPS), outpatient (QPC-OP/OPS) and forensic inpatient care (QPC-FIP/FIPS).

Results The Danish versions for QPC-FIP and QPC-FIPS show that the confirmatory factor analysis revealed that the factor structure was equivalent to the original Swedish version. Patients rated the quality of care generally lower than staff and lowest in the participation dimension. The Indonesian version of QPC-IP is under analysis. The first result show that patients rated the quality of care lower than Swedish inpatients and lowest in the discharge dimension. Several studies in Indonesia are still ongoing as well as in Brazil and Spain.

Conclusions There are few standardized instruments for measuring quality of care in the psychiatric care. Therefore, QPC is expected to make an important contribution to the development in this field.

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

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EW0367

Emotional expression and culture: Implications from nine Arab countries



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Introduction There is a notion that emotional expression is universal, yet it is subject to cultural variations. Research in this field has studied cultural extremes in European, American and East Asian cultures. However, very little is known about the differences in emotional expression in the Arab subcultures.

Objective Exploring the differences between the emotional reactions among the nine Arab subcultures.

Aims (1) Examining the cultural differences in emotional reactions; (2) examining the differences between Muslim and non-Muslim individuals; (3) exploring the differences between Arabs and non-Arabs.

Methods Several real life scenarios including 15 different stressful situations and 15 non-stressful situations were presented to 40 individuals from the nine Arab subcultures. The participants were aged between 18 to 40 years of age. The subjects were randomly classified into groups depending on whether they were Arabs or non-Arabs and according to whether they were Muslims or non-Muslims. The subjects' emotional reactions were measured by means of Likert-like items.

Results The results showed that there were no significant differences among the nine Arab subcultures in their emotional reactions to the non-stressful situations. However, there were significant differences among the Arab subcultures in the stressful situations. Moreover, both religion and ethics were strong predictors of the differences in the emotional reactions that varied between subjects in their cultural group. The Arab Muslims tended to express more anger but the Arab non-Muslims expressed more sadness.

Conclusions Emotional expression is impacted by ones' cultural background and is particularly influenced by religion and ethics. Although Arab countries share the same language, they express emotions differently.

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

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EW0368

The improvement of mental health competences and skills on a Brazilian Federal University



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Background The extension project "UNIRIO is madness: the improvement of mental health competences and skills." work since 2015 with "Ponto de Cultura Loucura Suburbana" on the promotion of mental health and culture style in Brazil. The project work on the development of psychosocial rehabilitation for psychiatric patients, their families and the community.

Aims Participate on the production and execution on the artistic/therapeutic workshop that demystify the social stigmatizing vision about psychiatric patients.

Methods The activities developed are: administrative actions; institutional strengthening for social inclusion initiative through work; and the Carnival Block organization.

Results This study work on constituting a social inclusion initiative through workshop that generate employment, e.g.: sale material production, financial management, material replacement. Although we do all the preparative to the Carnival Block–“Loucura Suburbana”.

Conclusion The relationship with the psychiatric patients shows that social inclusion through carnival workshop practice is the primary means for the identity of people suffering from mental disorders and contribute to reduce community social stigma.

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

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EW0369

Differences in baseline demographics, presentation, pathways to care and duration of untreated psychosis (DUP) in the ethnically diverse population of Lancashire, UK

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Introduction DUP is the time from the emergence of first psychotic symptom to the commencement of adequate antipsychotic treatment. Psychopathological and sociocultural factors influence patient's treatment seeking behavior. Better understanding of DUP could help in development of improved therapeutic strategies and public health initiatives. Emphasis on early detection of psychosis and reduction of DUP has led to a huge interest in pathways to care. **Objectives** To understand the differences in baseline demographics, presentation, care-pathways and DUP in ethnically diverse population of Lancashire, UK.

Methods Our cross-sectional study involved a subset analysis of National EDEN data for Blackburn and Preston in Lancashire.

Results Of the 183 patients, 78% were Whites and rest belonged to BME population. Median DUP was 188 days. Whites were significantly younger at onset of both non-specific symptoms and psychosis and at acceptance into EIS. Whites were significantly less likely than non-whites to be married, more likely to be in paid work and to have used illicit drugs. There were no significant differences with respect to other demographics/delays in help seeking or DUP. Non-White group had shorter DUP of 95 days (but not statistically significant, $P=0.060$).

Conclusions Better understanding of mental illness and local services in White patients could have led to early help seeking. Having a supportive family may have promoted early help seeking and thus shorter DUP in BME group. Further studies are needed exploring socioenvironmental variables, substance misuse and knowledge of local psychiatric services amongst the BME population and the influence of these variables on DUP.

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

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e-poster walk: Consultation liaison psychiatry and psychosomatics–Part 1

EW0370

Somatoform symptoms' influence on the rubber hand illusion: Additional analysis



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Introduction In the rubber hand illusion (RHI) [1], sense of body ownership is changed by synchronous touches to the hidden participant's hand and a visible rubber hand. It was previously shown [2] that medically unexplained symptoms were associated with the weaker RHI ($n=40$).

Objectives We used data from our previous research [3] and supplementary questionnaires to test the hypothesis that somatoform symptoms would be associated with the decreased response to RHI. **Methods** Subjects ($n=78$) voluntarily undergo the following procedures: RHI experiment with measurement of proprioceptive drift and self-reports, Screening for Somatoform Disorders (SOMS-2) and Symptom Check List-90-Revised (the “somatization scale”).

Results Robust regression was used to evaluate predictors influence: Drift/Self-reports~SOMS-2 + somatization. SOMS-2 was a significant predictor for proprioceptive drift with positive coefficient ($P<0.05$, adjusted), both predictors were insignificant for self-reports.

Conclusions Thus, the results of [2] were not reproduced. We demonstrated on the larger sample, that the higher somatoform symptoms (scores of SOMS-2) predicted the stronger RHI. Since our research and [2] had been conducted on non-clinical groups, it is necessary to conduct the critical experiment on the clinical population.

The reported study was funded by RFBR according to the research project No.16-36-00394.

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

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EW0371

Psychiatric symptomatology and health-related quality of life in children with epilepsy



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Introduction There is a limited amount of data regarding the relationship between epilepsy and psychiatric symptoms and quality of life (QoL) in children and adolescents.

Objectives The aim of this study was to determine the levels of depression, anxiety and attention-deficit hyperactivity disorder symptoms and health-related quality of life (HRQL) in children and adolescents with epilepsy.

Methods The sample consisted of 75 children with epilepsy and 50 healthy controls aged 8–18 years. Questionnaires were used to evaluate the psychiatric status and HRQL of the patients.

Results Patients had lower child-rated psychosocial and total area HRQL scores, and lower parent-rated psychosocial, physical and total area HRQL scores than the controls did. Inattention scores of the epilepsy group were significantly higher compared to controls. No significant differences were found between patients and controls in terms of anxiety and depression scores. Regarding determinants of HRQL, severity of depression and anxiety had a decreasing effect on child-rated HRQL total scores; and severity of anxiety had a decreasing effect on parent-rated HRQL total scores.

Conclusions Epilepsy is associated with poor QoL in childhood and severity of depression and anxiety are among the determinants of QoL. Clinicians should be more aware of accompanying psychiatric symptoms in epileptic patients and take the necessary precautions in the early period of the illness in an effort to improve QoL.

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

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EW0372

The new great imitator – neuropsychiatric symptoms of Lyme disease

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Introduction Lyme disease, caused by the spirochete *Borrelia burgdorferi* as recognized as a possible cause of multisystemic signals and symptoms, including symptomatology of the central as well as the peripheral nervous system.

Objectives Identification of neuropsychiatric symptoms associated with Lyme disease.

Methods Literature review in the light of researched articles published in Pubmed/Medline as well as related bibliography.

Results Since the identification of the etiology of syphilis in the early twentieth century, mental health professionals consider the fact that serious psychiatric symptoms can be caused by infections of the central nervous system and that early antibiotic treatment can prevent permanent neurological/psychiatric damage. Syphilis was known as “the great imitator” because its multiple manifestations mimic other known diseases. In recent years, a new epidemic, also with multiple manifestations emerged—Lyme disease, also known as the “new great imitator”. Like syphilis, Lyme disease may be associated with neuropsychiatric symptoms, which means that often these cases are initially referred for psychiatric services, before another diagnosis is made. The incorrect assessment of these patients as individuals with functional psychiatric disease can result in a delay in the start of antibiotic treatment and may cause serious neurological and psychiatric damage.

Conclusions According to the review, the authors propose that in the evaluation of acute psychiatric disease or atypical chronic disease, with poor therapeutic response, Lyme disease should be considered and ruled out, especially if there is epidemiological context and absence of psychiatric family antecedents.



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

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EW0373

Attention, vigilance and visuospatial functioning in hospitalised elderly medical inpatients – relationship to delirium syndromal status and motor subtype profile

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Objective The early and efficacious detection of neurocognitive disorders poses a key diagnostic challenge. We examined how bedside cognitive tests perform across the spectrum of delirium and motor subtypes.

Methods The performance on a battery of bedside cognitive tests were compared in elderly medical inpatients with DSM-IV delirium, subsyndromal delirium, and no neuro cognitive disorder and in motor subtypes.

Results One hundred and ninety-eight patients (mean age 79.14 ± 8.26) were assessed with no delirium ($n=43$), subsyndromal delirium ($n=45$), and full syndromal delirium ($n=110$). The ability to meaningfully engage with the tests varied from 59% for vigilance B test to 85% for Spatial Span forward test and was found to be least in the full syndromal delirium group. The no delirium group was distinguished from the delirium groups for all the tests and from the full syndromal delirium group for the vigilance B test and global visuospatial function test. The subsyndromal delirium group differed from the full syndromal delirium group in respect of global visuospatial function test, spatial span backwards and vigilance A tests. Patients with full syndromal delirium were best identified using the interlocking pentagons test and clock drawing test whereas those with subsyndromal delirium were best identified using interlocking pentagons test and months backwards test. Those with subsyndromal delirium were significantly better in their ability to engage than those with full syndromal delirium.

Conclusions Simple bedside tests of attention, vigilance, and visuospatial ability are useful to help to distinguish neurocognitive disorders namely subsyndromal delirium from other presentations.

Disclosure of interest The author has not supplied his/her declaration of competing interest.

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EW0374

The effects of bariatric surgery on pharmacokinetics of antidepressants: A systematic review

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Introduction Morbid obesity (BMI ≥ 35) has been associated with mood and anxiety disorders. Regular use of antidepressants is common among patients who are candidate for bariatric surgery. The Roux-en-Y gastric bypass (RYGB) is one of the most common techniques used in bariatric surgery for reducing nutrient absorption. This type of surgery may however result in major changes in drug absorption.



Objectives and aims To report and discuss the consequences of bariatric surgery on changes in antidepressant drug absorption.

Methods We present all published in vitro and in vivo studies on antidepressant drug absorption after bariatric surgery.

Results In vitro studies showed that only bupropion had a significantly increased dissolution in a post-RYGB environment; venlafaxine and citalopram showed no alteration of dissolution; fluoxetine, paroxetine, sertraline, and amitriptyline had a significantly decreased dissolution in a post RYGB environment. Some in-vivo studies reported that only citalopram and escitalopram had an increased dissolution.

Conclusion After bariatric surgery, special caution is required in patients using antidepressant medication because of the expected changes in drug absorption, nutritional status, and electrolyte balance.

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

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EW0375

Differential effect of childhood trauma subtypes on fatigue and physical functioning in chronic fatigue syndrome

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Objective There is a large consensus concerning the important aetiological role of childhood trauma in chronic fatigue syndrome (CFS). In the current study, we examine the differential effect of childhood trauma subtypes on fatigue and physical functioning in patients with CFS.

Methods One hundred and fifty-five participants receiving treatment at the outpatient clinic for CFS of the Antwerp University Hospital in Belgium were included in this study. Stepwise regression analyses were conducted with the outcomes of the total score of the Checklist Individual Strength (CIS) measuring fatigue and the physical functioning subscale of the medical outcomes short form-36 health status survey (SF-36) as the dependent variables, and the scores on the five Traumatic Experiences Checklist (TEC) subscales as the independent variables.

Results Fatigue and physical functioning scores in CFS patients were significantly predicted by sexual harassment only. A significant effect of emotional neglect, emotional abuse and bodily threat during childhood on elevated fatigue or reduced physical functioning levels could not be found.

Conclusion There is a differential effect of childhood trauma subtypes on fatigue and physical functioning in CFS patients. Sexual harassment emerged as the most important predictor variable. Therefore, childhood (sexual) trauma has to be taken into account in assessment and treatment of chronic fatigue syndrome.

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

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EW0376

Joint hypermobility syndrome and anxiety disorder: Structural brain correlates

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Introduction Joint hypermobility syndrome/Ehlers Danlos III (JHS/EDS III) is a common, connective tissue condition. This group is over-represented in panic/anxiety disorders and exhibits autonomic abnormalities and heightened interoceptive sensibility. Previous neuroimaging in healthy volunteers with hypermobility has observed differences in key emotional brain regions, notably amygdala and insula.

Aims and objective To explore, in a clinical population, the structural brain correlates underpinning the association between JHS/EDS III and anxiety.

Method Seventy participants were divided into four experimental groups: (2 × 2 factor design: presence/absence of hypermobility; presence/absence of anxiety). Hypermobility was assessed using Brighton Criteria. All participants underwent brief tests of autonomic function and interoception. Structural images were obtained using a 1.5T MRI scanner. Results are reported at whole brain uncorrected significance threshold of $P < 0.001$.

Results Comparison of grey matter volume revealed increased insular volume in anxious patients with JHS/EDS-III compared to anxious patients without (Fig. 1A, B), correlating with initial peak heart rate on standing. Additionally, amygdala volume correlated with hypermobility score in anxious patients, but not in non-anxious individuals (Fig. 1C, D). Amygdala volume correlated with interoceptive accuracy.

Conclusions This data implicates amygdala and insula as likely neural substrates mediating clinical relationships between hypermobility syndrome and anxiety, demonstrating the relevance of autonomic and interoceptive influences on this relationship. Further work hopes to explore functional and structural connectivity between these regions in JHS/EDS-III.



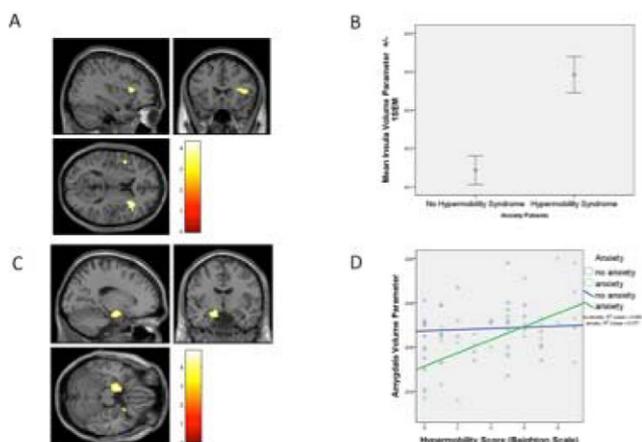


Figure 1 Structural neuroimaging of the relationship between joint hypermobility and anxiety. A. Insula structural differences in anxiety disorder in those with hypermobility syndrome compared to those without. B. Plot showing differences in insula volume. C. Amygdala structural differences, demonstrating significant interaction between anxiety status and degree of hypermobility. D. Plot showing interaction between anxiety on the relationship between amygdala volume and hypermobility source.

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

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EW0377

Psychiatry and primary care: A global medical care

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Patients suffering from psychiatric disorders have a decrease in life expectancy of 15 years compared to the general population. This excess mortality is not related predominantly to suicide but mostly to a higher frequency of somatic diseases, such as cardiovascular, neoplastic, metabolic diseases. Their high prevalence and their low diagnoses are related to a poorer access to screening, prevention and somatic care than in the general population. Indeed, we estimated that more than 60% of patients treated in public psychiatry do not have a general practitioner (GP) in France. The GP has a role in the coordination, prevention and management of patient health care circuit. To allow a better access to general practitioner, a consultation and a somatic network have been created in Lyon. The purpose is to bring the user back into the primary care system, to ensure a durable monitoring, and a better prevention of avoidable diseases. Patients without GP are oriented to the consultation by their referent psychiatry team. During three consultations with a doctor and a nurse, an assessment of the patient's overall health is realized as well as a synthesis and a redirection to the city network. This reinstatement also allows a better communication between somatic and psychiatric care, to insure a more global view of the patient. A work around the re-empowerment and social rehabilitation is carried out to re-anchor the person in the city and in the care, which every citizen is entitled.

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

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EW0378

Efficacy and safety of antidepressants as analgesics in chronic pain: A review

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Introduction Due to the aging population worldwide, chronic pain is becoming an important public health concern. Chronic pain is bidirectional associated with psychiatric disorders including depression and anxiety. Antidepressants are widely used as adjuvant therapy for the treatment of chronic pain for many disorders. **Objectives and aims** To review available literature on the efficacy and safety of antidepressants for the treatment of chronic pain, including neuropathic pain, fibromyalgia, low back pain, and chronic headache or migraine.

Methods We performed a detailed literature review through PubMed, EMBASE and Cochrane's Library to assess the efficacy and safety of antidepressants in chronic pain conditions.

Results In neuropathic pain, fibromyalgia, low back pain, and chronic headaches/migraine, tricyclic antidepressants (TCAs) showed a significant analgesic effect. Selective serotonin reuptake inhibitors (SSRIs) are not effective for the treatment of low back pain and headaches or migraine. Venlafaxine, a serotonin norepinephrine reuptake inhibitor (SNRI) showed significant improvement of fibromyalgia and neuropathic pain. Duloxetine (SNRI) also reduced the pain in fibromyalgia.

Conclusion TCAs are the 'gold standard' antidepressant analgesics. However, an electrocardiogram and postural blood pressure should be implemented prior to TCA treatment and TCAs should be initiated at low dosages and subsequently increased to the maximum tolerated dose. One should pay attention to their cardiotoxic potential, especially in the older population. For the treatment of neuropathic pain, SNRIs are second-line agents. Although better tolerated, in most types of chronic pain conditions, the effectiveness of SSRIs is limited. To conclude: start low, go slow, and prescribe with caution.

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

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EW0379

Exploring the correlation between perceived attachment security and levels of GH hormone in a sample of children with non-organic failure to thrive: Preliminary findings

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Introduction Short stature caused by growth hormone (GH) deficiency is one of the causes of the "Failure to Thrive" (FTT) condition. In absence of clear organic causes, several different psychosocial conditions may play a role in explaining the FTT phenotype. Advances in developmental psychology have highlighted the role of emotions and caregiving behaviors in the organization of child's personality and psychobiology, with the mother-son attachment



bond being considered a fundamental developmental experience. The objective of the present preliminary study was to assess whether there are significant correlations between attachment styles and GH levels in a sample of subjects with non-organic FTT. **Methods** We enrolled 27 children (mean age: 9.49 ± 2.63) with non-organic FTT. Perceived attachment security was assessed through the Security Scale (SS) and its subscales focused on maternal and paternal security. Pearson partial correlation was used to test associations between GH levels and SS measures adjusting for confounding factors (i.e. age, gender and BMI).

Results Across all subjects, GH was significantly positively correlated with general security ($r=0.425$; $P=0.038$) and maternal security (SSM) ($r=-0.451$; $P=0.027$) and not significantly correlated with paternal security (SSP) ($r=0.237$; $P=0.264$).

Discussion These findings preliminarily suggest that perceived attachment security may play a role in the etiopathogenesis of non-organic GH deficiencies and add to the accumulating evidence that attachment styles are associated with specific psychoendocrine underpinnings.

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

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EW0380

Features of coronary heart disease course in patients with depressive disorders

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Multifactor risk for coronary heart disease (CHD) development is associated with susceptibility and depressive reaction to stressful situations that causes search for ways of optimization of integrative assistance to CHD patients with depressive disorders.

Objective To carry out comparative analysis of dynamics of mental and physical state in CHD patients.

Material and methods Two hundred and eighty (57.74 ± 5.59 years) CHD patients with grade II–III angina pectoris were examined. Psychopathological method, Center of Epidemiological Studies-Depression scale (CES-D) were used.

Results Ninety patients (32.1%) had depressive disorders within depressive episode, dysthymia, adjustment disorder. The level of depression according to CES-D varied from 19 to 28 points. Comparative analysis of two groups of patients showed that CHD patients with depression had more severe grade III angina (22.1% vs. 11.6%; $P=0.036$) more frequently. Differences regarding frequency of arterial hypertension (AH) (91.1% vs. 63.2%; $P=0.0002$), type 2 diabetes mellitus (DM) (26.8% vs. 17.5%; $P=0.038$), obesity (30.7 ± 3.9 vs. 29.5 ± 4.5 ; $P=0.015$), arrhythmias (34.4% vs. 25.2%; $P=0.015$); cases of myocardial infarction (47.8% vs. 17.9%; $P=0.0001$) were revealed. Among patients with depressive disorders persons with experience of surgical myocardial revascularization ($P=0.004$), degree II–III of disability (23.3% vs. 11.6%; $P=0.0118$) were present more frequently. Patients with depression were characterized by low economic status (64.4% vs. 23.7%; $P=0.0001$); absence of social

support (34.4% vs. 12.6%; $P=0.0001$); frequent stress situations in personal history (71.1% vs. 32.6%; $P=0.0002$).

Conclusions Depressive disorders caused by psychosocial stress influence negatively CHD course that requires complex approach to therapy of comorbid pathology.

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

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EW0381

The relationship between coping strategies and sociodemographic characteristics, shame and anxiety in families of children or adolescences with inflammatory bowel diseases: A cross sectional study

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Introduction Ulcerative colitis and Crohn's disease is characterized from a complicated therapeutic management, with bodily and psychological impact to the family.

Objectives This study examined the coping strategies among families with a child or adolescent with IBD.

Aim The aim was to investigate possible sex differences with respect to coping strategies of the parents would correlated to overall coping strategies.

Method The participants were biological parents of patients diagnosed with IBD. The total sample included 61 parents with a mean age 46.2 (SD = 7.4). The parents completed:

- the Family Crisis Oriented Personal Scales;
- the Other As Shamer Scale;
- the Experiences of Shame Scale (ESS);
- questionnaire concerning socio-demographic information.

Results Mother reported higher levels of social support, accept help, passive appraisal, and overall strategies compared to fathers. The strongest difference was found in accept help ($P<0.001$). The feelings of shame of the mothers and fathers of the IBD families were very similar, without statistically significant differences between the groups. The results of the MLR, after controlling for adolescents age, sex and illness duration, revealed that the older age, being a mother, being married and being employment had direct positive associations with the overall coping strategies, while ESS had direct negative associations with the overall coping strategies. The model with all seven predictors explained 68% of the total variance ($R^2 = 0.68$, $F = 6.409$, $P < 0.001$).

Conclusions Our findings provide more detailed information on the coping strategies of Greek families with a child or adolescence with IBD.

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

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EW0382

The risk of depression and anxiety in the post-diagnostic period of multiple sclerosis measured by screening instruments and structured interviews



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Objective To examine the risk of depression and anxiety in MS patients in the post-diagnostic period by using clinical screening instruments and a diagnostic structured clinical interview.

Method A population of 134 MS patients was examined for the risk of depression and anxiety in the post-diagnostic period of MS using the clinical screening instruments Beck Depression Inventory (BDI) and Hospital Anxiety and Depression Scale (HADS). Within six weeks of diagnosis, patients with cut-off > 12 for BDI and > 7 for HADS were offered a clinical structured interview using the Schedules for Clinical Assessment in Neuropsychiatry/SCAN Version 2.1.

Results The prevalence of depressive symptoms and depression in the post-diagnostic period of MS was 49.2% when using the screening instruments, but only 15.2% when using the SCAN interview. For anxiety, the prevalence was 3.4% for both the screening instruments and the SCAN interview in the post-diagnostic period of MS.

Conclusion MS patients have a risk of depression and anxiety in the post-diagnostic period of MS, but it is crucial to consider which tools to use in a clinical setting to investigate depression and anxiety in MS patients.

Keywords Multiple sclerosis; Psychiatric co-morbidity; Depression; Anxiety; HADS; BDI-II; Diagnostic interview

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

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EW0383

Psychosis induced by interferon- α —A limitation of treatment



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Introduction Psychosis is an uncommon but serious complication of treatment with interferon- α , a cytokine frequently used to treat several infectious and malignant diseases.

Objectives To provide an overview of interferon- α -induced psychosis.

Methods Literature review based on PubMed/MEDLINE, using the keywords “interferon- α ” and “psychosis”.

Results Psychotic symptoms usually emerge between 6 to 46 weeks and on average 3 months after the start of interferon- α treatment, occurring most frequently in the form of persecutory, guilt or grandeur delusions and auditory hallucinations. Often they are accompanied by mood symptoms, anxiety, attention disturbances and insomnia. Many factors are known to increase the risk of psychiatric effects as a whole associated with interferon- α . Pathogenesis of interferon-induced psychosis remains unclear, however several theories have been discussed, namely the overlap influence of biological vulnerability and the cytokine's action on the brain. Dopaminergic, opioid, serotonergic and glutamin-

ergic pathways as well as hypothalamic-pituitary-adrenal axis hypersensitivity are some of the hypotheses raised about the underlying cause of that susceptibility. Psychosis management usually includes stopping interferon- α and introducing antipsychotics with minimal antidopaminergic effects and at the lowest possible dose, due to the increased risk of extrapyramidal reactions in these patients.

Conclusion The decision to use interferon-based treatments in psychiatric patients should be highly individualized. Early recognition and adequate treatment of interferon-induced psychosis might prevent subsequent emergence of serious debilitating symptoms. Thus, it is very important that medical and psychiatric treatment teams work closely together and are familiar with this important subject.

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

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EW0384

Depression among cancer patients—A reality where therapeutic nihilism cannot be accepted



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Introduction Cancer is a life-threatening disease, characterized by a great deal of uncertainty and unpredictability. Thus, several stressors and emotional upheavals pervade the everyday life of cancer patients and can lead to the development of depression.

Objectives To review the recent research related to depression in cancer patients.

Methods Literature review based on PubMed/MEDLINE, using the keywords “cancer” and “depression”.

Results It is estimated that 20–25% of cancer patients meet the criteria for major depressive syndrome at some point in their illness. Depression is associated with a negative impact on treatment adhesion, cancer progression and quality of life, besides increasing suicide risk. However, it is often unrecognized and untreated. Importantly, the mistaken belief that depressive symptoms are expected in this group, the overlap between the neurovegetative symptoms of depression, the somatic symptoms of cancer and its treatment, as well as the effects of comorbid diseases make the diagnosis of major depression so complex in these patients. Some of the most helpful diagnostic indicators are feelings of hopelessness, worthlessness, excessive guilt, loss of self-esteem, and wishes to die. The several risk factors for the development of depression in cancer patients can be divided into four broad categories, namely cancer-related factors, cancer treatment-related factors, psychiatric history, and social factors. Effective management of depression consists in a combination of psychotherapy and psychopharmacology.

Conclusion Depression in cancer patients has serious consequences, however appropriate psychiatric intervention can do it over. Thus, its early recognition and appropriate management is imperative.

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

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EW0385

Efavirenz and neuropsychiatric effects—When the treatment complicates matter further

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Introduction Efavirenz, a non-nucleoside analogue inhibitor of the reverse transcriptase, has become commonly used in the treatment of HIV infection. Although highly effective, efavirenz is associated with causing neuropsychiatric side effects in approximately 50% of patients.

Objectives To provide an overview of efavirenz-induced neuropsychiatric effects.

Methods Literature review based on PubMed/Medline.

Results The neuropsychiatric side effects of efavirenz usually begin quickly, commonly peak in the first two weeks after the start of therapy, and can include depression, anxiety, sleep disturbances, impaired concentration, aggressive behavior, paranoia, psychosis. Generally, these events are mild to moderate in severity and time limited, however, in a small number of cases, are late, persistent or intolerable. They are often associated with a negative impact on treatment adherence. Some factors are known to increase the risk of neuropsychiatric effects in HIV-positive patients. The behavioral effects of efavirenz appear to be dose-dependent and mediated predominately by the 5-HT_{2A} receptor, a primary site of action of lysergic acid diethylamine (LSD). Importantly, the efavirenz-induced neuropsychiatric effects may be difficult to distinguish from HIV-related neuropsychiatric symptoms, preexisting mental disorder or substance use. The neuropsychiatric effects should be treated with non-pharmacologic or pharmacologic interventions, according to severity. The psychiatric status of patients should be closely monitored for at least the first 6 to 12 months of treatment.

Conclusion Taking into account the high rates of neuropsychiatric side effects, it is crucial that the physicians are familiar with this important subject, and the decision to initiate efavirenz in psychiatric patients is individualized.

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

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EW0386

HIV/AIDS “worried well”—When the “virus” leads to a significant illness, even in its absence

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Introduction Management of HIV/AIDS “worried well” people is among the most complex and challenging psychiatric problems in HIV care.

Objectives To provide an overview of HIV/AIDS “worried well”.

Methods Literature review based on PubMed/Medline, using the keywords “HIV” and “worried well”.

Results The HIV/AIDS “worried well” are those individuals who are intensely worried about being infected with HIV, despite overwhelming evidence to the contrary. Indeed, they will rapidly return with the renewed conviction that the physician has “got it wrong” or “missed something”. So, they tend to over-utilize

health care services. Seven HIV/AIDS “worried well” sub-groups have been identified: those with past sex or drug use history; those with relationship problems; the partners/spouse of those at risk; couples in individual or family life transitions; past history of psychological problems; misunderstanding of health education material; and pseudo and factitious AIDS. These patients have several striking consistencies in their presenting phenomenology and background features and usually have psychiatric problems associated. The authors will analyze all these aspects. Currently there are no guidelines to deal with this clinical condition, however cognitive-behavioral therapy along with selective serotonin reuptake inhibitors has been an effective approach. It is also important to ensure follow-up discussion to these patients, especially where unresolved life issues may cause future vulnerability in absence of intervention.

Conclusions Patients may express their concerns about HIV infection by several ways, directly or indirectly, and psychiatrists need to be aware of this reality, which causes much suffering as well as severe monetary loss.

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

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EW0387

Brain-derived neurotrophic factor (BDNF) levels and delirium

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Introduction Studies of the association between blood BDNF levels and delirium are very few and have yielded mixed results.

Objectives To investigate the blood BDNF levels in the occurrence and recovery of delirium.

Methods Prospective, longitudinal study. Participants were assessed twice weekly with MoCA, DRS-R98, APACHE-II. BDNF levels of the same were estimated with ELISA method. Delirium has been defined as per DRS-98R (cut-off > 16) and recovery of delirium as at least two consequent assessments without delirium prior to discharge.

Results No differences in the levels of BDNF between those with delirium and those who never developed it. Excluding those who never developed delirium ($n=140$), we analysed the effects of BDNF and the other variables on delirium resolution and recovery. Of the 58 remained with delirium in the subsequently observations ($\max=8$) some of them continue to be delirious until discharge or death ($n=39$) while others recovered ($n=19$). BDNF levels and MoCA scores were significantly associated with both delirium cases who became non-delirious (resolution) during the assessments and with overall recovery. BDNF (Wald $\chi^2=11.652$, df: 1 $P=.001$), for resolution. For recovery Wald $\chi^2=7.155$; df: 1, $P=.007$. No significant association was found for the other variables (APACHE-II, history of dementia, age or gender).

Conclusions BDNF do not have a direct effect in the occurrence of delirium but for those delirious of whom the levels are increased during the hospitalisation they are more likely to recover from delirium.

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

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25th European Congress of Psychiatry e-Poster Walk part 3

e-Poster Walk: Depression – part 2

EW0388

Genetic variants in the *ABCB1* gene determine bioavailability of antidepressants in the brain

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Introduction Antidepressants are the first-line treatment of major depressive disorder, but response rates following the first antidepressant medication are moderate.

Objectives Clinical efficacy requires to overcome the blood-brain barrier where p-gp molecules are located. If they recognize and bind an antidepressant, they pump it back into the circulation. If the antidepressant is not recognized, the passage is not impaired by p-glycoproteins.

Aims We studied whether variants in the *ABCB1* gene that encodes the p-glycoprotein have an effect on blood-brain passage of antidepressants and as consequence on their clinical benefit.

Methods *ABCB1* gene variants were determined with sequencing (Illumina Bead), substrate property analysis employed mice with deletion of *ABCB1*-analog genes. Clinical protocols followed those of the MARS-project.

Results – The SNPs rs2032583 and rs2235015 provide the best clinical information about blood-brain-penetrance, with CC/CT and TT/GT being the favourable gene variants whereas TT and GG are less favourable. This distinction holds only true if antidepressants are p-glycoprotein substrates;

– in the presence of the favourable gene-variant patients treated with an antidepressant that is a p-glycoprotein substrate are more likely to remit in shorter time;

– in the presence of the less favourable gene-variant treatment with a substrate, higher dosages and augmentation strategies, or switch to non-substrates are recommended.

Conclusion From these data, a treatment algorithm was developed that maximizes treatment benefit and minimizes adverse effects.

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

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EW0389

Self-stigma and quality of life in outpatients with depressive disorder – a cross-sectional study



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Background Self-stigma is a maladaptive psychosocial phenomenon that may disturb many areas of patient's life and have the negative impact on their quality of life. The present study explored the association between self-stigma, quality of life, demographic data, and the severity of symptoms in patients with depressive disorder.

Method Patients, who met ICD-10 research criteria for depressive disorder, were enrolled in the cross-sectional study. All probands completed these measurements: the Quality of Life Satisfaction and Enjoyment Questionnaire (Q-LES-Q), the Internalised Stigma of Mental Illness Scale (ISMI), demographic questionnaire, and the severity of the disorder measured by objective and subjective Clinical Global Impression severity scales (CGI).

Results Eighty-one depressive patients (with persistent affective disorder – dysthymia, major depressive disorder or recurrent depressive disorder) and 43 healthy controls contributed to the study. Comparing with the healthy control group, there was a lower quality of life in patients with depression. The level of self-stigma correlated positively with total symptom severity score and negatively with the quality of life. Multiple regression analysis discovered that the overall rating of objective symptoms severity and self-stigma were significantly associated with the quality of life.

Conclusions Present study suggests the lower quality of life in outpatients with depressive disorder in comparison with healthy controls, and the negative impact of self-stigma level on quality of life in patients suffering from depressive disorders.

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

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EW0390

Connection between coping strategies and quality of life in outpatient with depression – cross-sectional study

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Background The quality of life is a multidimensional phenomenon which represents all aspects of patient's well-being and various areas of the patient's life. Specific coping strategies may be connected with the quality of life and also with the severity of the disorder. The objective of this study was to explore the relationship between the coping strategies and quality of life in outpatients with depressive disorder.

Methods Eighty-two outpatients, who met ICD-10 criteria for depressive disorders, were enrolled in the cross-sectional study. Data on sociodemographic and clinical variables were recorded. Individuals with depression filled out the standardized measures: The Stress Coping Style Questionnaire (SVF-78), The Quality of Life Satisfaction and Enjoyment Questionnaire (Q-LES-Q), and The Clinical Global Impression (CGI).

Results The patients overuse negative coping strategies, especially, escape tendency and resignation. Using of positive coping is in average level (the strategy Positive self-instruction is little used). Coping strategies are significantly associated with quality of life. Higher using of positive coping has a positive association with QoL. The main factors related to QoL are the subjective severity of the disorder, employment and positive coping strategies according to regression analysis.

Conclusions This study revealed the connection between coping strategies and quality of life in patients with depressive disorders. Strengthening the use of positive coping strategies may have a positive effect on the quality of life, mental conditions and treatment of patients with depression.

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

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EW0391

Features of formation and system of psychoprophylaxis of suicidal behavior in young patients with depression



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The work covers the study of the formation of suicidal behavior in young adults with depressive disorders and developing of pathogenetic based system of its prevention. There were clinical and psychopathological signs of depressive disorders in young patients analyzed. Anxiety, asthenia, asthenic-apathetic and melancholy variants of depressive disorders in young patients with suicidal behavior were highlighted. In this study, there were the markers of suicide risk for young patients with depressive disorders determined: high suicide risk, low death self-consciousness, high anhedonia level, clinical manifestations of anxiety and depression by the hospital anxiety and depression scale, severe anxiety and depression by the Hamilton anxiety rating scale, major depressive episode by the Montgomery-Asberg depression rating scale. It has been proved that in observed young patients with depressive disorders with suicide behavior increased concentrations of serotonin, cortisol, noradrenaline and decreased levels of adrenaline

and melatonin in plasma were observed. These changes were determined as neurohormonal background for depletion of adaptation resource in stress situations. There were approaches to differentiated prevention of suicidal behavior in depressive disorders in young people validated that include pharmacotherapy (selective SSRI, melatonin, serotonin and norepinephrine), psychotherapy and psychoeducation. Psychotherapeutic complex in patients with depressive episode must include personality-oriented psychotherapy, cognitive behavioral therapy, family therapy and autogenous training; in disorders of adaptation – rational psychotherapy, cognitive-behavioral analytic psychotherapy, family therapy, autogenic training. Psychoeducation should be carried out using information modules, training a positive self-image, improved compliance; formation of communication skills, problem solving, interpersonal interaction and problem-oriented discussions.

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

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EW0392

Case report: Three years of refractory atypical depression successfully treated with “old school” moclobemide (maoi-r)

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Background Atypical depression is linked to bipolarity and specific response to mono amino oxidase inhibitors (MAOI), treatments not commonly used due to their complex handling. We describe a successfully treated case.

Methodology Clinical description. Depression severity is assessed with Montgomery Asberg depression rating scale (MADRS).

Clinical case Female, 54-year-old. Major depression, since 2011, refractory to venlafaxine/aripiprazol and escitalopram 20 mg/day. Manic episode with psychotic symptoms after potentiation with duloxetine. Diagnose of schizoaffective disorder was made, treated with aripiprazol 10 mg/day, with established chronic depressive symptoms, despite addition of valproate and venlafaxine, and partial response to pramipexole up to 1 mg/day.

– Decision of cleaning up aripiprazol during 8 days and switch to moclobemide monotherapy was made due to atypical features. Baseline MADRS: 31. At week 2, there is change in mood, expression, psychomotor features and speech formal and content alterations. At week 4, activity increases, and biorythms normalize. At week 8 (with 600 mg/day increased dose), full response is obtained, including drive, and anxiety, with MADRS 12.

– After one year of treatment, she has kept stability with no manic or psychotic symptoms emergence. Reduction in dose are linked to depression relapses. She still struggles with psychosocial recovery.

– Tolerance has been good in all moment, except for headache crisis, not linked to high blood pressure or diet.

Conclusions MAOI still has a role in affective disorders treatment, given its effectiveness, unique mechanism of action and good tolerability. Targeted psychopharmacological and phenomenology knowledge can be the key to a recovery.

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

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EW0393

Differences in perceived reasons for and barriers to, seeking help for depression between people with and without heightened depressive symptomatology



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Introduction Depression is treatable, but many people with depression do not seek help. When studies are conducted assessing barriers to and reasons for help seeking, it is common to combine responses from people with and without depressive symptomatology.

Objectives/aims The goal of the current study was to assess if people with and without heightened levels of depressive symptomatology perceive reasons/barriers similarly.

Methods Prior to the main study, two pilot studies were conducted which resulted in sets of 10 reasons and barriers rated as those participants were most aware of as influencing their decision to seek help for depression. Participants ($n=520$) rated the importance of these reasons/barriers to their decision regarding help seeking. Two groups were created based on their Beck depression inventory-II score: no to minimal and mild to severe depressive symptomatology.

Results Although, the order across the reasons/barriers varied between the groups, the most important reason for both groups was seeking help to enjoy life again, while the most important barrier for both groups was negative side effects of depression medication. The no to minimal group rated reasons to seek help as significantly more important to their help seeking decision process than the mild to severe group, while the mild to severe group rated barriers to seeking help significantly more important to their help seeking decision process than the no to minimal group.

Conclusions Greater importance of barriers to seeking help could partially explain why help seeking decreases as depressive symptomatology increases. Interventions should increase the importance of reasons to seek help.

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

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EW0394

Correlation between chronic somatic co-morbidities and prognosis of major depressive disorder



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Introduction Depression and somatic disorders are closely inter-related. Depressed mood is recognized to contribute to the development and progression of wide range of somatic diseases, while at the same time somatic diseases may increase the risk of depression. Co-morbidity research still represents huge research and clinical challenge to contemporary psychiatry and medicine.

Objectives To check whether the correlation of NSC and poor prognosis of MDD treatment is merely the consequence of age and duration of illness.

Methods We investigated a cross-sectional sample consisting of 290 psychiatric diagnosed with MDD. Outcome was the number of psychiatric rehospitalizations (NPR) since the first diagnosis of MDD treatment success. Predictor was NSC. Covariates controlled were sex, age, BMI, marital status, number of household members, education, work status, duration of MDD, CGI-severity of MDD at diagnosis, treatment with antidepressants and anti-psychotics.

Results After adjustment for all confounders, mediation analysis revealed insignificant indirect effects of NSC on NPR through patient's age ($P=0.296$) and duration of MDD ($P=0.180$). Direct effect of NSC was significant and clinically relevant ($P<0.001$). Effect of NSC was significantly moderated by duration of MDD ($P=0.019$). NSC and NPR were not significantly associated if MDD lasted for less than a year. The more MDD lasted the stronger was correlation of NSC and NPR.

Conclusion Correlation of NSC and poor prognosis of MDD is not a mere consequence of patient's age and duration of illness. To treat MDD effectively we have to treat simultaneously somatic co-morbidities.

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

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EW0395

From pilot project to RCT – Music intervention to improve sleep quality in depressed patients: A mixed methods study



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Introduction Insomnia is a common sleep disorder for patients with depression. This has a major impact on the quality of life for the individual. A randomized controlled trial (RCT) will address the use of music as a non-pharmacological treatment to reduce insomnia in depression.

Objectives and method The aim is to investigate, whether music listening is effective to:

- improve sleep quality;
- reduce symptoms of depression;
- improve quality of life;
- limit or replace medication.

A RCT will address the use of music as a treatment modality in depression using an explanatory mixed methods design. In the first phase of the study, patient data is collected from 3D accelerometer, log files from a new app for iPad called 'the music star' and questionnaires (MDI, HAM, PSQI and WHO-QOL). 'The music star' is an app for iPad used to select music from special designed playlists developed by Danish music therapists in psychiatry. An exploratory follow-up (semi-structured interviews) aims to explain quantitative results from accelerometer and 'the music star' log files. Participants enrolled are registered at the clinic for unipolar and bipolar affective disorders at Aalborg University Hospital – Psychiatry. The participants test whether a sound pillow and special designed playlists is effective to reduce insomnia in depression in a 4 week period.

Results and conclusions A feasibility study has been conducted on 11 participants showing positive results in terms of participation and sleep quality.

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

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EW0396

Confirmatory factor analysis of the postpartum depression screening scale-21 in a sample of Portuguese women



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Introduction The postpartum depression screening scale (PDSS; Beck & Gable, 2002) is a widely used measure to assess women's depressive symptoms after their children's birth. Pereira et al. adapted, validated and developed a short-version of PDSS for Portuguese women (PDSS-21).

Objective To examine the factor structure of the PDSS-21, using confirmatory factor analysis (CFA) in a sample of Portuguese women in the postpartum period.

Methods The sample was composed of 208 women (mean age = 32.72; SD = 4.49) who completed the PDSS-21 approximately at the 6th week postpartum. CFA was used to test the model suggested by prior exploratory factor analyses of PDSS-21. AMOS software was used.

Results After two items were deleted and some errors were correlated, CFA indicated a good fit for the second-order factor ($\chi^2/df=1.793$; CFI=0.957; GFI=0.889, rmsea=0.062; P [rmsea \leq 0.05] < 0.056). The 19-item PDSS showed excellent internal consistency ($\alpha=0.92$) and the four dimensions presented Cronbach's alphas ranging between good ($\alpha=0.83$) and excellent ($\alpha=0.93$).

Conclusions These findings suggest that the 19-item PDSS obtained through CFA is a reliable and valid measure to assess depressive symptoms among women in the postpartum period.

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

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EW0397

The paradoxical effect of two different emotion regulation processes in the association between shame and depression



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Experiential avoidance, considered a main process of psychological inflexibility, has been defined as the unwillingness to be in contact with particular unwanted inner experiences and the effort to control or avoid its form, frequency and the context in which they occur. On the other hand, decentering, conceptualized as the ability to deal with feelings, thoughts and emotions as subjective and ephemeral events, which occur in the mind, is considered an important protective process against psychopathology. The present study aimed to explore the moderator effect of two different emotional regulation processes, decentering and experiential avoidance, on the association between external shame and depression. The sample comprised 421 participants (131 males and 290 females), aged between 18 and 34-year-old. Results from two independent path analysis revealed that decentering abilities and experiential avoidance showed a significant moderator effect on the association between external shame and symptoms of depression. In fact, these findings allow to verify that decentering abilities were negatively linked to symptoms of depression. Through a path analysis,

the buffer effect of decentering was confirmed. On the contrary, performed tests demonstrated that experiential avoidance exacerbates shame's impact on the severity of depressive symptoms. Taken together, these findings emphasize the importance of targeting maladaptive emotion regulation processes (such as experiential avoidance), and developing adaptive strategies (e.g., decentering abilities), as strategies to diminish depressive symptomatology in prevention and intervention programs.

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

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EW0398

Shame and depression: The roles of self-reassurance and social safeness



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Self-reassurance and social safeness are both positive factors linked with a lighter experience of shame and depression symptoms. Self-reassurance is defined as an adaptive emotion regulation process, and social safeness as an emotion experience related to feelings of being safe around others, accepted by others, and connected to one's social world. Nevertheless, data about how self-reassurance and social safeness and pleasure operate in the association between external shame and depression is still scarce. A path model which hypothesised that self-reassurance and social safeness and pleasure may act as mediators on the association between shame and depressive symptomatology was tested. This study's sample consisted of adult men ($n=54$) and women ($n=125$), from the Portuguese general population. Results indicated that self-reassurance and social safeness act as mediators in the relationship between shame and depression symptoms. Specifically, a higher report of shame seems to explain higher levels of depressive symptomatology, via lower tendency for self-reassurance and poorer experience of social safeness. The tested model explained 45% of the variance of depressive symptomatology and was revealed to be invariant between men and women. This study's results underline the profound impact of the experience of comfort within secure and warm social relationships, but mostly the importance of self-soothing and self-compassion abilities which associate with greater social functioning. Moreover, in practical terms, these findings reinforce the pertinence of cultivating self-compassion, which has proven to be particularly relevant when intervening with high levels of shame, and in the prevention of depression.

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

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EW0399

Cognitive function before and after electroconvulsive therapy in patients with major depression



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Background Despite its high effectiveness, electroconvulsive therapy (ECT) is not a widely used method to treat depression. One of the reasons for this could be the fear of cognitive side effects. The aim of this study was to investigate effects of ECT on cognitive function.

Methods We conducted a prospective study with a sample size of 23 patients (10 male), who met the criteria of treatment-resistant depression according to ICD-10 and gave their informed consent for ECT treatment. Before and after ECT, the following investigations have been performed: Beck depression inventory (BDI), Montgomery-Asberg depression rating scale (MADRS), Mehrfachwahl-Wortschatz-Intelligenztest (MWT-B), trail making test (TMT) A and B, stroop-test, mini mental state examination (MMSE) and the German version of the California verbal learning test (MGT).

Results After ECT treatment, we found highly significant changes of depression-scales BDI ($P=0.028$) and MADRS ($P=0.001$). IQ as measured by the MWT-B ($P=0.851$), executive functions as measured by trail making test A ($P=0.568$) and B ($P=0.372$) and stroop-test, memory functions as measured by the MGT ($P=0.565$) (Figure 1) and MMSE ($P=0.678$) did not differ significantly after ECT treatment.

Conclusion There were no significant differences in cognitive function before and after ECT treatment. To confirm these findings, it would be necessary to perform larger studies.

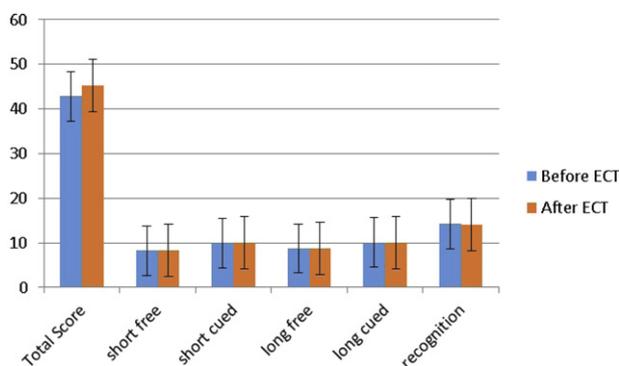


Figure 1

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

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EW0400

Vascular disease and trajectories of late-life major depressive disorder in secondary psychiatric care

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Objectives To examine 5 years trajectories of secondary-treated late-life major depressive disorder (MDD), and evaluate whether pre-existing cerebrovascular disease and related risk factors are associated with more severe trajectories of late-life MDD.

Methods Data were obtained from Danish registers. The sample included 11,184 adults ≥ 60 at index MDD diagnosis. Trajectories of in or outpatient contact at psychiatric hospitals for MDD over the 5 years period following index MDD diagnosis were modeled using latent class growth analysis. Risk factors included cerebrovascular disease, cardiovascular disease, hypertension, diabetes, and vascular dementia defined based on hospital diagnoses and prescription medications, demographic characteristics and characteristics of the index MDD diagnosis.

Results The final model included classes with consistently low (66%), high decreasing (19%), consistently high (9%) and moderate

fluctuating (6%) probabilities of contact at a psychiatric hospital for MDD during the 5 year period following the index MDD diagnosis (Fig. 1). Older age, greater severity, inpatient treatment and > 12 antidepressant prescriptions within 5 years of the index MDD diagnosis predicted membership in more severe trajectory classes. Cerebrovascular disease and related risk factors were not associated with trajectory class membership.

Conclusions A substantial proportion (34%) of individuals diagnosed with MDD in late-life require specialized psychiatric treatment for extended periods of time. We found no evidence that cerebrovascular disease or related risk factors predicted course trajectories in secondary-treated late-life MDD.

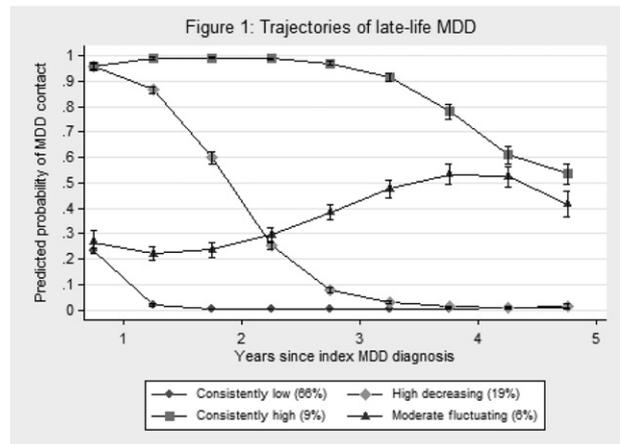


Fig. 1 Trajectories of late-life MDD.

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

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EW0401

Cognition in mild and moderate depression

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Introduction It is known that there is a cognitive decline in major depressive disorder. Most studies were performed on patients whose sum on a Montgomery and Asberg depression rating scale was greater than 30.

Objectives In our work, we concentrated on mild and moderate depression, MADRS > 30 was not criteria. Patients included were diagnosed with mild to moderate depressive episode.

Aims To determine how depressive episodes affect cognition.

Methods We included 30 patients diagnosed at the clinic for psychiatry in Nis. We covered the age group between 20 and 40 years, regardless of the gender and educational level. For the assessment of cognition, we used digital symbol substitution test (DSST), Rey audio verbal learning test (RAVLT), trail making test (TMT), stroop color naming test (Stroop), and patients were evaluated with Montgomery and Asberg depression rating scale (MADRS). Tests were conducted on the first visit to a psychiatrist. Patients were compared with the results of the healthy population with the same characteristics, and in the same period (August 2016). Mean values were compared and groups were compared by Student's t-test.

Results There was a statistically significant difference in all of the tests, and all of the parts of tests conducted on the patients and the control group.

Conclusions There is a statistically significant cognitive decline in patients with mild and moderate depression.

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

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EW0402

Emotional schemas: A new cognitive perspective for the distinction between unipolar depression and bipolar disorder



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Introduction Clinicians need to make the differential diagnosis between unipolar depression and bipolar disorder to guide their treatment choices. Looking at the differences observed in the emotional schemas might help with this differentiation. This study is an exploratory investigation of schema theory's Leahy's emotional schemas among individuals diagnosed with bipolar disorder and unipolar depression.

Methods Three groups of subjects 56 unipolar depression in the remission period, 70 bipolar eutimic and 58 healthy controls were asked to fill out the Leahy Emotional Schema Scale (LESS). The clinicians diagnosed the participants according to the criteria of DSM-IV-TR with SCID-I, and rated the moods of the subjects with the Beck Depression Scale, and the Young Mania Rating Scale (YMRS). Statistical analyses were undertaken to identify the group differences on LESS.

Results The bipolar eutimic and unipolar depression patients' scores on the LESS dimensions were significantly different from the healthy participants in the areas of control, consensus, acceptance of feelings, dissimilarity and simplistic view of emotions.

Conclusions These results suggest that the metacognitive model of unipolar depression might be extrapolated for patients with bipolar disorder. Bipolar disorder may be associated with a general activation of the emotional schemas.

Disclosure of interest The author has not supplied his/her declaration of competing interest.

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EW0403

Anxiety, stress and depression on COPD patients. A qualitative research



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Introduction COPD is a common disease, has an impact not only on physical but also on psychological well-being. Anxiety, stress, depression are common co-morbidities for COPD patients.

Objectives This paper proposes to study from a qualitative point of view the effect of depression on COPD patients.

Aims A qualitative methodology was chosen in order to explore 75 (male $n=69$, female $n=6$) COPD patients' symptoms and signs of anxiety, stress and depression.

Methods Data were collected through semi-structured interviews. All patients also completed the Beck Inventory and the GDS

15 questionnaires. The interviews were conducted both in the general university hospital of Larissa and in patients' homes.

Results We enrolled 75 patients (15: normal, 17: mild depression, 7: moderate and 1 severe). Persistent low mood and lack of interest was expressed by most of the participants. "Before I get this thing, I was in a good mood, but not now". Poor self-management was associated with anxiety disorders and high temper: "I withdrew, due to my health". .."I was really stressed, and depressed, and quick-tempered". COPD diagnosis was difficult for some patients: "At the beginning, I wasn't in the mood for anything, just sleeping and more of watching TV". Other patients seemed to be in a good mood: "I was never scared of anything, I am happy".

Conclusions This research shows that depressive and anxiety symptoms are common among COPD patients. Depression has a significant impact on the daily life of patients while breathlessness made patients feel housebound and social isolated.

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

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EW0404

Lurasidone for the treatment of major depressive disorder with mixed features: Do manic symptoms moderate treatment response?



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Background This post-hoc analysis evaluated whether the efficacy of lurasidone in major depressive disorder (MDD) with mixed features is moderated by the number and characteristics of manic symptoms present at study baseline.

Methods Patients meeting DSM-IV-TR criteria for MDD who presented with two or three manic symptoms (consistent with the DSM-5 mixed features specifier) were randomly assigned to 6 weeks of double-blind treatment with either lurasidone 20–60 mg/d ($n=109$) or placebo ($n=100$). Finite mixture models were applied to identify latent class patterns of the 10 baseline manic symptoms.

Results Three latent class profiles were identified: 105 (50.5%) patients had manic symptom profile 1 (MIX 1) with mean MADRS 33.0, mean YMRS 9.2, mean number of manic symptoms 3.8; 63 (30.3%) patients had manic symptom profile 2 (MIX 2) with similar baseline mean MADRS (32.4) and YMRS (9.3) and lower number of manic symptoms 3.5; 40 patients had manic symptom profile 3 (MIX 3) with significantly higher severity scores in MADRS (35) and YMRS (14.9) and mean number of manic symptoms 4.6. A significant moderating effect on change in YMRS score was observed for the "decreased need for sleep" symptom, with greater lurasidone effect size (vs. Placebo) found in patients without vs. With this symptom ($P<0.05$).

Conclusions In this post-hoc analysis of a placebo-controlled trial involving MDD patients with mixed features, absence of "decreased need for sleep" was found to be significantly associated with improvement in manic and depressive symptoms and to moderate the treatment effect on manic symptoms.

Disclosure of interest I am full time employee of Sunovion pharmaceuticals Inc.

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EW0405

Self-stigma, hope, dissociation, and personality features in treatment of depressive inpatients resistant to pharmacotherapy



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Objective The goal of this study was to examine the influence of dissociation, hope, personality trait and selected demographic factors in treatment response of this group of patients.

Methods Pharmacoresistant depressive inpatients completed clinical global impression – both objective and subjective form, Beck depression inventory, and Beck anxiety inventory at baseline and after six weeks of combined pharmacotherapy and psychotherapy (group cognitive behavioral or group psychodynamic). The Internalized Stigma Of Mental Illness Scale, Dissociative Experience Scale Adult Dispositional Hope Scale, and temperament and character inventory were completed at the start of the treatment with the intention to find predictors of treatment efficacy.

Results The study included 72 patients hospitalized for the pharmacoresistant major depression, 63 of them finished the study. The mean scores of BDI-II, BAI, subjCGI, and objCGI significantly decreased during the treatment. BDI-II relative change statistically significantly correlated with the total ISMI score, discrimination experience (ISMI subscale), and harm avoidance (TCI-R personality trait). According to stepwise regression, the strongest factors connected to BDI-II relative change were the duration of the disorder and discrimination experience (ISMI). ObjCGI relative change significantly correlated with the level of dissociation, the total ISMI score, and hope in ADHS total score, and self-directedness. According to stepwise regression, the strongest factor connected to objCGI relative change was discrimination experience (ISMI).

Conclusions According to our results, the patients with pharmacoresistant depressive disorders, who have had more experience with discrimination because of their mental struggles, showed a poorer response to treatment.

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

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EW0406

The major depressive disorder hierarchy: Rasch analysis of 6 items of the Hamilton depression scale covering the continuum of depressive syndrome



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Objectives Melancholic features of depression (MFD) seem to be a unidimensional group of signs and symptoms. However, little

importance has been given to the evaluation of what features are related to a more severe disorder. That is, what are the MFD that appear only in the most depressed patients. We aim to demonstrate how each MFD is related to the severity of the major depressive disorder.

Methods We evaluated both the Hamilton depression rating scale (HDRS-17) and its 6-item melancholic subscale (HAM-D6) in 291 depressed inpatients using Rasch analysis, which computes the severity of each MFD. Overall measures of model fit were mean (\pm SD) of items and persons residual = 0 (\pm 1); low χ^2 value; $P > 0.01$.

Results For the HDRS-17 model fit, mean (\pm SD) of item residuals = 0.35 (\pm 1.4); mean (\pm SD) of person residuals = -0.15 (\pm 1.09); $\chi^2 = 309.74$; $P < 0.00001$. For the HAM-D6 model fit, mean (\pm SD) of item residuals = 0.5 (\pm 0.86); mean (\pm SD) of person residuals = 0.15 (\pm 0.91); $\chi^2 = 56.13$; $P = 0.196$. MFD ordered by crescent severity were depressed mood, work and activities, somatic symptoms, psychic anxiety, guilt feelings, and psychomotor retardation.

Conclusions Depressed mood is less severe, while guilt feelings and psychomotor retardation are more severe MFD in a psychiatric hospitalization. Understanding depression, as a continuum of symptoms can improve the understanding of the disorder and may improve its perspective of treatment.

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

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EW0407

Depression among Tunisian young mothers



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Introduction In the Tunisian cultural context, the mother is in charge of childcare, housekeeping and the well-being of the whole family, which can lead to exhaustion and depression.

Objective To estimate the frequency of depression among mothers aged between 20 and 40 years, its consequences and the possible solutions.

Method Transversal study using an anonymous questionnaire of 26 questions published through social media sites to mother with young aged children.

Results Three hundred and twenty-seven mothers participated in the study: 20% of them aged between 20 and 30 years and 80% between 30 and 40. Ninety-seven percent of the participants were married; 96% of them had university education. Seventy-nine percent of them were working mothers and 50% of them did not get any help in childcare. Forty-two percent of the participants had only 1 child, 49% had 2 children, 8% 3 children and only 1 mother had 4 children. Depressive symptoms were present in 73% of the participants and were significantly higher among mothers aged between 30 and 40. However, depression was certain in only 36% of them and there was no significant difference between the two age groups. Eighteen percent of the participants noticed an increase in consumption of cigarettes, 31% resorted to tranquilizers, 25% needed sick leaves, and 2% resorted to alcohol use. Less working hours was suggested as a solution in 36% cases, sharing house chores in 30% cases.

Conclusion Depression among young mother is a public health problem in Tunisia. It is underestimated and not always treated, which can have a serious impact on the whole family well-being.

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

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e-Poster Walk: Epidemiology and social psychiatry

EW0408

The dietary status of adults with ADHD

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Objective The aim was to investigate the dietary status of adults with ADHD. Furthermore, we compared the group with a representative sample of a healthy adult Danish population.

Method Data were collected from the ADHD database operated by the ADHD outpatient clinic at Aarhus university hospital. We used data from newly referred patients in a seven months period from April 2014 through October 2014. The collected data include weight, height, blood pressure, somatic or psychiatric comorbidity, blood sample, physical activity scale. Concerning the diagnosis of ADHD: DIVA, ASRS, BRIEF-V. Inter99 was used to assess the dietary status. The representative sample was obtained as a part of a public health survey from 2010 called “how are you” conducted in the same region of Denmark as the location of the psychiatric hospital. Preliminary results, one hundred and forty-three patients were included in the study, 52% males. The mean age was 30.9 years. A larger proportion of ADHD patients fall in the category “unhealthy dietary pattern” compared to the representative sample population (26% vs. 12%), while the proportion in the “healthy dietary pattern” category is markedly lower (14% vs. 24%). The differences seem to be explained by lower than recommended intakes of fruits and vegetables.

Conclusion Our findings suggest a general shift towards more unhealthy dietary patterns among patients with ADHD. This exposes them to higher risk of somatic diseases, notably diabetes mellitus and cardiovascular disease. Lifestyle interventions could be a necessary part of standard treatment for patients with ADHD.

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

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EW0409

Mental health stigma: What's been done? Where to go?

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Introduction Negative attitudes towards psychiatric patients still exist in our society. Persons suffering from mental illness frequently encounter public stigma and may internalize it leading to self-stigma. Discrimination occurs across many aspects of economic and social existence. It may represent a barrier for patients to receive appropriate care. Many anti-stigma campaigns have been taken to decrease people's prejudice, but its effects are not well documented.

Objectives To characterize anti-stigma initiatives and its effects on diminishing negative consequences of stigma.

Methods Bibliographical research using PubMed using the keywords “stigma” and “mental illness”.

Results Despite several approaches to eradicate stigma, it shows a surprising consistency in population levels. It was expected that focus on education would decrease stigma levels. The same

was expected following concentration on the genetic causation of pathology. Most studies have revealed that education has little value and endorsing genetic attributions has led to a greater pessimism on the efficacy of mental health services, sense of permanence and guilty feelings within the family.

Conclusion Public stigma has had a major impact on many people with mental illness, especially when leading to self-stigma, interfering with various aspects in life, including work, housing, health care, social life and self-esteem. As Goffman elucidated, stigma is fundamentally a social phenomenon rooted in social relationships and shaped by the culture and structure of society. Social inclusion has been pointed as a potential direction of change.

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

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EW0410

Mental health conditions and co-morbidities among internally displaced populations (IDPs) in Ukraine



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Reliable epidemiological data on the burden of mental health conditions and key risk factors is crucial in helping to design appropriate trauma-informed mental health and psychosocial support responses for the estimated 1.4 million IDPs in Ukraine. The aim of the proposed study is to collect evidence on mental health and psychosocial support needs among IDPs in order to help inform mental health policy in Ukraine.

The specific objectives were to:

- measure the prevalence of mental health conditions of post-traumatic stress disorder (PTSD), depression, anxiety, and their co-morbidity;
- examine the characteristics associated with the mental disorders (e.g. gender, age, trauma exposure, socio-economic stressors);
- draft evidence-based recommendations for mental health and psychosocial support to relevant governmental and professional bodies in Ukraine.

The study used a cross-sectional survey conducted throughout Ukraine in 2016 with 2203 IDPs aged 18 years and over. Descriptive and multivariate regression analyses were used. PTSD prevalence was 32% (22% men; 36% women), depression–22% (16% men; 25% women), and anxiety prevalence was 17% (13% men; 20% women). There were also high levels of co-morbidity between PTSD, anxiety and depression. Key factors statistically significantly associated with mental disorders included female gender, older age, cumulative trauma exposure, more recent displacement and a bad household economic situation. The findings provided sufficient evidence to draft the trauma-informed mental health policy recommendations to key policy-makers in Ukraine.

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

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EW0411

Substance use disorder in the offspring of antenatally depressed mothers in the Northern Finland 1966 birth cohort: Relationship to parental history of severe mental disorder

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Introduction Maternal depression during pregnancy is common. However, reports of the adult offspring with maternal antenatal depression are scarce.

Objectives Our aim was to study whether offspring of antenatally depressed mothers have increased risk for substance use disorder when taking account parental mental disorder.

Methods In the Northern Finland 1966 Birth Cohort, the mothers of 12,058 children were asked at the antenatal clinic if they felt depressed. The offspring were followed for over 40 years. Substance use disorders were detected using the Finnish Care Register for Health Care, which was also used for identifying severe mental disorders in the parents till 1984.

Results Of the mothers, 14% had rated themselves as depressed during pregnancy. Of the parents, 10% had had a hospital-treated mental disorder. The risk for substance use disorder was slightly increased in the offspring of antenatally depressed mothers (crude OR 1.6; 95% CI 1.2–2.1), when compared with the cohort members without maternal antenatal depression. The risk for substance use disorder was higher in the offspring with both maternal antenatal depression and parental mental disorder (2.8; 1.7–4.7) than in those with maternal depression but without parental mental disorder (1.4; 1.1–2.0) or those without maternal depression and with parental mental disorder (1.5; 1.1–2.2). The reference group was cohort members without maternal antenatal depression and without parental mental disorder. The association remained significant after adjustment [1].

Conclusions Offspring with both maternal depression during pregnancy and parental severe mental disorder have elevated risk for substance use disorder.

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

Reference

[1] Mäki P, et al. Am J. Psychiatry 2010.

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EW0412

Does substance abuse mediate or moderate the relationship between childhood trauma and the experience of persecutory delusions in people with schizophrenia in South Africa?

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Background Persecutory delusions, a key symptom of schizophrenia, may be associated with the experience of early childhood trauma as well as with cannabis dependence. Little research has, however, addressed these associations in people with schizophrenia on the African continent. We examined if persecutory delusions were significantly associated with childhood trauma in people with schizophrenia from South Africa, and we investigated whether cannabis dependence mediates or moderates this association.



Methods Seven hundred and twenty-eight people with schizophrenia completed several scales including the childhood trauma questionnaire (CTQ) which captures several domains of childhood trauma. Logistic regression and structural equation modelling methods were employed to examine the relationship between persecutory delusions and specific experiences of childhood trauma, and to determine if cannabis dependence is mediating or moderating this relationship.

Results Preliminary results suggest that of the various childhood traumas, the strongest predictor of the presence of persecutory delusions was emotional abuse [OR: 1.02 (0.94–1.08)]. There was no evidence of mediation by cannabis dependence. However, all experiences of childhood trauma, measured by the CTQ (with the exception of physical neglect) interacted with cannabis dependence to increase the risk of the onset of persecutory delusions ($P < 0.001$).

Conclusions These results are consistent with previous data in demonstrating that both childhood trauma and cannabis dependence are associated with persecutory delusions in schizophrenia. These findings suggest that it is important to examine the role of early childhood trauma as well as substance use in predicting the onset of psychosis to inform treatment strategies.

Disclosure of interest The author has not supplied his/her declaration of competing interest.

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EW0413

Increased prevalence of major depressive disorder in patients who get admitted with atrial fibrillation with worse outcomes

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Objective To determine trends and impact on outcomes of atrial fibrillation (AF) in patients with pre-existing major depressive disorder (MDD).

Background While post-AF MDD has been extensively studied, contemporary studies including temporal trends on impact of pre-AF MDD on AF and post-AF outcomes are lacking.

Methods We used Nationwide Inpatient Sample (NIS) from Healthcare Cost and Utilization Project (HCUP) from 2002 to 2012. We identified AF and MDD as primary and secondary diagnosis respectively using validated International Classification of Diseases, 9th Revision, and Clinical Modification (ICD9CM) codes, and used Cochrane-Armitage trend test and multivariate regression to generate adjusted odds ratios (aOR).

Results We analyzed total of 3,887,827 AF hospital admissions from 2002 to 2012 of which 6.78% had MDD. Proportion of hospitalizations with MDD increased from 4.93% to 14.19% (P -trend < 0.001). Utilization of atrial cardioversion was lower in patients with MDD (34.37% vs. 40.52%, $P < 0.001$). In-hospital mortality was significantly lower in patients with MDD (aOR 0.749; 95% CI 0.664–0.846; $P < 0.001$) but discharge to specialty care was higher



(aOR 1.695; 95%CI 1.650–1.741; $P < 0.001$). In addition, median length of hospitalization (2.5 vs. 2.13 days; $P < 0.001$) and median cost of hospitalization (28,246 vs. 22,663; $P < 0.001$) was higher in hospitalizations with MDD.

Conclusions Our study displayed an increasing proportion of patients with MDD admitted due to AF in the last decade with lower mortality but higher morbidity post-AF. In addition, there was significantly less utilization of atrial cardioversion in this population along with higher median length and cost of hospitalization. There is a need to explore the reasons behind this disparity in outcomes and atrial cardioversion utilization in order to improve post-AF outcomes in this vulnerable population.

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

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EW0414

Temporal trends in drug abuse in adults with acute myocardial infarction show worse outcomes



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Objective To determine temporal trends, invasive treatment utilization and impact on outcomes of pre-infarction drug abuse (DA) on acute myocardial infarction (AMI) in adults.

Background DA is important risk factor for AMI. However, temporal trends in drug abuse on AMI hospitalization outcomes in adults are lacking.

Methods We used Nationwide Inpatient Sample (NIS) from Healthcare Cost and Utilization Project (HCUP) from 2002 to 2012. We identified AMI and DA as primary and secondary diagnosis respectively using validated International Classification of Diseases, 9th Revision, and Clinical Modification (ICD9CM) codes, and used the Cochrane Armitage trend test and multivariate regression to generate adjusted odds ratios (aOR).

Results We analyzed total of 7,174,274 AMI hospital admissions from 2002 to 2012 of which 1.67% had DA. Proportion of hospitalizations with DA increased from 5.63% to 12.08% (P trend < 0.001). Utilization of coronary artery bypass grafting (CABG) was lower in patients with DA (7.83% vs. 9.18%, $P < 0.001$). In-hospital mortality was significantly lower in patients with DA (aOR 0.811; 95% CI 0.693–0.735; $P < 0.001$) but discharge to specialty care was higher (aOR 1.076; 95% CI 1.025–1.128; $P < 0.001$). The median cost of hospitalization (40,834 vs. 37,253; $P < 0.001$) was higher in hospitalizations with DA.

Conclusions We demonstrate an increasing proportion of adults admitted with AMI have DA over the decade. However, DA has paradoxical association with mortality in adults. DA is associated with lower CABG utilization and higher discharge to specialty care, with a higher mean cost of hospitalization. The reasons for the paradoxical association of DA with mortality and worse morbidity outcomes need to be explored in greater detail.

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

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EW0415

Increased prevalence of psychosis in patients who get admitted with acute myocardial infarction with worse outcomes



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Objective To determine trends and impact on outcomes of acute myocardial infarction (AMI) in patients with pre-existing psychosis.

Background While post-AMI psychosis has been extensively studied, contemporary studies including temporal trends on impact of pre-AMI Psychosis on AMI and post-AMI outcomes are lacking.

Methods We used Nationwide Inpatient Sample (NIS) from Healthcare Cost and Utilization Project (HCUP) from 2002 to 2012. We identified AMI and psychosis as primary and secondary diagnosis respectively using validated International Classification of Diseases, 9th Revision, and Clinical Modification (ICD9CM) codes, and Cochrane-Armitage trend test and multivariate regression to generate adjusted odds ratios (aOR).

Results We analyzed total of 7,174,274 AMI hospital admissions from 2002 to 2012 of which 1.77% had psychosis. Proportion of hospitalizations with psychosis increased from 6.94% to 11.85% (P -trend < 0.001). Utilization of percutaneous coronary intervention (PCI) was lower in patients with psychosis (29.98% vs. 40.36%, $P < 0.001$). Utilization of coronary artery bypass grafting (CABG) was lower in patients with psychosis (8.01% vs. 9.18%, $P < 0.001$). In-hospital mortality was significantly lower in patients with psychosis (aOR 0.677; 95% CI 0.630–0.727; $P < 0.001$) but discharge to specialty care higher (aOR 1.870; 95% CI 1.786–1.958; $P < 0.001$). In addition, median length of hospitalization (3.77 vs. 2.90 days; $P < 0.001$) was higher in hospitalizations with psychosis.

Conclusions Our study displayed increasing proportion of patients with psychosis admitted due to AMI in last decade with lower mortality but higher morbidity post-infarction, and significantly less utilization of PCI and CABG. There was also increased length of stay patients with MDD. There is need to explore reasons behind this disparity in outcomes and PCI and CABG utilization to improve post-AMI outcomes in this vulnerable population.

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

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EW0416

Prevalence of Internet addiction: A pilot study in a group of Italian students

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Introduction Internet addiction (IA) is considered part of the so-called “new technologies addictions” group, that in turn belongs to a wider, novel group of abnormal behaviors defined “no-drug addictions” or “behavioral addictions”. Similarly to substance abuse, there is the risk either to arouse symptoms like craving, tolerance and habituation either to develop a full-fledged addiction to the Internet.

Aim The aim of this study is to examine the current pattern of Internet use and eventually of IA, as well as their main characteristics, in a group of high-school students from Calabria, a Southern Italian region.

Methods Five hundred high-school students (42% boys, 58% girls, mean age $SD \pm 16.23$ years) volunteered for this study. A specific questionnaire of 45 items with 5 possible answers ranging between “never” and “very often” on a Likert scale was developed.

Results Most of the young subjects interviewed owned a smartphone with Internet, and claimed to spend more time online than at the beginning. Nearly everybody had an active account in a least one social network. A small withdrawal from social relationships and from sport activities emerged in this group.

Conclusions Although about 10% of examined students presented IA symptoms, our findings cannot be considered representative of the total high-school population, these results underline the need of further investigation and awareness. In fact, many underestimated, vague, and other unspecific neuropsychiatric symptoms, such as alterations of sleep-wake pattern, chronic fatigue, headache, visual problems, carpal tunnel syndrome and eventually anxiety or depression may be underlying to an unrecognized condition of IA.

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

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EW0417

Intensive case management (ICM) project in eastern lower Austria: A description

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Introduction Our ICM Project was implemented in 2012, with the primary objective of preventing hospitalizations and unburdening services. Here, we present a description.

Objectives ICM is a type of multi-professional assertive community treatment (ACT) and case management, although our concept has a stronger focus on social work than ACT and uses less resources. It aims at patient's stabilization at home, better life quality, less inpatient/residential treatments, and more access to crisis intervention.

Methods Presently we have 118 spots. Target groups are persons with severe psychiatric conditions at high risk for institutionalization or already institutionalized, including heavy users of mental health services. An initial eligibility assessment is required. At least 3 workers are providing a minimum of 2 h face-to-face contact per week per person. Care is offered predominantly at home



environment and anchored in: careful distance-closeness ratio, structured and restructuring, autonomy enhancing, respectful, non-judgmental, confidential, regularity and commitment. Each treatment plan is individualized and based on two axes: intensive assistance and day-structure. It comprises comprehensive psychiatric treatment, counselling, assistance in everyday life, support groups, crisis management and interdisciplinary organizational meetings.

Results The program was evaluated in 2014 using the CANSAS and FLZ scales and its effectiveness was validated. Most significant improvements were found in day-structure, housing, social contacts and performance, nutrition, and psycho-education. Life satisfaction improvement was found mostly in areas of general health, performance, relaxation and autonomy.

Conclusions Since its implementation ICM has steadily expanded. Further research tools are currently being developed. Results will be presented in future publications.

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

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EW0418

Attention deficit hyperactivity disorder and scientific school performances among Moroccan children

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Background and aim Attention deficit hyperactivity disorder (ADHD) is classified as neurodevelopmental disorders. ADHD is one of the major problems in childhood encountered most often in schools. A study realized by Platt in 2011 show that children with ADHD often experience difficulties in mathematics. The aim of this study is to assess whether there is a relationship between school performance in scientific subjects (mathematics and natural science) and attention deficit hyperactivity disorder.

Methods The study was realized among 239 children studying in a urban school in Kenitra city (North-West of Morocco), and aged from 6 to 16 years. To evaluate the relationship between ADHD and the average class results of mathematics and natural science, Conners rating scale (parent and teacher short version) and the academic transcripts are used.

Results The results show that there is a significant correlation ($P < 0.05$, $P < 0.01$) between the average class results in each natural science and mathematics and three components of Conners rating scales (parent's version), which are behavioral difficulties, learning difficulties and hyperactivity/impulsivity. Furthermore, the Conners rating scale (teacher's version) show, also, that there is a significant correlation ($P < 0.05$, $P < 0.01$) between behavioral difficulties, hyperactivity/impulsivity and inattention passivity and the average class results in natural science and in mathematics.

Conclusion As known, children with ADHD are not less intelligent than other children, although our study show that children with ADHD represent low marks in natural science and in mathematics. In fact, deeper investigations are needed to study the possible factors that could affect ADHD children's school performance.

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

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EW0419

A study of patient's perspective of schizophrenia using emic perspectiveD. Sanyal^{1,*}, D. Das²¹ KPC Medical College, Jadavpur, Psychiatry, Kolkata, India² Manasi Mental Health Service Centre-Nanda-Singur, Psychiatry, Hoogly, India

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Introduction Knowledge about how patients perceive mental illness and how it possibly influences help seeking behaviour is important in development of proper plan for mental health reform. **Objective** This study planned to study disease related perception, first help seeking behaviour and stigma among schizophrenia patients admitted at a hospital.

Aims (1) To know about patient's view regarding the problems; (2) attempt to predict help seeking behaviour.

Methods Fifty-one patients suffering from schizophrenia according to DSM-5 and fit to be interviewed were assessed using EMIC (Explanatory Model Interview Catalogue) to get emic (insider or person's own cultural) perspective of disease related perception, help seeking behaviour and stigma.

Results Terms used to describe their illness included "depression" (21.6%), "mental" (17.6%) "matha kharap" (9.8%). Most common perceived cause was stress (25.5%) and sorcery (23.5%). Mental health specialist was visited by 27.5% Faith healer consultation was high (29.4%). Stigma score was higher with marriage related issues and social isolation. Using exhaustive CHAID analysis, it was found that patients with negative themes as disease name like "matha kharap" (loosely meaning crazy) are more likely to visit faith healers, while patients naming the condition with some medical related term like depression were more likely to visit mental health specialist.

Conclusion Clearly perception of patients regarding mental illness and its causation varies greatly from the way psychiatrists' viewpoint and this perception is likely to influence help seeking behaviour. Understanding these issues is likely to enable better patient awareness and proper formulation of plans to address mental health issues.

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

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EW0420

Neighbourhood ethnic density and incidence of psychosis – First and second generation migrants comparedP. Schofield^{1,*}, J. Das-Munshi², L. Becares³, E. Agerbo⁴¹ King's College London, Division of Health & Social Care Research, London, United Kingdom² King's College London, Health Service & Population Research Department, Institute of Psychiatry, Psychology & Neuroscience, London, United Kingdom³ The University of Manchester, Centre on Dynamics of Ethnicity, Manchester, United Kingdom⁴ Aarhus University, CIRRAU, Centre for Integrated Register-based Research, Aarhus, Denmark

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Introduction Living in an area with few people from the same ethnic background has been associated with increased incidence of psychosis (the ethnic density effect).

Objectives Compare associations between neighbourhood ethnic density and incidence of non-affective psychosis for first and second generation migrants.

Methods Population based cohort (2.2 million) of all those born 1st January 1965 or later and living in Denmark on their 15th birth-

day. We looked at a total of 106,000 migrants, including 62% first generation migrants. Ethnic density was determined at age 15 and we adjusted for age, gender, calendar period, parental psychiatric history and parental income at age 15.

Results For the first generation, we found no evidence that rates of non-affective psychosis were related to neighbourhood ethnic density for migrants from Africa (comparing lowest and highest quintiles): IRR 1.02 (95% CI 0.6–1.73), and the Middle East: IRR 0.96 (CI 0.68–1.35) and only weak evidence for migrants from Europe (excluding Scandinavia): IRR 1.35 (CI 0.98–1.84). Conversely, for the second generation rates of non-affective psychosis were increased for migrants from Africa in lower ethnic density neighbourhoods (comparing lowest and highest quintiles): IRR 3.97 (95% CI 1.81–8.69), Europe (excluding Scandinavia): IRR 1.82 (CI 1.28–2.59) and the Middle East: IRR 2.42 (CI 1.18–4.99).

Conclusions There is strong evidence for an area ethnic density effect on psychosis incidence for second generation migrants, but not for first generation migrants. This could reflect a greater resilience among the latter group to the adverse effects of minority status.

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

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EW0421

What is the prevailing diagnosis on admission into adult psychiatric wards? A meta-analysis of trends in the United KingdomA. Shoka^{1,*}, C. Lazzari², Katherine Gower^{1,2}¹ School of Health and Social Care, University of Essex, Colchester, United Kingdom² General Adult Psychiatry, North Essex NHS University Foundation Trust, Colchester, United Kingdom

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Introduction There seems to be an upsurge in psychiatric admissions related to female patients with borderline personality disorder. Does this reflect the actual trend?

Objectives Study of the typology of admission into acute psychiatric wards for an adult population.

Aims To understand the trend of actual psychopathology in the general population admitted into psychiatric wards.

Methods A total population of 197 psychiatric admissions was diagnosed in the period March 2015–March 2016 in a general psychiatric ward in the United Kingdom. The four major diagnostic categories were: personality disorder (mostly inclusive of borderline p.d.) ($n=77$), paranoid schizophrenia ($n=24$), schizoaffective ($n=11$) and other ($n=82$). Meta-analysis of the population analyzed the results. Gender was divided into 82 male and 125 female admissions, with 181 informal admissions, 68 under Sections of the Mental Health Act, and 5 under recall from Community Treatment Order.

Results Meta-analysis (Fig. 1) of the whole study showed a statistically significant heterogeneity in results with Tau squared $t^2=0.031$, Cochran's Q ($df=3$)= 141.90 , $P<.001$, and $I^2=97.87$, a prevalence of borderline personality disorder over other diagnoses; a prevalence of female over male admissions, ($t^2=.02$, Q ($df=1$)= 18.67 , $P<.001$, $I^2=94.64$), and a prevalence of patients admitted informally ($t^2=0.131$, Q ($df=2$)= 586.366 , $P<.001$, $I^2=99.65$).

Conclusions The prevailing population of acute psychiatric wards for the general adult population is females who are admitted informally with diagnosis of borderline personality disorder.

Figure 1 – Meta-analysis of the whole study.

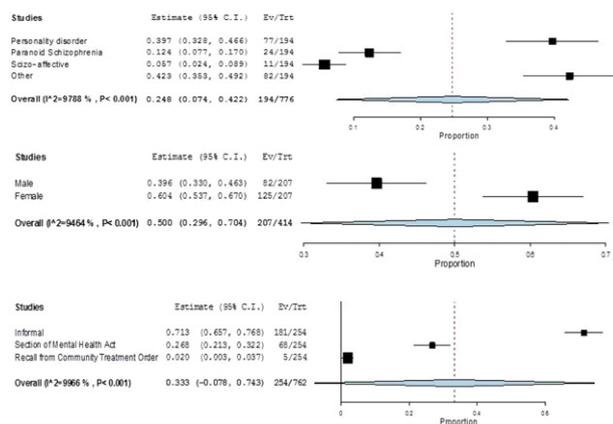


Fig. 1 Meta-analysis of the whole study.

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

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EW0422

Length of admission into psychiatric hospitals according to diagnoses

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Introduction In recent years, psychiatry in the United Kingdom has faced an important challenge due to the shortage of beds for patients with increased lengths of stay. Available resources have been saturated due to the reduced capability of psychiatric hospitals to provide spaces for patients needing access to psychiatric care.

Objectives This research provides a figure of length of stay linked to psychiatric pathology at discharge.

Aim To establish the length of admission of psychiatric patients.

Methods The sample comprised 137 discharges from a general adult psychiatric ward distributed over the first 8 months of 2016. Results were analyzed by descriptive statistics and meta-analysis.

Results Overall, longer periods of admission were recorded for psychoses and shorter periods for adjustment disorders. Psychoses had a median length of admission of 28 days (range = 3–374); borderline personality disorders, 10 days (range = 1–249); mood disorders, 14 days (range = 2–74); drug addictions, 6 days (range = 1–222); and adjustment disorders, 5 days (range = 1–55). Meta-analysis (Fig. 1) provided a confidence interval estimate for the whole model of 24.314 days (95% CI = 13.00–35.621) with $P<.001$. Meta-analysis results also provided $t^2 = 101.061$, Cochrane's Q ($df = 4$) = 14.327, $I^2 = 72.081$, with $P = .006$.

Conclusions Psychoses are conditions that require longer admissions, whereas adjustment disorders are more transient pathologies. Borderline personality disorder is somewhat of a hybrid condition. Overall, patients remain in hospital for about a month (24 days).

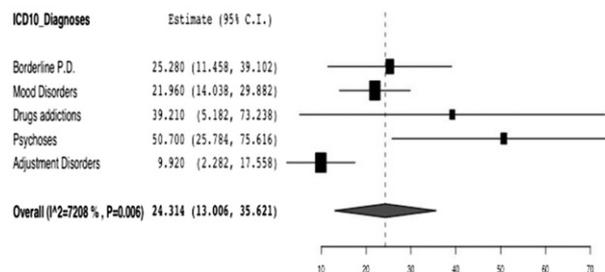


Fig. 1 Meta-analysis of length of admission in hospital according to diagnoses.

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

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EW0423

Analysis of hospital admissions for psychiatric care in Portugal: Results from the SMAILE study

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Introduction Evidence shows that the prevalence and severity of mental disorders and the need for psychiatric admission is influenced by socio-demographic and contextual factors.

Objectives To characterize the severity of hospital admissions for psychiatric care due to common mental disorders and psychosis in Portugal.

Aims This retrospective study analyses all acute psychiatric admissions for common mental disorders and psychosis in four Portuguese departments of psychiatry in the metropolitan areas of Lisbon and Porto, and investigates the association of their severity with socio-demographic and clinical factors.

Methods Socio-demographic and clinical variables were obtained from the clinical charts of psychiatric admissions in 2002, 2007 and 2012 ($n = 2621$). The number of hospital admissions per year (>1) and the length of hospital stay (31 days) were defined as measures of hospital admission severity. Logistic regression analysis was used to assess which socio-demographic and clinical factors were associated with both hospital admission severity outcomes.

Results Results showed different predictors for each outcome. Being widowed, low level of education, being retired, having psychiatric co-morbidity, and a compulsory admission were statistically associated ($P<0.05$) with a higher number of hospital admissions. Being single or widowed, being retired, a diagnosis of psychosis, and a compulsory admission were associated with higher length of hospital stay, while having suicidal ideation was associated with a lower length of hospital stay.

Conclusions Socio-demographic and clinical characteristics of the patients are determinants of hospital admissions for psychiatric care and of their severity.

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EW0424

Study on female refugees – A representative research study on refugee women in Germany



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Introduction Germany is one of the European countries that receive the highest number of refugees for the last years, with around 468 thousand asylum seekers in the first half of 2016. However, the increase in the speed of short-term procedures regarding refugees may at the same time overlook the risks regarding specific populations. Moreover, women and children constitute the most vulnerable groups during war and conflicts and the worst effects, in terms of physical, mental and social consequences, develop on these groups.

Objectives To understand deeply the psychosocial situation of female refugees that have arrived in Federal German Republic, to assess their challenges and resources before, during and after the displacement and to propose recommendations for policy changes.

Methods The study consists of two modules, taking place in five states in Federal German Republic, including Berlin, Mecklenburg-Vorpommern, Bayern, Hessen und Mainz. In the first step, a representative stratified sample of female refugees from Syria, Iraq, Iran, Afghanistan, Somali and Eritrea are recruited. The quantitative study instrument include a socio-demographic question form and HSCL-Hopkins checklist, Harvard Trauma questionnaire, Beck depressions inventory, EUROHIS-QOL and SCL-14. In the second step, a qualitative in-depth analysis of focus group meetings is conducted.

Results and conclusions There is an urgent need to take action for the mental health problems of refugees. This study constitutes one of the most extensive researches, especially on a subpopulation of refugees that requires specific attention. Challenges faced throughout the protocol and detailed results will be shared as presentation.

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

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e-Poster Walk: Oncology and Psychiatry and Pain and Treatment Options

EW0425

Pharmacological issues in cancer patients



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Introduction Depression and anxiety are the main causes of psychiatric disorder in cancer patients, associated with a decreased tolerance and adherence to cancer treatment, longer hospital stays,

decreased quality of life and possibly influence prognosis and mortality.

Objectives This review will address psychopharmacological options in cancer patients, side effects and possible drug interactions between psychotropic drugs and chemotherapy, either by toxicity, to which these patients are more sensitive, or a reduction in efficacy in anti-tumor treatment.

Methods Non systematic literature review through the Medline and clinical key databases, with time constraints.

Results Selective Serotonin Reuptake Inhibitors are the first line treatment for depression, because of their tolerability and safety profile. Venlafaxine is the safer choice for the treatment of depression and hot flushes in women with breast cancer undergoing chemotherapy with tamoxifen. Tricyclic antidepressants are used in patients with neuropathic pain, due to its analgesic properties. Haloperidol is the safest antipsychotic, with less drug interactions and lower metabolic risk. Benzodiazepines are used in anxiety states for short periods. Psychostimulants are an option in patients with depression and life expectancy of less than one month. Mood stabilizers are recommended to treat mania, commonly induced by corticosteroids.

Conclusions Treatment of psychiatric disease in cancer patients leads to an increased adherence to anti-tumoral treatment and improves quality of life. Regardless of the cancer stage there is indication to start treatment. We must, however, take into account possible side effects and drug interactions between psychotropic drugs and chemotherapy, through toxicity or diminished efficacy, when combined with anti-tumoral treatment.

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

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EW0426

Cancer survivor – What comes next?



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Introduction The number of long term cancer survivors (more than 5 years after diagnosis) are nowadays increasing because of advances in cancer screening, early detection, treatment strategies and management of acute treatment toxicities.

Objectives We aim to highlight the long-term psychological responses or late effect of cancer diagnosis and treatment.

Methods Non systematic literature review through the Medline and clinical key databases, with time constraints.

Results There are physical and functional difficulties that may not be solved with the conclusion of treatment or can become problematic in survivors of cancer.

Long-term refers to psychological or emotional responses that emerge after cancer diagnosis and treatment and persist for at least 5 years. Late effects of cancer refer to psychological or emotional responses that emerge after treatment completion. Risk factors to its development depends on the diagnosis, type of treatment, age at treatment, time since treatment, genetic vulnerability, psychological, social and environmental factors.

Specific deficits are more prevalent in survivors than in healthy adults of the same age. Fatigue, sexual dysfunction, cognitive impairment and musculoskeletal symptoms are common. Functional limitations that induce restricted physical and social activities may happen in survivors. Physical function and late complications can be influenced by lifestyle, socio-economic and biologic factors.

Conclusions Cancer survivors face short-term and long-term challenges to physical and mental health and they need to be addressed in the active treatment and throughout the continuum

of survivorship care. Screening for mental health morbidity should be better integrated into active cancer treatment and survivorship and it should be provided mental health later interventions.

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

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EW0427

The impact of the type of surgical treatment on the quality of life of Portuguese women with breast cancer

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Introduction Breast cancer significantly impacts dimensions of quality of life such as mental health, one's level of activity, family well-being, physical concerns (symptoms and pain), treatment satisfaction, emotional well-being, sexual intimacy, and social functioning.

Aim The aim of this study is to evaluate the impact of the type of surgery on the quality of life of women being treated for breast cancer, based on the comparison of samples of women who have undergone different types of surgery.

Method Our sample consists of 90 Portuguese women divided into three groups of 30 participants each. The first group underwent radical surgery in order to treat their breast cancer. The second group of women had conservative surgery as a breast cancer treatment. Finally, the last group of women did not have any type of surgical intervention. We use a socio-demographic questionnaire and the Portuguese version of the EORTC QLQ-30 as measurement instruments. The sample consists of patients from a central hospital in Lisbon, Portugal, and the data were collected anonymously.

Results We find that in all dimensions of quality of life measured, including general health, physical functioning, social roles, and all emotional, cognitive, and social dimensions, the group of women who underwent radical surgery shows lower scores when compared to the other two groups. This indicates that this group has lower levels of quality of life.

Conclusion The use of surgery for the treatment of breast cancer leads to a diminished quality of life following surgical intervention.

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

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EW0428

Quality of life and anxious-depressive symptoms in cancer patients undergoing mindfulness-based interventions: Feasibility and preliminary outcomes on prospective single-centre case-control study (MIND4ME St.)

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Background Mindfulness based interventions (MBIs) have shown efficacy in improving psychological symptoms including depression and anxiety in cancer patients (pts). The study aimed to explore feasibility and reproducibility of MBIs in an Italian Cancer Centre measuring biochemical and psychological parameters.

Methods In this pilot prospective case-control study, we recruited newly diagnosed pts receiving adjuvant chemotherapy (CT). A MBIs program was designed consisting of 2.5 hours weekly for 8 weeks and, including meditation, yoga and body scan. Material for 45 minutes (mn) home daily practice was provided. Primary endpoint was to evaluate feasibility. Secondary endpoints were assessment of quality of life (QoL), psychological and biochemical outcomes of stress, tested at baseline (W0), W4, W8, W24, W48. PSS (Perceived Stress Reduction), POMS (profile of mood states scores), EuroQoL (EQ-5D-3L) were administered.

Results Ten pts underwent MBIs program arm. We present preliminary results, while data of control arm are being collected. All pts were female, two pts (20%) dropped out. Median age was 56 years. All received adjuvant CT, 5/8 received radiotherapy and hormone therapy. Mean of sessions attending was 6.8 (76%). Median daily practice was 30 mn. EQ-5D item for depression and anxiety showed decreasing trend in mean score from moderate to light ($P=0.15$) and significant improvement of auto-perceived QoL was observed comparing W0 and W8 ($P=0.02$)

Conclusions In a sensitive setting such as start CT, we found high pts compliance to MBIs. Improvement in self-perceived QoL after starting program was found and comparing anxious-depressive symptoms outcomes with control arm is still needed.

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

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EW0429

Psychosocial interventions to improve the quality of life for men with prostate cancer: A network meta-analysis of 31 randomized controlled trials

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Background The treatment of prostate cancer (PCa) can trigger a sequence of life-altering decisions that can induce depression and effects on health-related quality of life. We aimed to simultaneously compare all available psychosocial interventions using both direct and indirect data.

Methods In this systematic review and network meta-analysis, we searched the Embase, Medline, PsycINFO, and the Cochrane central register of controlled trials for randomized controlled trials (RCT) published before Oct, 2016, that compared active treatments dealing with psychosocial problems in PCa patients after treatment. The primary outcome was health-related quality of life improvement as measured by the 36-Item Short-Form Health Survey (SF-36). Psychological morbidity was assessed with the Hospital Anxiety and Depression Scale (HADS). This study is registered with PROSPERO, number CRD42016049621.

Results We screened 113 potentially eligible studies and identified 31 RCTs, that examined 7 psychosocial interventions in 3643 PCa participants. In terms of SF-36, cognitive behavioral therapy [standard mean difference (SMD) 2.48, credible interval [CrI] 0.23



to 4.46], group based counseling (SMD 1.36, CrI 0.40 to 3.17) had significantly greater effects than usual care. Participants assigned to all assessed interventions had a significantly improvement in depression compared with usual care, except for those assigned to psychoeducational therapy (SMD 0.02, 95% CrI -0.11 to 0.15).

Conclusion This review shows that cognitive behavioral therapy, group based counseling and exercise may have significant beneficial effects considering SF-36 and HADS when compared with usual care. However, additional well-done research studies are necessary to establish the role of psychosocial interventions in men with PCa.

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

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EW0430

Suicides and cancer mortality in Russia: A comparative analysis of trends

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Introduction The association between suicide and cancer is complex. Hopelessness and depression are the common risk factors for both suicide and cancer. There is also evidence that suicide rate in cancer patients are higher than in the general population. However, the real occurrence of suicide in cancer patients is considered to be underreported. This is a good reason to expect a positive relationship between cancer mortality and suicide rates at the population level.

Aims The present study aims to test the hypothesis of the close aggregate level link between cancer mortality and the suicide rates in Russia.

Methods Trends in sex-specific cancer mortality and the suicide rates from 1956 to 2010 were analyzed employing a distributed lags analysis.

Results The results of analysis indicate the presence of a statistically significant association between trends in suicides and cancer of the upper digestive tract (mouth, oral cavity and pharynx), larynx, bronchus and lungs, stomach, colorectal, ureter and leukemia for male. There is also a statistically significant association between trends in suicides and cancer of the upper digestive tract (mouth, oral cavity and pharynx), larynx, bronchus and lungs, stomach, colorectal, ureter, breast, cervix, uterus and leukemia for female.

Conclusions Common confounding variables, including binge drinking and psychosocial distress, may explain positive aggregate-level association between the cancer mortality and suicides time series in Russia.

Disclosure of interest The author has not supplied his/her declaration of competing interest.

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EW0431

Clinical and psychological confirmation of stabilizing effect of neurofeedback in migraine

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Introduction Neurofeedback in migraine aims to improve neurophysiological state, which is linked to psychosomatic, emotional and cognitive regulation. Objective and complex evaluation of neurofeedback effects is feasible.



Methods A single case design cross-over placebo-controlled study with blinded evaluator included 3 females with frequent migraine (N., E., T.), 1 of whom (T.) also had TTH. Study had 4 phases: evaluation (≥ 2 weeks), treatment 1 (5 weeks), treatment 2 (5 weeks), evaluation (≥ 2 weeks). Treatment 1 and 2 included 10 infra-low frequency neurofeedback and 10 sham-neurofeedback sessions at T3T4 site in randomized order. Detailed psychological assessment was performed a baseline, at phase switch and in the end. Every day participants filled a computerized diary about pain, aura, mood, stress, copings. Before each session they received questionnaires "well-being, activity, mood" (rating of the current state between antonym adjectives, in Russian).

Results The main finding was reduction of migraine (but not TTH) frequency during real, but not sham neurofeedback phase: 11% vs. 31% days in N. ($P=0.1$), 15% vs. 30% days in E. ($P=0.046$), T. After the start of neurofeedback had only TTH. Another detected phenomena was reduction of day-to-day shifts in cognitive function domains of "well-being, activity, mood" (easy/difficult to think, attentive/distracted). In N. and E these domains had co-dynamic with mood (good/bad mood, happy/sad), while in T. – with anxiety (tensed/relaxed, nervous/calm).

Conclusion Infra-low frequency neurofeedback from interhemispheric site resulted in decrease in migraine frequency and in reduction of shifts in psychological state. Thus, the treatment had multimodal stabilizing effect.

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

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EW0432

Sham-neurofeedback as an intervention: Placebo or nocebo?

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Introduction Sham-controlled studies of neurofeedback are aimed to provide evidence-based data regarding its efficacy. However, a sophisticated sham procedure may turn out to be an intervention rather than a neutral control.

Methods Data from a single-case cross-over sham-controlled study of NF in migraine were analyzed to assess the effects of sham-NF. The study included 5 females with chronic migraine and was divided into 4 phases: pre-evaluation (≥ 2 weeks), treatment 1 (5 weeks), treatment 2 (5 weeks), post-evaluation (≥ 2 weeks), where treatment 1 and 2 included 10 infra-low frequency NF and 10 sham-NF sessions at T3T4 site in randomized order. Participants filled out a computerized diary about headache and emotions.

Results Sham-NF resulted in some reduction of the level of tension (0.8 ± 0.7 vs. 1.1 ± 0.5 , $P=0.1$) and anxiety (0.56 ± 0.5 vs. 0.95 ± 0.4 , $P=0.07$) as measured by the mean value in the diary (rating from 0 - no emotion, to 3 - very intense). While the total frequency of headache was not influenced by sham-NF ($40 \pm 11\%$ vs. $40 \pm 7\%$ days, $P=1$), a tendency towards an increase in quantity of severe headaches ($42 \pm 18\%$ vs. $20 \pm 18\%$ days, $P=0.07$) and in the need for drug intake ($74 \pm 27\%$ vs. $44 \pm 30\%$ days, $P=0.07$) was observed. We supposed that expectation of feedback and failure to receive it during sham sessions may have possible negative effects, while frequent visits to the clinic and contact with the therapist may explain reduction in anxiety.

Conclusion Sham-NF seems to have both placebo and nocebo effects, which should be considered during interpretation of results of the studies.



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

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EW0433

Pain perception in children with autism (prospective study of 40 cases)



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Introduction Recent studies show a different mode of expression of pain associated with disorders of verbal and nonverbal communication, body schema and some cognitive impairment in autistic children.

The aim of our study was to evaluate the reactivity of an autistic child in a slightly painful stimulation in a standardized situation where there is a dual relationship with an adult.

Methods We conducted a study, on 40 children with autism. The diagnosis of autism was established following a multidisciplinary assessment including scale ADIR (Autism Diagnostic Interview Revised) and ADOS (Autism Diagnostic Observation Schedule). Severity of autism was assessed by the CARS (Childhood Autism Rating Scale). All subjects were submitted to a pinch with a clothespin camouflaged by the palm of the hand of the examiner. The reactivity to pain was assessed by the NCCPC (Non-communicating children's pain checklist).

Results All children have responded to pain, 57.5% had moderate to severe pain and 42.5% had mild pain. The evaluation of the expression of pain according to the items of the NCCPC showed that 95% of children responded with motor responses, 90% responded with vocal productions, only half of the children (55%) presented facial expressions and 12.5% of the children showed physiological indices. The analysis of the type of motor and vocal reactions was not moving toward pain in almost all children (removal or protection of the area of the body affected, the precise location of the painful area are almost absent in our sample).

Conclusion These results are in favor of a different mode of expression of pain in children with autism.

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

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EW0434

Mental disorders in patients with temporomandibular pain-dysfunction syndrome



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Introduction Maxillofacial surgeons and dentists often deal with the phenomenon of temporomandibular pain-dysfunction syndrome—painful condition of maxillofacial area without clear organic pathology. Psychiatric studies of this disorder are almost lacking. The aim of this study was to determine the prevalence of psychiatric disorders in patients with temporomandibular pain-dysfunction syndrome and to define the psychiatric diagnosis (ICD-10).

Methods Study sample consists of 57 patients (44 women and 13 men) with temporomandibular pain-dysfunction syndrome aged older than 18 years, who gave inform consent. The study used clin-

ical psychopathological, psychometric (HADS, HDRS, State-Trait Anxiety Inventory, Hypochondria Whitley Index, Visual Analog Scale for Pain).

Results Psychiatric disorders were revealed in 48 patients (84.2%) with temporomandibular pain-dysfunction syndrome—39 women and 9 men aged 18–65 years (mean age 39.6 ± 15.4 years). Affective disorders were diagnosed in 56.3%, personality disorders in 20.8%, schizotypal personality disorder in 12.5% and schizophrenia in 10.4%. Among affective pathology mild and moderate depressive episodes prevailed (59.3%). The severity of pain (VAS) in patients with affective disorders was higher than in patients with other psychiatric conditions.

Conclusion This study shows high prevalence of psychiatric disorders in patients with temporomandibular pain-dysfunction syndrome and proves the feasibility of a psychiatrist participate in the complex treatment of these patients. The use of psychometric method allows to improve the timeliness of the detection of patients who require further clinical psychopathological examination in order to determine the need of pharmacotherapy.

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

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EW0435

Burning mouth syndrome: Problem in the mouth?



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Introduction Burning mouth syndrome (BMS) is characterized by an intraoral burning sensation for which no medical or dental cause can be found. Sporadic evidence suggests that drug induced conditions may evoke BMS. Intriguingly, we observed a patient who developed BMS after induction of citalopram.

Objectives & aims A case report of patient with BMS from our psychiatric ward will be presented here, followed by a literature review on drugs induced BMS.

Methods Based on a recent literature search, we present a first case report of BMS that was apparently induced in patient shortly after beginning of citalopram. We performed a systematic search through PubMed, EMBASE and Cochrane's Library to find more cases of psychotropic induced BMS.

Results Ms. A. was a 72-year old woman meeting DSM-IV diagnostic criteria for melancholic depression, who was observed in a clinical setting. We started citalopram 10 mg, 1dd1, with 10 mg, 1dd1 increase over 7 days to 20 mg, 1dd1. The following day, she displayed a persistent burning painful sensation in the mouth. Other than BMS oropharyngological syndromes were excluded after consultation with qualified medical specialists. Citalopram therapy was discontinued, and nortriphen treatment was initiated. BMS symptoms resolved over four days. Twelve case reports have linked BMS to the use antidepressants and anxiolytics.

Conclusion Contrasting the statement that no medical cause can be found for BMS, we found that psychotropics may evoke the syndrome. Compared to other psychotropic drugs, antidepressant medication has the strongest association with BMS.

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

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e-Poster Walk: Personality and Personality Disorders

EW0436

Validation of the Arabic version of the oxford happiness inventory among undergraduates in Kuwait



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Introduction The Oxford Happiness Inventory (OHI) 29-Item, each involving the selection of four options that are different for each item. Although there is an Arabic version, it is not identical to the original version in terms of the number of items and response.

Objectives to evaluate the psychometric properties of the Arabic adaptation OHI and its factorial structure in undergraduate sample.

Methods The participants were 720 first year undergraduate Kuwaitis: 360 males mean age = 20.38 ± 1.60 and 360 females; mean age = 19.71 ± 1.39 (t=5.87, P<0.001). The Arabic version of OHI (Argyle, Martin, & Crossland) was administered to participants. The internal consistency reliability, factor structure, and convergent validity of the OHI with Life Orientation Test (LOT-R, Adult Hope Scale (AHS), Satisfaction With Life Scale (SWLS) were assessed as well as divergent validity of the OHI with Beck Depression Inventory-II (BDI-II)

Results Internal consistency was satisfactory for the OHI (Cronbach's alpha = 0.87) for males and (Cronbach's alpha = 0.86) for females. The results revealed no significant gender differences on happiness (F = 1.77, P>0.05). Principal component analyses (PCA) showed that a seven-component solution explains %50.50 of the total variance for males and 51.47% for females. The OHI positively correlates with the following variables: SWLS (r = .52), LOT-R (r = 0.56) AHS (r = .48) while the OHI correlates negatively with BDI-II (r = -.54).

Conclusions Findings confirm that the OHI provides satisfactory validation, and thus it can be recommended as a measure of happiness among Arab samples.

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

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EW0437

Portuguese validation of the Perfectionism Self Presentation Scale

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Introduction Perfectionist Self Presentation represents the interpersonal expression of perfectionism wherein individuals engage in strategies that promote their supposed perfection and conceal their perceived imperfections (Hewitt et al., 2003).

Objective To investigate the psychometric properties of the Portuguese version of the Perfectionist Self Presentation Scale/PSPS.

Methods Two hundred and eighty-six university students (69.2% females; mean age = 21.09 ± 2.133) answered the Portuguese preliminary version of the PSPS, and the Portuguese validated versions of: Multidimensional Perfectionism Scales, Dirty Dozen and Depression Anxiety and Stress Scale. To study the temporal

stability, 30 participants (66.7% females) answered the PSPS again after six weeks. SPSS and Mplus were used.

Results The PSPS Cronbach alpha was .91. The test-retest correlation coefficient was .66 (P < .01). Exploratory factor analysis resulted in a three dimension's model ($\chi^2 = 1974.015$, P < .01; RMSEA = 0.079, 90% CI = 0.069–0.088; CFI = 0.869; TLI = 0.812; SRMR = 0.046). The three factors presented good internal consistency: F1 Perfectionist self-presentation (PSPS; a = .85), F2 Interpersonal Concern over mistakes (ICM; a = .79); F3 Perfectionist image (PI; a = .70).

PSP and ICM (and PI with fewer significant coefficients and lower magnitudes) were moderately to highly correlate with personal standards, concern over mistakes, doubts about action, self-oriented perfectionism and social prescribed perfectionism ($\geq .40$). Correlations with narcissism and machiavellianism, anxiety and stress were moderate (r = .30) (all P < .01).

Conclusions The Portuguese version of PSPS has good reliability and validity, with the factorial model presenting an acceptable fit (Hair et al., 2004). It could be very useful both in clinical and research contexts, namely in an ongoing research project on the relationship between perfectionism and interpersonal functioning.

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

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EW0438

Confirmatory factor analysis of NEO-FFI-20 in a Portuguese sample

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Introduction The Five-Factor Model organizes human personality traits under a comprehensive framework of five dimensions—neuroticism, extraversion, openness to experience, agreeableness and conscientiousness. The dimensions are empirical generalizations of enduring differences in behavioural, emotional and cognitive patterns between individuals. The Portuguese version of the NEO-Five Factor Inventory (NEO-FFI-20) is increasingly used as it is the shortest version to evaluate the "Big 5".

Objective To investigate the reliability and the validity of the Portuguese version of NEO-FFI-20-item (Bertoquini & Pais Ribeiro) in a Portuguese sample, using exploratory and confirmatory factor analysis (EFA and CFA).

Methods 747 participants [417 (55.8%) women; mean age = 42.13 ± 12.349 years] answered an online survey which included the NEO-FFI-20 and socio-demographic questions. The total sample was randomly divided in two sub-samples (sample A, n = 373; sample B, n = 374). Sample A was used to EFA and sample B was used to CFA.

Results The Portuguese version of NEO-FFI-20, excluding items 14 and 16, had an acceptable fit to the data ($\chi^2/df = 2.28$; TLI = .88; CFI = .90; RMSEA = .06; P = .059). The internal consistency analysis resulted in: Neuroticism, $\alpha = .68$; Extraversion, $\alpha = .62$; Openness to Experience, $\alpha = .74$; Agreeableness, $\alpha = .70$; and Conscientiousness, $\alpha = .74$.

Conclusions The NEO-FFI-20 can be used to reliably and validly evaluate the BIG FIVE in an ongoing research project on traffic psychology to better understand and respond to risky behaviours on the road.

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

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EW0439

The Situational Dysphoria Scale (SITDS): development and validation of a self-report questionnaire for assessing situational dysphoria in borderline patients



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Introduction According to contemporary phenomenological literature, dysphoria is the background mood characterizing patients with borderline personality disorders (BPD). In particular circumstances, it can take the form of a state of pressure, urge to act, and quasi-explosion, which is very dependent on situational triggers. There are currently no instruments able to measure this situational form of dysphoria.

Objectives To develop and analyze psychometric properties of the Situational Dysphoria Scale (SITDS), a self-report questionnaire that measures situational dysphoria.

Aims To validate the SITDS for a future use in routine clinical practice and, more generally, to assess different forms of dysphoria in BPD in a more precise way.

Methods The preliminary 58-item SITDS was administered to 105 BPD patients, along with other conceptually similar (Nepean Dysphoria Scale) and conceptually distinct (Cynical Distrust Scale, Inventory of Interpersonal Problems-47, empathy quotient, and borderline personality severity Index-IV) instruments. The psychometric characteristics (reliability, internal structure, convergent and divergent validity) of the SITDS were then examined.

Results The final 24-item SITDS (with each item rated on three subscales: internal pressure, urge to act, and quasi-explosion) demonstrated excellent internal consistency ($\alpha = .91$). A three-cluster solution was found, with clusters pertaining to personal events, interpersonal events, and environmental events. There were medium to strong correlations with NDS, and weaker but still significant correlations with CynDis, IIP-47, EQ, and BPDSI-IV.

Conclusions The SITDS is a useful and easy-to-handle instrument for measuring situational dysphoria. Further research in clinical samples is needed.

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

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EW0440

Are patients with emotionally unstable personality disorder overmedicated?



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Emotionally Unstable Personality Disorder (EUPD) is often considered as treatment resistant clinical challenge. While effectiveness of psychological therapies for EUPD is widely acknowledged, there is less supportive evidence for pharmacotherapy use and patients with EUPD are perceived as overmedicated.

Objectives and aims The purpose of the study was to review prescribing guidelines and clinical practices for EUPD.

Methods MEDLINE and PsycINFO were searched for all English-language articles published 2000–2016 and containing the keywords “emotionally unstable personality disorder”, “borderline personality disorder”, “pharmacotherapy”, “drug treatment” and “treatment guidelines”.

Results NICE guidelines (2009) recommend pharmacotherapy should not be used for EUPD but for comorbid conditions only. In line with the American Psychiatric Association practice guideline, the Dutch and German guidelines recommend antipsychotics for cognitive-perceptual symptoms. However, in contrary to mood stabilisers they question the efficacy of antidepressants on impulsivity and affective dysregulation.

Studies on clinical practice showed 68% of borderline patients without comorbid disorder in UK were using antidepressants, 59% antipsychotics, 59% sedatives and 23% mood stabilizers. Similar results reported Paolini et al with polypharmacy in 83.5% of cases.

Conclusions All international guidelines recommend psychological therapies as the first-choice in EUPD treatment but diverge with respect to pharmacotherapy use. NICE and Australian guidelines abstain from psychotropics what may prevent to some degree counterproductive polypharmacy, but also can refrain from temporary pharmacological support when needed. More RCTs for pharmacotherapy use in EUPD are needed but meanwhile using pharmacotherapeutic algorithms for specific symptom domains might be the way forward.

Disclosure of interest The author has not supplied his/her declaration of competing interest.

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EW0441

The purpose of this research was standardizing the questionnaire of personality disorder cluster A



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Introduction As more or less stable personality traits of the person, temperament, intellect and body is what makes an individual unique compatibility with the environment.

Objective The purpose of this research was standardizing the questionnaire of personality disorder cluster A. On the basis of realizing criterion standard, DSM- 5.

Method 1303 people from universities of Tehran and Alborz provinces (753 females and 550 males) were examined by using the randomized sampling method. The questions of the questionnaire were conformed Dr. ShahramVaziri on the basis of Iran s population and culture. Then the reliability was tested and accomplished simultaneously Millon(MCMI-III) questionnaire.

Result After computing the correlation scales of Millon test with each of the questions, 20 questions that showed the highest correlation and diagnosis coefficient were chosen and scored again in next stage.

Conclusions Investigating the psychometric component of three scales (Paranoid 60%, Schizoid 66%, Schizotypal 59%) shows that they are reliable and defensibly valid. It can be said that questions related to all three measures paranoid, schizoid and schizotypal of acceptable psychometric properties and reliability are desirable.

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EW0442

Narcissism in Bulgarian adultsS. Stoyanova^{1,*}, V. Giannouli²¹ South-West University “Neofit Rilski”, Department of Psychology, Blagoevgrad, Bulgaria² Aristotle University of Thessaloniki, School of Medicine, Drama, Greece

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**Introduction** Narcissistic personality disorder influences relationships and beliefs in different life spheres.**Objective** We aimed to measure narcissism among Bulgarian adults by establishing validity of two scales measuring narcissism, specifying some social and demographic factors and differentiating narcissistic features.**Method** One hundred and thirty-four Bulgarians (17–62 years old, $M = 31$; $SD = 11$) were examined with two scales measuring narcissism. Higher score on Narcissistic personality disorder scale from the Personality Diagnostic Questionnaire-4 correlated positively ($r = .346$; $P < .001$) with higher score on A. T. Beck and J. S. Beck's scale measuring Narcissistic beliefs from Personality Belief Questionnaire that indicated their validity.**Results** No significant gender differences in narcissism were found, with female participants prevailing in the sample ($n = 118$). Family status ($F_{PDQ-4(4,128)} = 0.593$; $p_{PDQ-4} = .569$; $F_{PBQ(4,128)} = 0.295$; $p_{PBQ} = .881$), occupational status – student, employed or unemployed ($F_{PDQ-4(4,128)} = 0.593$; $p_{PDQ-4} = .569$; $F_{PBQ(4,128)} = 0.295$; $p_{PBQ} = .881$), secondary or university education ($t_{PDQ-4(112)} = 1.809$; $p_{PDQ-4} = .073$; $t_{PBQ(112)} = 1.338$; $p_{PBQ} = .184$), and the length of work experience did not differentiate narcissism ($R_{PDQ-4} = .168$; $t_{PDQ-4} = -1.853$; $p_{PDQ-4} = .066$; $R_{PBQ} = .063$; $t_{PBQ} = -0.681$; $p_{PBQ} = .497$). Advance in age was related to diminished levels of narcissism ($R_{PDQ-4} = .21$; $R^2_{PDQ-4} = .044$; $B_{PDQ-4} = -0.034$; $t_{PDQ-4} = -2.463$; $p_{PDQ-4} = .015$). Higher narcissism was related to the belief of being a special person (70.8%) and to the perceptions of other people as being envy of one's personality-own achievements (60.9%).**Conclusions** Narcissistic personality disorder is rare in the studied Bulgarian adult population – 4.5% of the subjects ($n = 6$) had the highest levels of narcissism on both scales that corresponded to the proportion of 6% prevalence of lifetime narcissism in USA, according to Stinson et al.**Disclosure of interest** The authors have not supplied their declaration of competing interest.<http://dx.doi.org/10.1016/j.eurpsy.2017.02.056>

EW0443

Confirmatory factor analysis of the Hewitt & Flett Multidimensional Perfectionism Scale-13 (H&F-MPS13)

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**Introduction** H&F Multidimensional Perfectionism Scale is a widely used measure of perfectionism developed to measure Self-oriented perfectionism (SOP), Socially-prescribed perfectionism (SPP) and Other-oriented perfectionism (OOP) dimensions. The original scale comprises 45-likert items. We have previously developed a short version of The H&F-MPS, with 13 items, showing adequate validity in a sample of university students, using principal component analyses method with factors varimax rotation.**Objective** To examine the factor structure of the H&F-MPS13 with confirmatory factor analysis (CFA), using a different sample of Portuguese university students.**Methods** The sample comprises 245 university students (68.9% females), with a mean age of 20.95 years ($SD = 2.19$; range = 17–33) who completed the H&F-MPS13. CFA was used to test the model suggested by prior exploratory factor analyses of H&F-MPS13.**Results** After correlated errors, we obtained a good fit for the second-order factor ($X^2/d = 2.577$; $CFI = 0.928$; $GFI = 0.915$, $RMSEA = 0.080$; $P[rmsea \leq 0.05] = 0.001$). The H&F-MPS13 showed acceptable internal consistency ($\alpha = 0.77$) and the three dimensions presented Cronbach's alphas ranging between acceptable and good ($\alpha_{OOP} = 0.67$; $\alpha_{SPP} = 0.73$; $\alpha_{SOP} = 0.89$).**Conclusions** The H&F-MPS13 obtained through CFA is a reliable and valid measure to assess perfectionism in Portuguese university students.**Disclosure of interest** The authors have not supplied their declaration of competing interest.<http://dx.doi.org/10.1016/j.eurpsy.2017.02.057>

EW0444

Relationship between personality traits and mental health in athletes studentsS.J. Mosavi Amiri^{1,*}, M. Abbasalipour², S.K. Mousavi Amiri¹, R. Ghaemi Amiri³, M. Sheikholeslami Amiri⁴, S.J. Mousavi Amiri⁵, A. Nikkhou Amiri⁶, M. Nadalinezhad⁷¹ Medical Clinic of Dr. Mosavi, Department of Addiction Studies, Babol Amirkola, Iran² Medical & Nutrition Clinic of Dr. Abbasalipour, Department of Nutrition Studies, Amol, Iran³ Medical Clinic of Dr. Ghaemi, Department of Family Studies, Babol, Iran⁴ Medical Clinic of Dr. Sheikholeslami, Department of Nutrition Studies, Babol Amirkola, Iran⁵ Medical & Nutrition Clinic of Dr. Abbasalipour, Department of Nutrition Studies-, Amol, Iran⁶ Medical Clinic of Dr. Nikkhou, Department of Family Studies, Babol Amirkola, Iran⁷ Medical Clinic of Dr. Nadalinezhad, Department of Internal Medicine, Kish, Iran

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Aim The purpose of this study was to investigate relationship between personality traits and mental health in athlete students. This study was a descriptive and correlation design.**Method** Sixty athletes students were randomly selected and responded to NEO-PIR inventory and General Health Questionnaire (GHQ 28). NEO assesses five personality traits: Neuroticism (N), Extroversion (E), Agreeableness (A), Openness to new experience (O) and Conscientiousness (C), and GHQ assesses four dimensions: Somatic symptoms (A), Anxiety (B), Social withdrawal (C) and Depression (D). NEO assesses five personality traits: Neuroticism, Extroversion, Agreeableness, Conscientiousness, Openness to experience. The data were analyzed with Pearson correlation test.**Results** The findings showed that there was positive significant correlation between neuroticism with somatic symptoms and depression, and negative significant correlation between extroversion, agreeableness, openness to new experience and conscientiousness with depression.**Conclusion** Based on findings, it is concluded that physical exercises and sport plans have positive effects on mood and affect of students, and decrease physical and mental diseases in athletes students.**Disclosure of interest** The authors have not supplied their declaration of competing interest.<http://dx.doi.org/10.1016/j.eurpsy.2017.02.058>

EW0445

Dissociative symptoms in borderline personality disorder

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Objective To study the association of dissociative symptoms and specific psychopathological dimensions in a sample of patients with Borderline Personality Disorder (BPD).

Methods An observational analytic study was conducted. Patients with BPD were administered the Diagnostic Interview for Borderline (DIB-R) and Dissociative Experience Scale (DES-II).

Results Participants were 34 adult patients with BPD. The majority presented with dissociative symptoms (65.6%; $n=21$). A statistical significant correlation was found between DES total score and DIB-R subscales: depression ($P=0.04$), feeling of loneliness and emptiness ($P=0.005$), sexual deviation ($P=0.002$) and intolerance to loneliness ($P=0.01$). Furthermore, depersonalization was statistically correlated with the severity of borderline psychopathology (DIB-R total score- $P=0.04$), suicidal behavior ($P=0.001$) and interpersonal problems ($P=0.04$). Derealization was significantly correlated with cognition ($P=0.02$), psychotic thought ($P=0.004$) and intolerance to loneliness ($P=0.02$).

Conclusions Dissociative symptoms are not easy to detect in the clinical daily work. More than a half of patients with BPD presented with dissociative symptoms detected with a specific rating scale. Particularly, only some specific psychopathological dimensions are correlated with dissociation and need to be assessed in patients with BPD.

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

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EW0446

Personality traits and disorders among adult ADHD Patients: Is borderline personality disorder as common as we expect?

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Introduction Patients with Attention Deficit/Hyperactivity Disorder (ADHD) have shown a high risk to develop a DSM cluster B (i.e., Borderline, OR=13.16; Antisocial, OR=3.03; Narcissistic, OR=8.69) and DSM Avoidant personality disorder (OR=9.77). Similarly, higher rates of DSM cluster B personality disorder were found among adult ADHD patients (6-25%) than general population. Although some authors investigated the prevalence of personality traits and disorders among adult ADHD patients, no studies have been yet reported about the assessment of Millon's Evolution-Based Personality profiles in adult ADHD patients.

Aims To explore the prevalence of personality traits and disorders among adult ADHD patients.

Methods Millon's personality traits and disorders were assessed in a consecutive sample of 35 adult ADHD outpatients accessing the Service for Adult ADHD of the AOU San Luigi Gonzaga (Orbassano, TO) using the Millon Clinical Multiaxial Inventory-III (MCMI-III).

Results According to the MCMI-III manual, ADHD patients in our sample showed more frequently both Cluster C and Cluster A traits and disorders, with a high prevalence of avoidant/depressive (8.6%/14.3%) and negativistic/self-defeating (20%/5.7%) personality

disorders. Conversely, we found a low prevalence of Narcissistic (5.7%) and Histrionic (5.7%) traits, and no patient showed Borderline personality traits or disorder.

Conclusions Unexpectedly, the dimensional assessment of adult ADHD personality reveals a high prevalence of cluster C and cluster A personality traits and disorders, and a low prevalence of cluster B personality disorders.

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

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EW0447

The relation between parent personality traits and children psychopathology: A pilot study

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Introduction Personality plays a crucial role in a person's behavior, emotions and cognitive patterns and shows an important relationship with several variables such as marital status, mental disorders or parenting models. However, little is known about the relation between the parental Big Five personality traits (Neuroticism, Extraversion, Openness, Conscientiousness and Agreeableness) and children psychopathology regardless of the diagnostic of their offspring.

Objectives To analyze the correlation between parents' Big Five personality traits and their children categorical diagnosis and psychopathology score.

Methods The authors recruited 105 children in the outpatient unit of the child and adolescent psychiatry department of the pediatric hospital of Coimbra and their 117 parents. Parents were assessed using the Portuguese version of *Neo Five-Factor Inventory* and children psychopathology scores were rated by child and adolescent psychiatrists using the *Brief Psychiatric Rating Scale for Children*.

Results Forty-nine children (46.7%) were male and 56 (53.3%) were female, with a mean age of 12.5 ± 3.2 and 13.6 ± 2.9 , respectively. Twenty parents (17.1%) were male and 97 (82.9%) were female, with a mean age of 45.8 ± 4.1 and 41.2 ± 5.4 , respectively. After excluding children diagnosed with Schizophrenia, bipolar disorder, autism spectrum disorders and intellectual developmental disorder, Pearson's correlation coefficients were significant between: parents' neuroticism and children Uncooperativeness (0.211), Manipulativeness (0.238), Hallucinations (0.257), Sleep difficulties (0.296) and Disorientation (0.204); parents' agreeableness and children hostility (-0.228); and parent's conscientiousness and children disorientation (-0.231), all $P < 0.05$.

Conclusions These preliminary results suggest that parental personality traits may influence psychopathological outcomes in their children. Data are still being collected to clarify the nature of this relationship.

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

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EW0448

Overweight/obese patient referrals to plastic surgery: Temperamental and personality traits

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Introduction Correlations between psychiatric disorders and overweight/obesity are reported in the literature. The study aimed at detecting correlations between psychiatric disorders, temperamental traits and body image perception in overweight and obese patients who seek surgical lipostructuring treatments.

Methods 28 overweight/obese patients (age 18–60 yrs, BMI 25 to 34.9 at recruitment) were enrolled in the period March 2008–June 2011 between those referring to the outpatient service for Obesity-related lipodystrophisms of the Institute of Plastic Surgery. Presence of psychiatric disorders, temperamental traits and body image perception were evaluated, and compared to a control group ($n=25$) from general population sharing clinical/demographic features. Psychiatric evaluation was based on acquisition of clinical history, Mini-International Neuropsychiatric Interview, Beck Depression Inventory, Yale Brown Scale (YBOCS), Paykel Life Events Scale, NEO Five Factor Inventory, Tridimensional Personality Questionnaire (TPQ), Body Shape Questionnaire (BSQ).

Results The patients group presented higher scoring in lifetime depression and BSQ with moderate/mild concern with body shapes. With regard to personality traits, TPQ revealed higher score in subscale RD4 (dependence/independence) in the patients, while controls scored higher in “openness to experience” NEO-FFI subscale. At YBOCS obese patients presented higher prevalence of obsessive characters.

Conclusion The affective sphere is a relevant feature in obese patients, but also obsessive traits, as negative body shape perception and temperamental and personality characteristics appear to be involved in leading patients to seek surgical consultation. These aspects are implicated in medical/surgical outcome and compliance to treatments.

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

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EW0449

Psychological defense mechanisms in patients with different forms of essential hypertension



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Introduction Essential hypertension (EH) is one of the most common diseases of the cardiovascular system. Today scientists discover more and more patients whose blood pressure values during work appear to be higher than those values during free time. This form of EH is called “hypertension at work”.

Objectives To indicate psychological defense mechanisms in patients with “hypertension at work”, as compared with ‘classical’ EH and healthy individuals.

Materials and methods Defense mechanisms were evaluated by the survey “The Life Style Index”. Eighty-five patients with ‘Hypertension at work’ (mean age was 45.9 ± 2.8) and 85 patients with ‘classical’ EH (mean age was 47.4 ± 4.5 years) took part in the study.

Results The results showed the dominance of low level psychological defences. The most common mechanisms were denial, projection and regression. More mature defense processes included

reaction formation and rationalization. The patients with ‘Hypertension at work’ significantly ($P < 0.05$) differs from second group by more frequent representation of displacement, denial, projection and reaction formation. Comprehensive interpretation of our findings suggested that affection of EH patients (specifically ‘Hypertension at work’) can be characterized by dominance of negative emotions and aggressive tendencies which would be projected, denied or suppressed. Such a complex of defense mechanisms is typical for those, who knows, based on own experience, that uncontrolled negative emotional reactions could be unsafe in social environment.

Conclusions Our findings can be considered as a basis to define a “risk group” amongst EH patients by an attribute of “emotional well-being” disorder and to develop psychological recommendations for them.

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

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EW0450

The factor structure of the Portuguese version of the personality inventory for DSM-5 (PID-5)

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Introduction The DSM-5 Section III proposes a dimensional-categorical model of conceptualizing personality and its disorders, which includes assessment of impairments in personality functioning (criterion A) and maladaptive personality traits (criterion B). The Personality Inventory for DSM-5 (PID-5) is a self-report, composed of 220 items, organized into 25 facets nested in five domains of personality differences, and was developed to operationalize criterion B.

Objectives This study explores the factor structure of the Portuguese adaptation of the PID-5.

Aims The five-factor structure that has emerged in previous studies with the PID-5 (cf. Krueger & Markon) is expected to be replicated in the current study.

Methods Exploratory factor analyses with varimax oblique rotation were conducted on a sample of Portuguese adults from the general population ($n = 379$, $M_{age} = 31.49$, $SD = 14.16$, 25.3% males, 74.7% females).

Results A six factor structure was retained in which the first 5 factors resemble the PID-5 domains. The model showed good fit indices ($KMO = 0.897$). The total explained variance was 68.25%. All the facets but four had primary loadings on the expected factor.

Conclusions The similarity of results across studies and nationalities contributes to the validation of the Portuguese translation of the PID-5 and highlights the structural resemblance among the DSM-5 model and the five factor model (FFM) and the personality psychopathology-five model (PSY-5), drawing attention to the relevance of these models for the diagnosis of Personality Disorders.

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

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EW0451

Real life consequences of stigmatization, misdiagnosis, misunderstanding, and mistreatment of borderline personality disorder



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Undiagnosed and untreated people with Borderline Personality Disorder (BPD) create a public health drain on mental health treatment. BPD underlies major public health problems including high incidence of substance abuse, alcoholism, domestic violence, impulse control disorders, incarceration, high utilization of emergency rooms and inpatient hospitalizations. Although BPD has a prevalence rate between 2–5.9%, it generally goes misdiagnosed, undiagnosed, stigmatized and mistreated. Amongst American veterans who are suicide attempters and completers, a recent study found 94% meet criteria for BPD. There is rampant professional stigma exists against BPD patients, seen as patients to be “avoided”, “treatment refractory,” “untreatable” and a “liability” due to increased risk of self-injurious and suicidal behavior. This is a contributing factor to misdiagnosis that is the usual experience for BPD patients, resulting in wasted years, hopelessness, chaos, family crises, and severe personal and economic consequences for patients and families. The need for assessing with validated diagnostic instruments to rule out or diagnose BPD, Bipolar Disorder, ADHD, substance abuse and other co-morbid diagnoses as well as the need to diagnosis children and adolescents at the time symptoms first appear will be discussed. Presentation of the shockingly few studies on BPD versus Bipolar will be presented and the consequences of failing to diagnose will be highlighted. Findings from an on-line survey from TARA4BPD, an American education and advocacy organization, will demonstrate the need for clinical education in evidence based BPD treatments, training, and supervision as well as patient and family psycho-education so as to improve outcome will be presented.

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EW0452

Personality disorders and temperament traits in patients with breast disease: Preliminary results

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Aim of the study was to identify individual characteristics in patients with a benign or malignant breast disease diagnosis. The role of specific personality traits has been considered in the assessment of temperament and character as a predictor of a certain psychopathological state in patients with breast disease diagnosis. Participants were interviewed using a structured clinical test (SCID-II, version 2.0) disorders, and the Italian version of Akiskal's semi-structured clinical interview for temperamental profiles (TEMPS-1) after clinical breast exams and ultrasonography. All patients presented different personality disorders and heterogeneity in temperamental profiles. Of 29 patients with benign breast disease diagnosis, twelve presented histrionic, seven narcissistic, five dependent, four obsessive, two borderline, one antisocial and one paranoid personality disorder. The histrionic-narcissistic disorder is associated with benign breast disease. The three patients with malignant diagnosis presented the same temperamental profile: depressive temperament was associated with malignant breast disease diagnosis. According to recent literature personality disorders cannot influence breast cancer or its prognosis. However, a psychological consultation represent a very important step to pre-dispose specific interventions, treating psychiatric reactive co-morbidities. The study shows the relevance of psychiatric counselling in breast units in the diagnostic cluster detection. Future purpose is to extend the sample and to add a follow-up evaluation.



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

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EW0453

Hyperprolactinemia phenomenon in neurotic and personality disorders and changes in prolactin level after the psychotherapy

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Introduction Hyperprolactinemia is a common endocrinological disorder. Some data suggest that psychological factors (e.g. personality traits) may play a role in hyperprolactinemia genesis.

Objectives Increased prolactin level (PRL) is described as clinical observations in some patients, usually with a diagnosis of borderline personality disorder. In the international literature there is lack of broader description and information of clinical implications of this phenomenon.

Aim The aim of the study is to evaluate the prevalence of hyperprolactinemia in patients with diagnoses F40-F69 according to ICD-10 and an evaluation of the changes in PRL after psychotherapy.

Methods The study population comprised 64 patients, mainly females (73%), with primary diagnosis of neurotic or personality disorder. Prolactin level was measured during the first and last week of the psychotherapy. Between the measurements patients underwent intensive short-term (12 weeks) group psychotherapy in a day hospital for neurotic and behavioural disorders.

Results Hyperprolactinemia was found in 41% of males and 42.4% of females in the study group. After psychotherapy significant reduction in prolactin level was observed in 80% of woman with hyperprolactinemia.

Conclusions Hyperprolactinemia is observed in almost 40% of patients with neurotic and personality disorders. Psychodynamic psychotherapy can be a significant factor improving PRL level in patients with neurotic and personality disorders, specifically women.

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

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e-Poster Walk: Psychopathology and Psychotherapy

EW0454

DBT for co-morbid borderline personality disorder and substance use disorder without drug replacement in Egyptian outpatient settings: A non-randomized trial

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Background Dialectical behavior therapy has demonstrated effectiveness for patients suffering from co-morbid borderline personality and substance use disorder. The current study tries to



replicate results of previous studies in a mixed gender sample of Egyptian outpatients.

Aim The aim of the current study was to examine the effectiveness of DBT without drug replacement relative to treatment as usual “TAU” in improving behavioral outcomes related to SUD and BPD, and improving emotional regulation.

Methods Forty outpatients with co-morbid BPD and SUD in Alexandria and Cairo were assigned for one year either to comprehensive DBT program (20 patients), or TAU defined as ongoing outpatient psychotherapeutic treatment from referring center (20 patients). Patients were assessed at baseline and follow up assessment at 4, 8, 12 and 16 months was done using Arabic version of Difficulties in Emotion Regulation Scale (DERS), urine multidrug screen and time line follow-back method for assessment of alcohol and substance use history.

Results Following one year of treatment, DBT group showed significantly lower doses of drugs used, DERS score, rates of hospital admission, ER visits, suicidal attempts and episodes of NSSI. Also, DBT patients showed markedly increased retention in treatment and longer duration of total alcohol abstinence and other drugs of abuse. Positive outcomes were maintained for four months post-treatment.

Conclusion DBT demonstrated superior efficacy in comparison to TAU for treatment of Egyptian patients suffering from co-morbid borderline personality and substance use disorder across behavioral domains of SUD, BPD and reduction hospital admission, emergency room visits and DERS score.

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

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EW0455

Empirical redundancy of burnout and depression: Evidence from time-standardized measures



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Introduction Burnout and depression are ordinarily assessed within different time frames. Burnout is most frequently assessed on an annual or a monthly basis whereas depression is generally assessed over a one- or two-week period. This state of affairs may have partly obscured the burnout-depression relationship in past research and contributed to an underestimation of burnout-depression overlap.

Objectives We investigated burnout-depression overlap using time-standardized measures of the two constructs. We additionally examined whether burnout and depression were differently associated with work-related effort and reward, occupational social support, and intention to quit the job.

Methods We enrolled 257 Swiss schoolteachers (76% female; mean age: 45). Burnout was assessed with the Shirom-Melamed Burnout Measure and depression with a dedicated module of the Patient Health Questionnaire. Work-related effort and reward were measured with a short version of the Effort-Reward Imbalance Scale and occupational social support with a subscale of the Job Content Questionnaire. Intention to quit the job was assessed with 3 generic items (e.g., “I plan on leaving my job within the next year”).

Results We observed a raw correlation of .82 and a disattenuated correlation of .91 between burnout and depression. Burnout’s dimensions (physical fatigue; cognitive weariness; emotional exhaustion) did not correlate more strongly with each other (mean $r = .63$) than with depression (mean $r = .69$). Burnout and depression showed similar associations with the job-related factors under scrutiny.

Conclusions Burnout and depression may be empirically-redundant constructs. Measurement artifacts probably contributed to an underestimation of burnout-depression overlap in many studies.

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

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EW0456

Vulnerable narcissism as key link between dark triad traits, mental toughness, sleep quality and stress



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Introduction The concept of the Dark Triad (DT) consists of the dimensions of Machiavellianism, narcissism, and psychopathy, and has gained increased interest within the last 15 years for its predictive power to explain success in the fields of economy, politics, and professional sport. However, recent research suggests that the associations between DT and behavior are not as uniform as expected. **Aims** Investigating the associations between DT traits and vulnerable narcissism, mental toughness, sleep quality, and stress perception.

Methods A total of 720 participants between 18 and 28 years took part in the study. The sample consisted of military cadres in the US ($n = 238$), Switzerland ($n = 220$), and of students from the university of Basel ($n = 262$). Participants completed self-rating questionnaires covering DT traits, mental toughness, vulnerable narcissism, sleep quality, and perceived stress.

Results Irrespective of the sample, participants scoring high on vulnerable narcissism also reported higher DT traits, lower mental toughness, poor sleep quality, and higher scores on perceived stress.

Conclusions The present pattern of results suggests a more fine-grained association between DT traits and further behavior, calling into question to what extent DT traits might be a predictor for greater success in the fields of economy, politics or elite sports. Specifically, vulnerable narcissism seems to be key for more unfavourable behavior.

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

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EW0457

Associations between chronotype and schizotypy in healthy adults



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Chronotype is defined as individual circadian preference, most often represented on the continuum between two extremes: morningness and eveningness. Growing number of studies show associations between circadian preference and various psychopathological symptoms. Eveningness has been shown to be related with depressiveness in non-clinical population, while morningness has been presented as protective factor. Schizotypy is a schizophrenic-spectrum personality trait linked with a tendency to eccentricity, magical thinking and unusual experiences. Features of schizotypy has been identified in patients with mood disorders i.e bipolar disorder. While there is growing number of studies evaluating associations between chronotype and affective symptoms, to our best knowledge there are no studies addressing the issue of association between schizotypy and circadian preferences. A total of 887 healthy individuals took part in the web-based study. Chronotype has been assessed with the use of Composite Scale of Morningness. Schizotypy has been measured with the use of the enlarged version of The Oxford-Liverpool Inventory of Feelings and Experiences (O-LIFE). Analysis revealed significant positive correlations between cognitive disorganization, introverted/anhedonia, implusiveness/nonconformity and eveningness. To our best knowledge, results indicate for the first time relationship between eveningness and schizotypy, measured by O-LIFE.

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

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EW0458

The effect of treatment recognition based on mental conscious on decreasing depression and stress on those affected by lupus disease and by 3 months follow up

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Introduction Systemic lupus erythemataus is a chronic inflammatory disease of the multimedia system that appear on renal involvement, cortical-mucous, bloody, and neurotic.

Aim The target of this study is to examine the effect of treatment recognition based on mental conscious on decreasing depression intensity on lupus disease and three month follow up.

Method The method of study is semi test by targeted random selection in access in which we have used of pre-test by observe group. Volume of sample includes 200 women afflicted by lupus and among them about 20 ones were ready to cooperate and in study duration were in related improvement situation and has been evaluated. They have been grouped in the two test group (ten persons) and observe one (10 persons) in which two persons has been excluded from test group and we have excluded two persons from observe group, too. Test group have received eight MBCT treatment sessions but observe group has not received any treatment. Beck depression questionnaire (BDI-II) and brief signs of psychology questionnaire (BSI-53) has been performed as pre-test and after clinical test, post-test and three-month-follow up has been done. We have used of descriptive statics and co-variance for analysis.

Results Findings has shown that treatment recognition based on mental consciousness, meaningfully have an effect on decreasing remained signs of depression.

Conclusion Three-month-follow up has shown that treatment recognition based on mental consciousness, had an effect on depression disorder, anxiety disorder, and lupus patients.

Keywords Treatment recognition based on mental consciousness; Depression; Erytmatosus systematic Lupus

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

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EW0459

The effectiveness of multi-systemic family therapy in bullying behavior of adolescents



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Introduction Multi-systemic family therapy is a type of psychotherapy that base on the assumption that all kinds of difficulties in individuals are at least partly explained by dysfunctions in the family system and other systems to which the individual belongs.

Objectives This study examined associations between bullying behavior and family ethos, and provides data for changes after treatment with Multi-systemic family therapy-Integrative model, as a culturally sensitive approach.

Methods Thirty-six adolescents with bullying behavior and their families were evaluated. Participants were randomly assigned into two groups: Family therapy group (FT-G) and Control group (CG). The FT-G was treated with integrative model for 6 months; the focus of FT sessions was on proximity-control goals and plans, bugs in the plans, emotive, and types of relations between family members programs. The CG was treated with the same frequency as the FT-G, but with interventions consisting of a detailed survey of their mental health, adolescents' feelings, daily routines and life events. Every month, data were collected through interviews, questionnaires, observation facilitating techniques and observations of a family play therapy.

Results In the study participated 36 outpatient adolescents ages 14–16. Seventeen adolescents were male and 19 female (Fig. 1).

Conclusions At baseline, 70 percent of participants met criteria for more than one of the following disorders, by ICD-10: conduct disorder, substance use, bulimia, borderline personality disorder, and attention deficit/hyperactivity disorder. Six months after the baseline measurement, there was a significant decrease in bullying behavior, substance use, smoking, excessive social media use, and anger control for the FT-G compared with the CG.

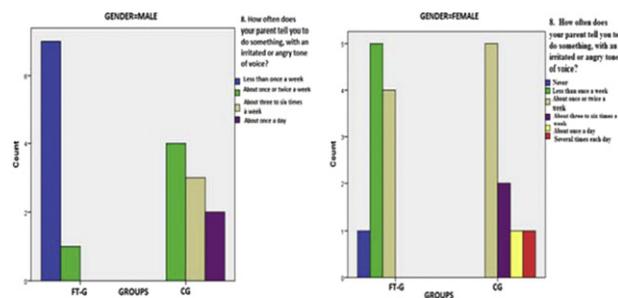


Fig. 1 Groups by gender in variable: How often does your parent tell you to do something, with an irritated or angry tone of voice?

Disclosure of interest The author has not supplied his/her declaration of competing interest.

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EW0460

Adult attention-deficit hyperactivity disorder (ADHD) in parents of ADHD children

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Objective ADHD is one of the most common mental disorders of childhood and adolescence, and characterized by inattention, hyperactivity, and impulsivity symptomatology. The objective of this study is to find out the difference between ADHD prevalence in parents of children with or without ADHD.

Method A total of 132 parents of 90 ADHD children; aged between 6 and 12, and 67 parents of 45 non-ADHD children were recruited in the study. Control parents were matched to ADHD children parents according to age, gender and educational status.

Results Rate of childhood ADHD were significantly higher among parents of ADHD children compared to the parents of control group ($P=0.039$). Rate of adult ADHD ($P=0.076$) was not significantly but higher among parents of ADHD children compared to the parents of control group.

Conclusion In our study, we found the prevalence of childhood ADHD in parents of children with ADHD, similar to those reported by published studies but the prevalence of adult ADHD is lower than most of the previous studies. There may be several reasons for us to find a relatively low rate of adult ADHD. Firstly, in our study only parents of ADHD children are investigated, but in the previous studies not only parents but also siblings of ADHD children are investigated. Secondly, in the previous studies adult ADHD is diagnosed according to DSM-III; not DSM-IV. Under the highlight of our findings, assessing adult ADHD in patients with having a child with ADHD is important for treatment and prognosis.

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

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EW0461

Effectiveness of psychoanalysis and long-term psychodynamic psychotherapy 10 years after start of treatmentO. Lindfors^{1,*}, P. Knekt¹, J. Lehtonen², E. Virtala¹¹ National Institute for Health and Welfare, Health Department, Helsinki, Finland² National Institute for Health and Welfare & University of Eastern Finland, Health Department, Helsinki, Finland

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Introduction The evidence of potentially greater long-term benefits of psychoanalysis (PA) in comparison to long-term psychodynamic psychotherapy (LPP) is scarce.

Aims This study aimed to compare the effectiveness of PA and LPP on different aspects of functioning and wellbeing during a 10-year follow-up from the beginning of the treatments.

Methods Altogether 169 patients were included in the study: 41 patients self-selected for PA and 128 patients assigned to LPP in the Helsinki Psychotherapy Study. The eligible patients were 20–45 years of age and had a long-standing anxiety or mood disorder causing work dysfunction. Potential confounding factors were assessed at baseline and acknowledged in analyzing outcomes in personality (LPO, IIP-64, DSQ, SASB) and social functioning (SAS-SR, SOC, Perceived competence, LSS), psychiatric diagnoses (DSM-IV), symptoms (SCL-90, HDRS, HARS), workability (SAS-work, WAI, PPF, GAF, work status), and remission, including the use of additional psychiatric treatment, measured 5 to 14 times during the 10-year follow-up.

Results From the 5-year to the 7-year follow-up personality and social functioning improved significantly more in the PA than in the LPP group. In the domain of psychiatric symptoms and work ability practically no differences were found beyond the 5-year follow-up and at the final 10-year measurement, when psychiatric and work status was relatively good in both treatment groups.

Conclusions PA may give additional benefits especially when personality-related long-term aims are essential and less intensive treatments are not considered to be sufficient.

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

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EW0462

Association between ADHD and psychopathology among prison inmates

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Introduction Several studies showed that among people with ADHD, the prevalence of psychiatric co-morbidities is the rule, both in general population and in perpetrators.

Objectives To analyze the relationship between ADHD and other psychiatric symptoms among prison inmates from a high security male prison in Portugal.

Methods A total of 101 subjects aged 18–65, with at least 4 years of formal education, were interviewed for socio-demographic data and completed the ASRS-v1.1 (Adult ADHD Self-Report Scale) and the BSI (Brief Symptom Inventory). Subjects were divided into ADHD positive or negative according to their score on ASRS-v1.1, and then compared regarding BSI scores using Student's t-test.

Results Seventeen subjects scored positive for ADHD. They significantly differed from the non-ADHD group in the total BSI score ($t=-4.27, P<0.001$). When looking into the different subscales of BSI, the groups differed in the subscales of obsessions/compulsions ($t=-4.05, P<0.001$), interpersonal sensibility ($t=-3.47, P 0.001$), hostility ($t=-6.71, P<0.001$), paranoia ($t=-3.17, P 0.002$) and psychotism ($t=-3.20, P 0.002$), with the ADHD group scoring higher in all the mentioned subscales. No significant differences were found between the groups in the subscales regarding anxiety, depression or somatization.

Conclusions In line with previous work, our study showed a higher prevalence of psychopathology in prison inmates with ADHD, then in non-ADHD subjects. However, while higher prevalence of depressive and anxiety symptoms in ADHD subjects is mentioned in other studies, we found no differences between the two groups concerning those subscales. The subscales that significantly differed, point to higher prevalence of dysfunctional relationships and a higher tendency for violent behaviour in the ADHD group.

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

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EW0463

Factors underlying distressful and recurrent hallucinations, perceptual distortions, dissociations and impulses associated with playing video games

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Introduction Failures in cognitive and behavioural inhibition are the core of mental disorders, but they are also part of everyday life. Research on Game Transfer Phenomena (GTP) has shown that images, sounds and thoughts from the game manifest, and involuntary actions toward game-related cues are performed, after playing. GTP is generally not associated with psychopathology, substance use, distress or dysfunction but a small number of gamers reported severe GTP (i.e. different types and frequently).

Aim Understand the underlying factors (e.g. medical conditions, drugs, problematic/gaming addiction) associated with experiencing several episodes of particular GTP (e.g. hallucinations).

Methods A total of 1,782 participants who experienced GTP “many times” or “all the time” was extracted from a larger sample recruited via an online survey. The 20 GTP-related items were categorized into: (i) hallucinations, (ii) distorted perceptions, (iii) dissociations, and (iv) urges/impulses.

Results Pearson’s Chi² test showed that: (i) 18–22-year-olds were more prone to experience several episodes of GTP and females were more susceptible to hallucinations; (ii) all four categories were associated with mental disorders and distress/dysfunction; (iii) drugs were associated with almost all categories with the exception of distorted perceptions; (iv) visual disorders were associated with hallucinations and dissociations; and (v) problematic/gaming addiction was associated with all categories except urges/impulses.

Conclusions The findings suggest that individuals with mental disorders are more prone to experience several episodes of GTP, which can lead to distress/dysfunction. Substance use appears relevant but not for all manifestations of recurrent GTP. The relation between gaming disorder and GTP requires further investigation.

Disclosure of interest The author has not supplied his/her declaration of competing interest.

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EW0464

Shame feeling in the parents of children with diabetes mellitus

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Introduction Chronic diseases such as childhood diabetes mellitus constitute a challenge for both the affected children and their families. Childhood diabetes mellitus is characterized by complex therapeutic management and has a profound physical and psychological impact on the whole family and a number of losses for the parents.

Aim and objectives To recognize and quantify the factors affecting shame feelings for parents of children with diabetes mellitus.

Method A cross-sectional design was performed. A sample of 316 parents (110 men–206 women, mean age 40.6 years, SD=6.0 ranged 17–57) participated to the present study. The questionnaire included: (a) social-demographic characteristics, (b) The Other As Shamer Scale (OAS), (c) The Experience of Shame Scale (ESS). SPSS for Windows 20.0 was used for the statistical analysis.



Results Age and the place of residence of the parents, the duration and the severity of disease were identified as significant multivariate factors on internal and external shame.

Conclusion Feeling of shame consist a significant psychological burden of the parents with children suffering from diabetes mellitus. Screening for psychological distress in parents of children is indicated, and preventive interventions are needed, targeted according to the increased needs as suggested in the research results.

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

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EW0465

The experience of shame in patients with chronic obstructive pulmonary disease (COPD)

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Introduction It is reported in global literature that Chronic Obstructive Pulmonary Disease (COPD) may cause a wide range of psychological effects, some of them not fully explored. The aim of this study is to investigate if patients with COPD experience intense feelings of shame.

Objectives To find differences in shame experience between males and females, and if there is a correlation of shame with other socio-economic factors.

Method Using the “Experience of Shame Scale” questionnaire (ESS) in 191 patients with COPD (104 men and 87 women) treated in Primary Health Care services in Greece.

Results Statistical analysis showed relatively low scores (M 39.5 sd 14.9) for the experience of shame in COPD patients. There is no statistically significant difference of shame for marital status, education level or disease stage. Statistically significant difference shown between males and females (bodily shame *P*: 0.001, total shame *P*: 0.031), and between smokers and those who quit smoking. (characterological shame: *P*: 0.007 behavioral shame *P*: 0.030, total shame *P*: 0.009). Also statistically significant difference appears for bodily shame among Body Mass Index (BMI) groups (*P*: 0.009) and economic status of the patients (*P*: 0.008).

Conclusions Patients with COPD seem to have not heavy burden with experience of shame. Any associations of shame with some patient groups are rather expected for cultural and social reasons.

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

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EW0466

Deficits in mentalization predict suicide risk among psychiatric inpatients

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Introduction Suicide is a major public health issue.

Objectives Mentalization is a form of imaginative mental activity about others or oneself that may shed light on the phenomenology of suicide.

Aims To assess the role of a number of variables in suicide risk.

Methods Participants were 156 (73 men and 83 women) adult psychiatric inpatients (age range = 18/74 year). Most of the patients had a major mood disorder (26.3% BD-I, 3.2% BD-II, and 11.5% MDD), psychosis (16.7%), or a schizoaffective disorder (20.5%). All the patients were administered the Mini International Neuropsychiatric Interview (MINI) for assessing diagnosis and suicide risk, and the Impact of event scale, Mentalization Questionnaire, Childhood Trauma Questionnaire. Some patients (18.6%) were admitted for a recent suicide attempt and 34.6% had attempted suicide in the past.

Results At the MINI, 44.9% of the patients resulted at a moderate to high risk of suicide, and 55.1% at no or low risk of suicide with no difference for sociodemographic variables (sex and age) and diagnosis, but they differed for mentalization and symptoms of intrusions and avoidance caused by a traumatic event. Groups also did not differ for self-reported childhood trauma. Only mentalization was independently associated with higher suicide risk, and patients with moderate to severe risk of suicide were 1.7 times more likely to report more mentalization deficits than those with no or low risk of suicide.

Conclusions Our study supports the notion that the investigation of mentalization among patients may help in proper assessment of suicide risk.

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

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EW0467

Effectiveness of treatment of young psychotic patients on psychotherapeutic inpatient unit

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Introduction The psychotherapeutic unit for psychotic patients in Psychiatric hospital Sveti Ivan, Zagreb, Croatia provides psychotherapeutic and psychosocial treatment for mostly young psychotic patients. Psychotherapeutic program has basically psychodynamic frame and patients participate in small and medium groups. Also, they participate in workshops based on cognitive behavioral principles (anti-stigma, self-concept, emotion, relationships, goals, stress), psycho-education, therapeutic community, work and occupational therapy, recreational therapy.

Aim The aim of this study was to determine effectiveness of this comprehensive program during hospitalization of individuals with first psychotic episode on psychotherapeutic ward. We evaluated the possible changes during treatment in attitudes towards drugs, in quality of life, insight and self-esteem.

Methods Participants were 37 individuals with first psychotic episode, average age: 25.1. They fulfilled: Drug attitude inventory (DAI-10), The World Health Organization Quality of Life (WHOQOL), Insight scale and Rosenberg's Self-Esteem Scale at the beginning of treatment and at discharge from the hospital.

Results Results show tendency of more positive attitude towards drugs at discharge, as well as tendency of better self-esteem, statistically significant more satisfaction with physical health ($P=0.004$), psychological health ($P=0.004$) and with environment ($P=0.001$), and statistically significant better quality of life ($P=0.000$). There was no significant difference in insight.

Conclusion During psychotherapeutic treatment of individuals with first psychotic episode, positive changes were observed. So, our findings indicate importance of implementing such a comprehensive program in treatment.

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

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EW0468

Change in attitude towards psychotherapy in the course of clinical practice: Qualitative analysis of experience of students from various health care fields

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Introduction A stigmatizing attitude towards psychiatry and psychotherapy still prevails in Lithuania. It is evidenced by a variety of patterns, especially by a controversial social opinion about a person suffering from mental disorders.

Objectives To investigate the experiences of students in Psychiatry and General Practitioner Residency studies and those in Bachelor's and Master's degree programs of Psychology who during their clinical psychiatric practice joined a multi-professional team at the Stress Related Disorders Department as temporary members; and to analyse how their attitude towards psychotherapy changed in the process.

Aims To analyse students' feedback about their experiences and involvement into the activity of the multi-professional team at the Stress Related Disorders Department (day care) during their clinical psychiatric practice.

Methods Qualitative research methods based on phenomenological sociology were employed in the study. Students responded to five questions in writing during interview. Collected qualitative research material was analysed while applying content analysis.

Results Eighteen subthemes were obtained and they were matched with the following nine main thematic codes: (1) past, present, future; (2) difficult beginning: "birth"; (3) childbirth pain; (4) childhood challenges; (5) birthing team; (6) adulthood; (7) mourning; (8) joining the team; and (9) future prospect.

Conclusions Clinical psychiatric practice develops a multidisciplinary attitude towards psychiatry including both pharmaceutical and non-pharmaceutical treatment while using individual and group psychotherapy. Significant experience and attitude of health care students changed during clinical psychiatric practice as they acquired deeper understanding of the meaningfulness of psychotherapy.

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

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EW0469

Relationship between self-reported and clinician-rated psychopathology in youth psychiatric outpatients



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Introduction Psychopathology rating scales have been widely used. Studies evaluating the congruence between self and observer-reported ratings show inconsistent results.

Objectives or aims Determine whether there was consistency between psychopathology as assessed by patients and clinicians' assessment in outpatients observed in the Young Adult Unit of our Psychiatry Department (Coimbra Hospital and University Centre-Portugal).

Methods Socio-demographic characterization was undertaken with young adult outpatients observed during nineteen months (1st January 2015–31st July 2016). Brief Symptom Inventory–53 items (BSI-53) and Brief Psychiatric Rating Scale (BPRS) were applied at the first clinical evaluation. Spearman correlation coefficient between General Severity Index (GSI) of BSI-53 and BPRS total score was calculated.

Results During the mentioned interval 255 outpatients were observed: 64.3% females and 35.7% males; aged between 17 and 39 years old (average: 20.56; median: 20). Fifty percent were diagnosed with neurotic, stress-related and somatoform disorders (ICD-10 F40-48) and 14.1% with mood disorders (ICD-10 F30-39). BPRS and BSI-53 rating scales were administered to 55 patients: 72.5% females and 27.5% males; average age 21.2. A statistical significant correlation was found between BPRS total and GSI score.

Conclusions Several factors can determine the accuracy of psychopathology self-assessment, including diagnosis and severity of illness. In fact, studies show strong correlation between self and observer assessment of depressive and anxious psychopathology, but no correlation in psychotic psychopathological dimensions. Therefore, the correlation found in this population can be explained by the fact that the majority of patients were diagnosed with neurotic, stress-related and somatoform and mood disorders.

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

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EW0470

Executive functions in delusion-prone individuals – Preliminary studies



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Introduction Executive dysfunctions in psychotic disorders, mainly schizophrenia are well-known phenomenon, however the information about executive functioning in subclinical psychotic states are still scarce. The rationale for focusing on the delusion-proneness (delusion-like states) is suggested role of executive dysfunction in the process of developing delusions.

Aims Our aim is to assess the relationship between delusion-proneness and executive functions.

Objectives We would like to assess two cognitive functions: shifting and inhibition and updating, depending on the

severity of delusion-like symptoms. We expect that higher delusion-proneness is associated with more pronounced executive dysfunctions, as it is observed in clinical population with existing delusions.

Methods In order to assess delusion-proneness, we used Polish version of Peters et al. Delusions Inventory (PDI). To evaluate shifting and inhibition, two test were conducted–Berg's Card Sorting Task (BCST) and Stroop task respectively. Correlation analysis were performed.

Results Sixty-four participants (41 women and 23 men) were recruited in this study. Mean age was 28.8, SD=10.37. Statistical analysis revealed significant negative correlation of PDI distress subscale and BCST non-perseverative errors. The overall score, as well as all PDI subscales correlated negatively also with the Stroop task's total number of errors and positively with the accuracy in incongruent variant.

Conclusions Contrary to our expectation, results have shown that delusion-proneness is associated with better results in executive functions test, especially in terms of accuracy. These results suggest that executive functions may play a role in the development and maintenance of delusional ideation, however, its relationship may be a bit more complex.

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

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e-Poster Walk: Schizophrenia and other psychotic disorders - Part 3

EW0471

Impact of an intervention of neuro-cognitive rehabilitation in treatment resistant schizophrenia (TRS) compared to schizophrenia responder patients



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Introduction Schizophrenia is a condition with high impact in terms of disability, also because between 30% and 60% affected individuals do not respond to treatment. It has been proposed that cognitive functioning is strongly impaired in schizophrenia and even more in TRS patients. Cognitive dysfunctions are regarded to worsen psychopathology, psychosocial functioning, and overall course of the illness.

Objectives To investigate the impact of Cognitive Remediation (CR) on psychopathology and psychosocial functioning in TRS vs. schizophrenia responder patients.

Aims To determine whether a CR intervention could improve functional outcomes in TRS patients.

Methods We evaluated proximal and distal effects of CR on approximately 20 schizophrenia responders and 20 TRS patients. Patients in each group were randomized to receive CR or not. Patients were assessed in training task performance, neurocognition, functional capacity, symptoms and psychosocial functioning. Evaluations were conducted at baseline, at the end of the 4-month intervention, and at 6-month, 1 and 2 year-follow-ups. The study is still in active recruitment phase.

Results Both TRS and schizophrenia responder patients exposed to CR exhibited a significant improvement in specific neurocog-

nitive domains, and in psychosocial functioning as assessed by either rating scales (SLOF and PSP) and performance-based measures (UPSA) at the 4-month time-point.

Conclusions CR improved psychosocial functioning in both group of patients, however, they were more pronounced in TRS patients.

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

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EW0472

Estradiol production suppressed by prolactin in at-risk mental state and first episode psychosis female patients? Preliminary results

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Introduction Clinical, epidemiological and basic research studies have confirmed that estradiol can have protective effects in schizophrenic psychoses. At the same time many patients with schizophrenic psychoses – even antipsychotic naïve at-risk mental state (ARMS) patients show hyperprolactinemia and gonadal dysfunction with estrogen deficiency in women and possibly testosterone deficiency in men.

Aim To investigate the relation between the stress hormone prolactin and the sex hormones estradiol in women and testosterone in men in emerging psychosis.

Methods Forty-seven antipsychotic-naïve ARMS (38 men and 9 women) and 17 antipsychotic-naïve first episode psychosis (FEP) (14 men and 3 women) patients were recruited via the Basel Früherkennung von Psychosen (FePsy) study. Blood was taken under standardized conditions between 8 and 10 am after an overnight fast and 30 minutes of rest. We performed a linear regression model to evaluate the association between prolactin and sex hormones including age and current antidepressant use as covariates.

Results In women, estradiol was negatively associated with prolactin ($\beta = -1.28$, $P = 0.01$) whereas in men there was a positive association of testosterone with prolactin ($\beta = 0.52$, $P = 0.031$).

Conclusion The often observed estrogen deficiency in women with psychosis could therefore be explained by the stress hormone prolactin suppressing the gonadal axis already in very early untreated stages of the emerging disease.

In ARMS or FEP men prolactin does not seem to influence the gonadal axis in the same way as in women.

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

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EW0473

Association between prolactin gene polymorphism (–1149 G/T) and hyperprolactinemia in anti-psychotic treated patients with schizophrenia

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Hyperprolactinemia (HPRL) is a classical side effect of anti-psychotic drugs. Extrapituitary prolactin (PRL) production is regulated by an alternative promoter, which contains the functional single nucleotide polymorphism – 1149 G/T (rs134,1239) in prolactin gene. We examined whether this polymorphism is associated with hyperprolactinemia in patients with schizophrenia. The experimental group comprised 443 patients with schizophrenia. The control group comprised 126 healthy persons. The PRL concentration was measured in serum using the AccuBind ELISA Microwells kit. The functional polymorphism – 1149 G/T (rs134,1239) of the PRL gene was genotyped using the The MassARRAY[®] system. Genotype and allele frequencies were compared using χ^2 test. A total of 227 patients suffered from HPRL (98 males/129 females) according to the criteria of hyperprolactinemia. The frequency of genotypes and alleles in patients with schizophrenia did not differ from those in control subjects. A comparison between patients with schizophrenia with and without hyperprolactinemia revealed that the frequency of G allele in patients with hyperprolactinemia is significantly higher than in patients without hyperprolactinemia ($\chi^2 = 7.25$; $P = 0.007$; OR = 1.44 [1.10–1.89]). Accordingly, the genotype GG was found to be more often in patients with hyperprolactinemia than without it ($\chi^2 = 9.49$; $P = 0.009$). A significant association of the polymorphic variant rs134,1239 with the development of hyperprolactinemia in patients with schizophrenia treated with anti-psychotic drugs was revealed. Therefore, the serum concentration of prolactin in anti-psychotic treatment patients with schizophrenia may also give an indication of the activity of gene regulating extrapituitary prolactin expression.

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

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EW0474

Changing the obesogenic environment to improve cardiometabolic health in residential patients with a severe mental illness: ELIPS, a randomized controlled trial

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Introduction The life expectancy of severe mentally ill (SMI) patients is shortened up to 30 years, due to cardiometabolic diseases, partly caused by unhealthy lifestyles behaviors. In residential facilities, adopting a healthy lifestyle is hampered by the obesogenic environment; an obesity promoting environment.

Objective To determine, the effectiveness of a 12 month lifestyle intervention addressing the obesogenic environment to improve cardiometabolic health of SMI residential patients.

Methods The effectiveness of lifestyle interventions in psychiatry (ELIPS) trial is a multi-site, cluster randomized controlled pragmatic trial. Twenty-nine sheltered and long-term clinical care teams serving SMI patients in the Netherlands were randomized



into intervention ($n=15$) or control ($n=14$) arm, including 736 patients (73% psychotic disorder, 63% male, 48 ± 13 years). The intervention aimed to improve the obesogenic environment using a small change approach with a focus on nutrition and physical activity. Primary outcome was waist circumference (WC) after three and twelve month's intervention. Secondary outcomes were BMI and metabolic syndrome.

Results General linear mixed models adjusted for age, gender, housing facility and antipsychotic medication showed that WC significantly decreased with 1.51 cm (95%CI = $-2.99; -0.04$, Cohen's $d=0.07$) in the intervention group compared to control group after three months and tended to remain lower with 1.28 cm (95%CI = $-2.79; 0.23$, Cohen's $d=0.06$) after twelve months. Metabolic syndrome Z-score decreased after three months with 0.225 SD (95% CI = $-0.4038; -0.096$, Cohen's $d=0.20$), mainly due to lower fasting glucose and WC. No significant effects were found on BMI.

Conclusion A small change approach targeting the obesogenic environment of SMI residential patients reduces cardiometabolic risk.

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

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EW0475

Paliperidone palmitate and quality of life in schizophrenia

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There is growing interest in the study of the quality of life of mental disorders in general, and particularly in schizophrenia. The quality of life is defined by the world health organization as the perception that an individual has of his place in existence, in the context of culture and value system in which they live and in relation to its objectives, their expectations, their rules, their concerns. Paliperidone palmitate is a depot anti-psychotic treatment monthly application is indicated for maintenance treatment of schizophrenia in adult patients. In this work the quality of life in 5 subjects with a diagnosis of paranoid schizophrenia (less than 10 years of diagnosis) is evaluated, all males, aged between 42 and 45 years and with poor adherence to oral treatment. The patients received an average of paliperidone palmitate 100 mg/month. We evaluate the quality of life at baseline and after 3 months – BREF quality of life (WHOQOL – BREF) Scale Quality of Life (QOLS) and WHO was used. The results showed significant improvements in major QOLS scale in all subjects. There were no significant differences in total score WHOQL – BREF scale, but if there was improvement in the scores of some subscales. They no side effects evaluated in the UKU scale. The quality of life in schizophrenic patients can be affected by the presence of, particularly cognitive and negative clinical symptoms. New treatments as paliperidone palmitate improve adherence and have fewer side effects can improve the perceived quality of life. However, they need more extensive studies double-blind evaluation.

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

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EW0476

Effect of long-acting injectable aripiprazole in glucose and lipids: A 1 year study

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Introduction Atypical anti-psychotics are associated with an impaired in glucose and lipids homeostasis.

Aims To evaluate, the effect in lipids and glucose levels after switching to long-acting injectable (LAI) aripiprazole.

Methods This was a prospective, observational, 1 year study carried out in 125 outpatients with schizophrenia who were clinically stabilized but a switching to another anti-psychotic was indicated. We measured basal levels of glucose and lipids at the time to start the study and 1 year after switching to LAI-aripiprazole.

Results In basal analytic we observed these abnormalities: hyperglycemia (16.7%), high-levels of LDL-cholesterol (33.3%), low-levels of HDL-cholesterol (39%) and hypertriglyceridemia (22.2%). One year after switching to LAI-aripiprazole we found: glucose levels were normalized in all patients; levels of LDL-cholesterol were lower in 66.7% (in 33.3% levels were normalized) and they were higher in 16.7% (in 11% marked a change from normal to abnormal parameters); levels of HDL-cholesterol were lower in 23.3% and higher in 32.2% (in 11% levels were normalized); and finally, levels of tryglicerides were higher in 66.7% (in 8% marked a change from normal to abnormal parameters) and in 16.7% they were lower (in 7.3% levels were normalized).

Conclusions LAI-aripiprazole has a beneficial effect in glucose and cholesterol levels. Although, it usually increases tryglicerides levels, only in seven cases there was a change from normal to abnormal parameters. Our study suggests that LAI-aripiprazol could be an alternative in patients with schizophrenia who have high levels of glucose and lipids related with atypical anti-psychotics treatment.

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

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EW0477

Risk factors related to homicide in Moroccan patients with schizophrenia

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Background The relationship between schizophrenia and homicide is complex and cannot be reduced to a simple causal link.

Objectives The objectives of this study were to describe the characteristics of homicide in Moroccan patients suffering from schizophrenia and to determine the correlated socio-demographic, clinical and toxic variables.

Methods The study included two groups of patients with a DSM-IV diagnosis of schizophrenia who attended the "Ibn Nafis" university psychiatric hospital of Marrakech in Morocco. The first group was composed of 30 patients hospitalized for homicide in the forensic unit between the first January 2005 and the 31st of August 2015. The second group included 90 patients without any criminal record. These two groups have been matched according to age and gender. Demographic, clinical and therapeutic variables were analyzed and compared between the two groups.

Results The mean of age in the first group was 37.03 and in the second group was 31.4. No significant difference was found



between the two groups regarding the different socio-demographic variables and the age of onset of disease. Significant difference was found between the two groups regarding: personal antecedents of attempt of homicide ($P < 0.003$), personal antecedents of attempt of suicide ($P < 0.001$), a history of previous violence ($P = 0.005$), untreated psychosis before the act ($P < 0.001$) poor medication compliance and a low familial support ($P < 0.001$), antisocial behavior ($P < 0.001$), addictive behavior ($P = 0.007$).

Conclusion Awareness of these factors will allow us to provide improved prevention of violence within schizophrenic subjects.

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

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EW0478

Elevated C-reactive protein levels associated with aggressive behavior in Moroccan patients with schizophrenia



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Background Recent studies reported an association between aggression and inflammation. In this study, we examined the association between aggressive behavior and inflammatory markers (serum levels of CRP) in schizophrenia inpatients.

Methods Adult schizophrenia inpatients ($n = 145$) were prospectively identified and categorized according to their C-reactive protein measurement at admission as either elevated (CRP > 1 mg/dL; $n = 45$) or normal (CRP < 1 mg/dL; $n = 100$). The following indicators of aggression were compared: PANSS excitement component (PANSS-EC), restraints and suicidal behavior during hospitalization.

Results The results show that patients with elevated CRP levels are more aggressive during hospitalization as detected by statistically significant higher scores of aggressive behavior (PANSS-EC score), and by increased rates of physical restraint during hospitalization. No statistically significant differences in the other clinical features, including suicidal behavior.

Conclusion Our results are consistent with previous findings linking schizophrenia to activation of the inflammatory response system.

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

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EW0479

Relationship between childhood trauma and psychotic symptoms in patients with schizophrenia



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Introduction The association between childhood trauma and psychotic symptoms is still not clearly understood. Findings for positive and negative symptoms are confounding. This symptomatic response may differ according to the type of childhood trauma, for example childhood abuse was associated with positive symptoms while childhood neglect was associated with negative symptoms.

Objectives This study examined the relationship between childhood trauma and psychotic symptoms in schizophrenic patients after controlling for the possible confounding factors, such as clinical features, depression, and sleep quality.

Methods The childhood trauma questionnaire – short form, Positive and Negative Syndrome Scale (PANSS), Calgary Depression Scale for Schizophrenia, Pittsburgh sleep quality index, and the suicidality subscale of mini-international neuropsychiatric interview were administered to 199 patients with schizophrenia. We used sequential multiple stepwise regression analyses in which positive symptoms, negative symptoms, overall psychopathology and total symptoms of schizophrenia were dependent variables.

Results Depressive symptomatology and childhood physical abuse (CPA) significantly contributed to positive, negative, general psychopathology and global schizophrenia symptomatology. Stepwise regression analysis results are presented in Table 1.

Conclusions Our findings suggest that CPA during childhood could have an impact on psychopathology in schizophrenia.

Table 1 Stepwise regression analysis results.

	Depressive symptomatology	Childhood physical abuse
Positive symptoms	$\beta = 0.29, t = 4.051$ $P < 0.001$	$\beta = 0.20, t = 3.160$ $P < 0.01$
Negative symptoms	$\beta = 0.30, t = 4.575$ $P < 0.001$	$\beta = 0.14, t = 2.214$ $P < 0.05$
General psychopathology	$\beta = 0.53, t = 8.966$ $P < 0.001$	$\beta = 0.17, t = 2.939$ $P < 0.01$
PANSS Global	$\beta = 0.46, t = 7.643$ $P < 0.001$	$\beta = 0.20, t = 3.343$ $P < 0.01$

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

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EW0480

Quality of life in healthy siblings of patients with first episode of psychotic illness and its predictors



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Families of patients with first episode of psychotic illness are exposed to numerous distress factors related to the care of their relative. It has been shown that these families experience higher levels of anxiety, depression, economic strain, and helplessness. According to the prior studies, long-term psychotic illness can also have negative impact on quality of life (QoL) in healthy siblings [1]. The aim of our study was to assess QoL in siblings of patients with first episode of psychosis and to examine effects of sibling-related and illness-related variables on QoL. Study sample consisted of first-episode psychosis patients ($n = 20$) and their healthy siblings ($n = 20$). All subjects were administered World Health Organisation Quality of Life Questionnaire Scale Brief (WHOQOL-Brief). Duration of untreated psychosis, medication adherence (Hayward scale) and severity of positive psychotic symptomatology (evaluated by Positive and Negative Symptom Scale) were used as illness-related variables, birth order served as a sibling-related variable. QoL has

been accepted as a valuable outcome measure in many psychiatric conditions; thus, identification of contributing factors may help to improve overall outcome. Moreover, close monitoring of adverse effects of illness on QoL in healthy siblings may become a part of larger prevention strategies.

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

Reference

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EW0481

Diagnosis of predominant negative symptoms: Post-hoc analyses of a phase 3 clinical trial with cariprazine monotherapy and risperidone

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Objective To present, post hoc analyses from a controlled, prospective study of predominant negative symptoms (PNS) of schizophrenia on baseline patient characteristics, severity of symptoms and their variability among participating countries.

Methods Data were analyzed from a phase 3, randomized, double-blind, active-controlled, parallel-group study in adult PNS patients with schizophrenia (EudraCT Number 2012-005485-36). Subjects with a PANSS factor score for negative symptoms (PANSS-FSNS) ≥ 24 and no pseudo-specific factors (e.g. high positive symptoms, extrapyramidal symptoms, depression) were randomized to cariprazine 4.5 mg/d (dose range: 3–6 mg/d) or risperidone 4 mg/d (dose range: 3–6 mg/d) for 26 weeks. Baseline values of PANSS-FSNS, individual PANSS items, personal and social performance (PSP), and clinical global impression of severity (CGI-S) were analyzed based on the data gained from 11 European participating countries.

Results Average PANSS-FSNS of patients was 27.6 ± 2.48 , reflecting severe negative symptoms. Patients were moderately ill (CGI-S 4.2 ± 0.75), with marked difficulties (PSP 48.4 ± 10.78) predominantly in social functioning. The investigated patient population was fairly homogeneous as shown by small variability in all three scores. Moreover, baseline values in the 11 countries presented low variability while number of enrolled patients per country showed high variance ($n = 7–118$). Narrative description of symptoms and individual PANSS items rated as most severe and prominent were in high correlation.

Conclusion Post hoc evaluation of this predominant negative symptom study showed that, this patient population can be identified reliably by psychiatrist. Additional training on the judgment of personal and social relationships can increase the diagnostic accuracy.

Disclosure of interest Employee of Gedeon Richter Plc.

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EW0482

Day-to-day and social functioning of patients with negative symptoms of schizophrenia: Post-hoc analyses of a phase 3 clinical trial with cariprazine monotherapy and risperidone



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Introduction Negative symptoms have substantial impact on day-to-day functioning of patients with schizophrenia affecting their ability to perform activities of daily living and to maintain personal relationships.

Objective To present post hoc data on day-to-day and social functioning of patients with predominant negative symptom (PNS) of schizophrenia, treated with cariprazine versus risperidone.

Methods Data from 26 weeks, phase 3, randomized, double-blind, active-controlled study in PNS patients were analyzed (EudraCT 2012-005485-36). Subjects with PNS (PANSS factor score for negative symptoms ≥ 24) were randomized to cariprazine 4.5 mg/d or risperidone 4 mg/d. Change from baseline to end of treatment on the personal and social performance scale (PSP) and PANSS prosocial subscale (P3, P6, N2, N4, N7, G16) was analyzed.

Results Significantly greater improvements were seen with cariprazine compared to risperidone in the change from baseline to end of treatment on the PSP (LSMD + 4.632 [2.71, 6.56]; $P < 0.001$) from week 10 onwards (effect size 0.48); in the PSP subdomains of self-care (LSMD -0.2 [-0.3 ; -0.1]; $P = 0.004$), personal and social relationships (LSMD -0.2 [-0.4 ; -0.1]; $P < 0.001$) and socially useful activities (LSMD -0.4 [-0.5 ; -0.2]; $P < 0.001$); in the number of patients who improved at least 10 points on the PSP (OR 2.1; $P = 0.001$) or shifted to a higher category (OR 2.2; $P = 0.001$); and on the PANSS prosocial subscale (LSMD -0.8 [-1.41 , -0.16]; $P = 0.014$).

Conclusion Post hoc evaluation of this study showed that cariprazine treatment is associated with a clinically relevant improvement in patient functioning and social competence compared to risperidone.

Disclosure of interest Employee of Gedeon Richter Plc.

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EW0483

The relationship between negative symptoms and cognitive functioning in patients with an at risk mental state for psychosis

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Introduction Negative symptoms and cognitive impairments are both present in patients with an at risk mental state (ARMS) for psychosis and negatively affect functioning and outcome. According to previous studies in patients with first-episode psychosis, negative symptoms are negatively associated with cognitive functioning while positive symptoms do not seem to be associated. Yet, little is known about the specific relationship of negative symptoms and cognitive functioning in ARMS patients.

Objective To evaluate, the relationship between negative symptoms and cognitive functioning in ARMS patients.

Methods Data of 154 ARMS patients were collected within the prospective Basel early detection of psychosis (FePsy) study. Negative symptoms were assessed with the SANS, positive psychotic symptoms with the BPRS, cognitive functioning with an extensive neuropsychological test battery. Multiple regressions were applied and results were controlled for age and gender.

Results Regression analyses showed a significant, negative association between negative but not positive psychotic symptoms and cognitive functioning, showing the strongest association with verbal fluency (see Fig. 1). However, results mainly did not withstand correction for multiple testing.



Conclusions The association found between verbal fluency and negative symptoms may be indicative of an overlap between those constructs. Finally, verbal fluency might have a strong influence on the clinical impression of negative symptoms, especially on alogia.

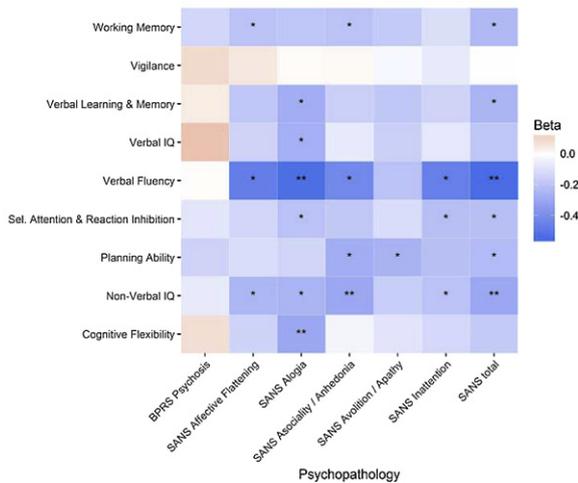


Fig. 1 Cognitive variables associated with psychopathological symptoms. *P.05; **P.01.

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

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EW0484

Schizophrenia and pregnancy: The tactics of management

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Purpose The study of literature data of the treatment of pregnant women with schizophrenia and making recommendations on the management of this category of patients.

Methods Theoretical analysis of a number of scientific works of foreign researchers, which studied questions of application of psychotropic drugs in patients with schizophrenia during pregnancy.

Discussion The important source of problems for patients with schizophrenia is a protection against pregnancy. The number of children born in mentally ill mothers has increased at least three times. Hereditary factors in children born from two parents with schizophrenia plays, an important role: approximately 46–68% of these children may develop schizophrenia. In studies on psychotic means, there were no increase in number of anatomical anomalies or deviations in the development associated with this treatment. Low doses do not have a deleterious effect on fetal body weight, duration of pregnancy, fetal or neonatal mortality, as well as the frequency of malformations and deformities. Neither oral nor deposited anti-psychotic drugs are not associated with malformations and malformations of the fetus.

Conclusion (1) The drugs should be administered at the lowest effective dose for the shortest possible time and decrease in the dose during the last days before the birth. (2) Pregnant women with acute psychotic disorders are dangerous, both for herself and for the child. (3) After the birth due to high risk of recurrence or exacerbation of schizophrenia taking anti-psychotic drugs should be in full dose.

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

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EW0485

Alteration of cerebral blood flow measured with SPECT in patients with first episode psychosis

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Introduction Single-photon emission computed tomography (SPECT) is a valid method for measuring regional cerebral blood flow (rCBF). Recent studies regarding rCBF in patients with first episode psychosis (FEP) reported heterogeneous results, but were limited with small sample size. Neuroimaging can help us in setting the diagnosis of illness, as well as in following the progress and finding more effective treatment for psychotic disorders.

Objectives To compare, baseline alterations of the rCBF using SPECT with psychopathological status in FEP during acute phase.

Aims To investigate the changes of rCBF in patients with FEP during acute phase.

Methods We conducted a study on 40 drug-naïve patients with FEP at acute phase of illness during their hospitalization at Zagreb University hospital centre. The diagnosis was confirmed using diagnostic and statistical manual of mental disorders, fifth edition. rCBF was measured with SPECT and psychopathological status rated with the Positive and Negative Syndrome Scale.

Results Our findings showed moderate to severe parieto-temporal perfusion deficits, mild to moderate parieto-fronto-temporal perfusion deficits or borderline perfusion deficits in all but one patient.

Conclusion Our results showed alteration in rCBF at the beginning of the illness that indicate a biological marker of psychotic disorder.

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

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EW0486

Treatment adherence in psychosis: A 2 years follow-up of first-psychotic episode patients

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Introduction Much research on psychosis has focused on early detection and the development of effective interventions. However, the effectiveness of any intervention depends on the willingness of the patient to engage with an intervention in a sustained manner. Disengagement from treatment by patients with serious mental illness is a major concern of mental health services.

Objectives This study aims to examine the prevalence of disengagement in a longitudinal cohort of first episode psychosis (FEP) patients.

Methods Retrospective naturalistic 2 years follow-up study of FEP patients aged 18 to 35 admitted into the department of psychiatry of the Beatriz Angelo's hospital from 2012 to 2014. Data on socio-demographics, clinical characteristics, appointments and medication adherence and readmissions were collected.

Results Between 2012 and 2014 were admitted 56 patients with a FEP into the department of psychiatry of the Beatriz Angelo's hospital. The great majority of the patients (67.9%) disengaged from the treatment, both appointments and medication. Of those, 13.2% did not attend any appointment, 26.3% attended between one and three appointments and 60.5% attended at least 3 appointments before disengaged. About 23% were readmitted between the 2 years follow up period, 15.4% were readmitted more than once.

Conclusions The evidence reviewed indicates that approximately 30% of individuals with FEP disengage from services. Continuity of care is of particular importance with FEP, given evidence suggesting that long-term care can improve symptoms and functioning and reduces relapse risk.

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

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EW0487

Economic aspects in the treatment of schizophrenia in Italy: Cost consequences of an early long-acting injectable anti-psychotics (lais) approach



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Purpose The aim of this analysis was to evaluate the economic consequences of a new treatment approach in the treatment of schizophrenia in the Italian setting. In terms of direct costs, in Italy was estimated that the main driver were represented by hospitalization and residential cost (71% of total direct cost per patient), followed by semi-residential services (13%), anti-psychotic and other drugs (8%) and ambulatory services (8%).

Methods A probabilistic cost consequence model was developed to estimate the potential cost reductions derived from an early treatment with atypical long-acting injectable anti-psychotics (aLAIs) drugs. A systematic literature review was carried out to identify direct and indirect costs associated to the management of schizophrenic patients in Italy. The model projects a scenario analysis in order to estimate potential cost reductions applying a new model management (MoMa) based on patient recovery and early aLAIs treatment.

Results Overall, the total economic burden associated with schizophrenia was estimated at €2.7 billion per year. A total of 50.5% of the economic burden was related to indirect costs and 49.5% to direct costs. Drug costs correspond to 10% of the total

expenditure in terms of direct costs, while hospitalization and residential costs accounts for 81%. Scenario analysis demonstrate a potential cost reduction between 200 million and 300 million based on the effects of MoMa over the reduction of hospitalization and residential costs.

Conclusions This analysis was the first attempt to translate clinical management aspects in economic consequences and will be a useful instruments for decision maker.

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

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EW0488

Insight and social cognition in first episode of psychosis



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Introduction Impairment of insight in psychotic disorder is associated with adverse impact in treatment compliance, outcome and social functioning although its underlying mechanisms are still unknown. Social cognition and more specifically Theory of mind have been proposed to be correlated to insight. However, the relationship between both factors is still not well defined.

Aims To study the association between social cognition and insight into mental illness in individuals with early psychosis included in the first episode of psychosis program of Hospital del Mar.

Methods From the 94 patients included in the first psychotic episode program between January 2011 and January 2016, thirty-eight patients were evaluated six months after the episode. The three initial items of SUMD (Scale Unawareness of Mental Disorder) were used to measure insight and MSCEIT (Mayer-Salovey-Caruso Emotional Intelligence Test) was used to assess social cognition. Linear correlation analysis by Pearson correlation was conducted.

Results Insight results of SUMD six months after the first episode of psychosis were significantly associated with several subsections of MSCEIT, such as experiential area total punctuation ($r = -0.574$; $P = 0.025$), emotional facilitation section ($r = -0.633$; $P = 0.011$) and the facial emotion perception task ($r = -0.572$; $P = 0.026$).

Conclusions Results suggest an association between insight and emotional perception and facilitation performance in first episode patients, which may suggest a role of social cognition in psychosis insight impairment. Further research to better define the participation of social cognition in insight into psychosis alteration is mandatory to understand the etiology of insight, define treatment targets and consequently improve the disorder prognosis.

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

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EW0489

Results of using micronutrients as adjunctive treatment for psychotic disorders



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Objective To evaluate the use of micronutrients (minerals and vitamins) as adjunctive therapies for psychosis when added to conventional medications.

Setting/locations Rural primary care and psychiatry clinic in Northern New England, USA.

Subjects People over age 18 diagnosed with a psychotic disorder on medications.

Intervention Fifty consecutive clients during one month's time were invited to participate; 19 completed a one-month open-label phase of the addition of a micronutrient to their medication regimen; all 19 then withdrew rather than risk randomization to a placebo. We then compared the response of those 19 over 24 months of micronutrients + medication to the 31 people who declined participation enriched by an additional 28 consecutive patients recruited over the second month of the study for a total of 59 who received medication without micronutrients.

Outcome measures All clients were evaluated with the Positive and Negative Symptom Scale and the Clinical Global Impression scale at study baseline and after 3, 6, 9, 12, 15, 18, and 24 months. Psychosis was confirmed with clinical interview using DSM IV-TR criteria. All participants had normal physical examinations and laboratory studies.

Results Outcomes were similar for both groups until 15 months, though the micronutrient group used significantly less antipsychotic medication throughout that time ($P < 0.001$). At 15 months, the micronutrients + medication group exhibited significantly fewer symptoms than the medication only group, a difference that was even stronger at 24 months.

Conclusions Micronutrients may be a beneficial long-term, adjunctive strategy for people with psychotic disorders, allowing for smaller doses of antipsychotic medications.

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

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EW0490

Strategies for managing psychosis with small amounts or no medication: A proof of concept paper

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Introduction Some patients with the diagnosis of a psychotic disorder wish to minimize or avoid medications.

Methods We report qualitative and quantitative data on a group of patients as a proof of concept study—that management with minimal or no medication is possible.

Patients A series of 60 adult patients presented with psychosis and engaged with us in dialogical psychotherapy, medication, and lifestyle management over at least six months in an effort to minimize or eliminate medication. An additional 209 patients presented for treatment but did not continue for six months. An anonymous, matched comparison group of 60 patients of the same age, socio-economic status, diagnosis, and severity of illness was generated from the electronic health records at another large clinic where one of us also worked (LMM). We quantified symptom level using the Brief Psychiatric Rating Scale, the Positive and Negative Syndrome Scale, two depression rating scales, the Clinical Global Inventory, and the Revised Behavior and Symptom Identification Scale. Narrative interviews of all 269 patients generated qualitative data.

Results Thirty-nine patients managed well without medication; 16 managed well on low-dose medication. Four individuals required progressively higher levels of medication and one decompensated. The overall cost-benefit was favorable in creating fewer hospitalization, crises, and diminished suicidality.



Conclusions The results suggest the need for individualized approaches that are client-centered and build upon the previous successes of the person, enroll family and friends in a community effort, and collaborate with those communities to apply those approaches desired by the people themselves.

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

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e-Poster Walk: Schizophrenia and Other Psychotic Disorders—Part 4

EW0491

Relationships between smoking, psychopathology and medication outside effects in schizophrenia



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Aim To determine the relationship between smoking status and clinical characteristics of schizophrenic patients.

Methods It was a cross-sectional study. One hundred and seventy-five schizophrenic outpatients were assessed by the Positive And Negative Syndrome Scale (PANSS), the Global Assessment of Functioning Scale (GAF), the scale of measurement of abnormal involuntary movements (AIMS) and by the rating scale akathisia caused by a drug Thomas Barnes. Current smokers ($n = 85$) were compared to non-smokers ($n = 90$) on clinical variables.

Results The mean number of cigarettes was 15 cig/day. In our sample, current smokers account for half of the patients and were exclusively men. Smokers were significantly more single patients (76.5 vs. 58.9, $P = 0.01$). There were no significant differences between smokers and non-smokers regarding clinical variables, including age of onset of the disease, the duration of the disease, the severity of positive and negative symptoms, and GAF scores. Smoking was significantly associated with more frequent prescription of conventional neuroleptics (98.8 vs. 92%, $P = 0.03$) and poorer adherence to treatment (77 vs. 62.2%, $P = 0.02$). There were no significant differences between the 2 groups regarding the average doses of neuroleptics, the presence of extrapyramidal signs, scores on the AIMS score and akathisia.

Conclusion Smoking is common in patients suffering from schizophrenia. Smoking status should be considered in the assessment of neuroleptic treatment in schizophrenia.

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

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EW0492

Evaluation of sleeping profile in schizophrenia patients treated with paliperidone-extended release: Result from an open labeled perspective study in south East Asia (perfect study)



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Objective To evaluate the impact of treatment with paliperidone extended release for 6 months on sleeping profile in schizophrenia patients.

Methods A total of 984 patients meeting the DSM-IV criteria for schizophrenia who switched their antipsychotics to be paliperidone ER were recruited from 61 sites in five countries in Southeast Asia. We assessed patients in terms of demographic profile, sleep quality and daytime drowsiness as visual analog scale.

Results Patients in our studies received paliperidone ER treatment for 6 months. About 70% completed the treatment. Sleep quality and also daytime drowsiness were significantly increased in patients compared with their baseline. The predictive factors that have effect on sleep profile improvement were completion of the study and baseline PANSS score.

Conclusion Patients receiving paliperidone ER were found to have improvement in sleep quality and also improvement in daytime drowsiness, especially in patients within completion group and the higher baseline PANSS score.

Disclosure of interest The author has not supplied his/her declaration of competing interest.

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EW0493

Measuring motivation in patients with schizophrenia with apathy evaluation Scale (AES). Pilot study of the Russian version



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Introduction Reduction of mental productivity and motivation in patients with schizophrenia is one of the core features of negative symptoms of schizophrenia spectrum disorders. Lack of motivation affects social functioning and outcomes, reduces effects of psychosocial treatment and rehabilitation.

Objectives To research AES abilities in measuring motivation in patients with schizophrenia spectrum disorders. The aim of the study was to investigate correlations of Russian translation of clinician-rated and self-rated versions with PANSS amotivation subscale and negative subscale items.

Methods Fifty patients with schizophrenia spectrum disorders were recruited to participate in the study and were assessed with PANSS, AES-C and AES-S by trained raters. Only patients in “stabilized” state that met inclusion criteria of PANSS total score \leq 80 points were eligible for consecutive AES assessment.

Results Overall, moderate positive correlations were established between AES-C and PANSS amotivation subscale N2 and N4 items, N6 item and total PANSS negative subscale. No significant correlations with G16 item were registered. AES-C and AES-S versions also showed positive Spearman correlations ($r=0.43$; $P<0.05$), while no correlations between AES-S and amotivation PANSS items were registered.

Discussion Moderately strong correlations between AES-C and PANSS N2, N4 and N6 items show feasibility of AES-C version in terms of measuring motivation in patients with schizophrenia spectrum disorders. Results of AES-S analysis demonstrate certain problems in patients' abilities in self-assessing motivation. Patients with prevailing paranoid syndrome showed poorer results in AES-S scores.

Conclusions AES-C is a sensitive psychometric tool with good properties in measuring amotivation in patients with schizophrenia.

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

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EW0494

Efficacy and quality of life in patients with schizophrenia and schizoaffective disorders treated with long-acting paliperidone palmitate: A naturalistic longitudinal study



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Introduction Intramuscular paliperidone palmitate (PP) is a long-acting, atypical antipsychotic for intramuscular (IM) administration in the treatment of patients with schizophrenia.

Objective To study efficacy and quality of life in patients with schizophrenia and schizoaffective disorders treated with long-acting paliperidone palmitate.

Method A non-randomized, prospective naturalistic study was performed in out-patients with schizophrenia and schizoaffective disorder unsuccessfully treated with oral antipsychotics. Efficacy of PP over time was evaluated by using BPRS 24-items (Brief Psychiatric Rating Scale) Quality of life was evaluated by the QL-Index (Quality of life Index) at T0 and at most recent visit (T1).

Results Data were available for 16 outpatients consecutively prescribed PP and naturalistically treated attending at the Psychiatric Clinic, University of Sassari. Patients were predominantly male ($n=9$; 56.2%), with schizophrenia ($n=10$; 62.5%). Three patients dropped out (18.8%). Mean time on PP treatment was 870.0 days (sd 217.02) at a mean PP maintenance dose of 97.82 ± 37.17 mg eq. BPRS mean total score at T0 was 55 (sd 14.5) and at T1 was 44.8 (sd 11.8). QL-Index mean total score was 5 (sd 1.6) at T0 and 7.2 (sd 2.4) at T1. Paired sample test showed a statistically significant difference in decreasing symptoms at BPRS over time ($P=0.009$) and in improving Quality of life at QL-Index ($P=0.017$). The analyses showed a significant improving at the following BPRS sub-items: Depression ($P=0.021$), Hostility ($P=0.022$), Suspiciousness ($P=0.005$), Hallucinations ($P=0.050$), Unusual thought content ($P=0.029$), Self-neglect ($P=0.028$), Conceptual disorganization ($P=0.044$), Emotional withdrawal ($P=0.028$) and Distractibility ($P=0.014$).

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

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EW0495

A randomized single-blind placebo controlled trial of memantine, as adjunctive therapy for treatment of negative symptoms of paranoid schizophrenia



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This study analyses the efficiency of memantine—an antagonist of N-methyl-D-aspartate receptors—as adjunctive therapy for the treatment of negative symptoms of paranoid schizophrenia. Fifty-two patients (30 males; age 20–50 years) were included with the diagnosis of F20.014 and F20.024 according to the international classification of diseases (version 10). The patients had been receiving neuroleptic monotherapy with a fixed dose for a period of at least 4 weeks prior to randomization. Clinical data were collected 8 weeks after memantine had been introduced as part of the treatment regimen. A patient was considered as responding to treatment if they:

– scored 1–2 on the Clinical Global Impression Scale;
 – showed a greater than 25% reduction of the total score on the Positive and Negative Syndrome Scale (PANSS) or a greater than 20% reduction on the negative subscale of PANSS.

Forty-seven patients were randomized: treatment group (neuroleptic + memantine, $n = 24$), control group (neuroleptic + placebo, $n = 23$); 44 patients completed the study. Neither memantine nor placebo led to a reliable decrease of negative symptoms, and the groups did not differ from each other. Future studies should pay more attention not only to the treatment of already formed negative and cognitive symptoms, but the prevention of their occurrence. Including through antagonists of N-methyl-D-aspartate receptors.

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

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EW0496

Cannabis use in a first onset psychosis sample: Prevalence and clinical differences in relation to age of onset



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Introduction There is a wide range of studies focusing on the use of cannabis in first episode psychosis (PEP). Literature using child and adolescent samples is scarce.

Objectives and aims To determine the prevalence and clinical differences between cannabis users and non-cannabis users of early onset first episode psychosis (EOP), and adult onset first episode psychosis (AOP).

Method One hundred and forty patients were recruited in adult (AOP subsample, $n = 69$) and child and adolescent (EOP subsample, $n = 71$) mental health services. The Positive and Negative Syndrome Scale was used for psychotic symptoms and the Calgary Scale for affective symptoms. The Chi² test analysed clinical differences between users and nonusers within subsamples, and in the total sample a Pearson correlation was used for the relationship between age at cannabis use and PEP.

Results The prevalence of lifetime use of cannabis and the average age at first use were 48% and 13.82 years (± 1.15) in the EOP subsample, and 58% and 17.78 years (± 3.93) in the AOP subsample. Within EOP, cannabis users were older ($P = .001$), had fewer negative symptoms ($P = .045$) and less depressive symptoms ($P = .005$). Within AOP, cannabis users were younger ($P = .018$) and had greater severity of positive symptoms ($P = .021$). Age at first cannabis use and age at PEP were positively correlated.

Conclusions Cannabis use is prevalent in adult and early onset psychosis. Cannabis users differ clinically from non-users, and the earlier the use of cannabis, the earlier the onset of psychosis.

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

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EW0497

The regional project for the treatment of early psychosis implemented in the Reggio Emilia Mental Health Department: Preliminary data from a 2-year follow-up



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Introduction Several studies had shown the effectiveness of combined interventions in the treatment of young patients with a first episode of psychosis (FEP). More controversial are the evidence about the stability of the therapeutic outcomes in individuals ultra-high risk (UHR).

Aims To describe the regional project for the treatment of early psychosis implemented in the Reggio Emilia Mental Health Department (ReMHD) and also to report preliminary data from a 2-year follow-up.

Methods In addition with the treatment as usual (TAU), treatment implemented within the regional project for early psychosis (PREP) in the ReMHD comprises the following:

- pharmacotherapy according to international guidelines;
- a phase-specific individualized Cognitive-Behavioural therapy;
- a psycho-educational intervention addressed to family members;
- a case management recovery-oriented.

Action strategies are preceded by the administration of Reggio Emilia at Risk mental States Battery Checklist as a comprehensive assessment useful to define the severity and the quality of symptoms, the degree of functioning, the subjectivity of suffering, and the perceived quality of life.

Results The assessment carried out after 24 months of continuous treatment showed significant improvements in both the psychotic symptoms (positive, negative and general psychopathology PANSS subscales) that the daily functioning (SOFAS).

Conclusions Although our sample is still relatively small ($n = 50$) to draw definitive conclusions, it is emerging the good prognosis for UHR individuals and patients with FEP submitted on PREP treatment implemented in the ReMHD.

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

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EW0498

Neuropsychological profile of specific executive functions in patients with deficit and non-deficit schizophrenia



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Although it has been shown that there are more profound deficits present in the deficit schizophrenia (DS) patients compared with their non-deficit (NDS) counterparts, there still remain a few matters that require further investigation.

Aims (1) Comparison of executive functions between the investigated groups; (2) determining the relationship between their particular aspects within the groups; and (3) drawing up their neuropsychological profile.

Methods One hundred and forty-eight schizophrenia patients, divided into two groups: patients with DS ($n = 70$) and NDS ($n = 78$). Patients were matched for sex, age, number of years of education and their overall cognitive functioning. For the assessment of executive function, we used the Wisconsin Card Sorting Test (WCST), the Trail Making Test (TMT), Verbal Fluency Test Phonemic (VFT P), Stroop Color Word Test (SCWT) and Go/No Go task (GNG).

Results The DS patients compared with the NDS ones obtained lower scores in WCST and TMT (relative flexibility). We did not

observe any inter-group differences in VFT P, SCWT (relative inhibition) or the GNG. In both patient groups, there appeared significant correlations between their WCST and TMT scores. The general neuropsychological profiles were similar in both groups. The DS patients exhibited slightly greater interference within concept formation and non-verbal cognitive flexibility. Such problems may therefore be specific to that particular subset of schizophrenia. Our results may be useful for the development of new rehabilitation activities, which may increase the chance of the patients' better social functioning.

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

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EW0499

Relapse after first-episode psychosis: A 3-year follow-up



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Introduction Relapse after first-episode psychosis (FEP) is a frequent problem, which can lead to patients' poorer functioning and response to treatment. Its prevention is one of the most important and challenging targets in the treatment of psychotic disorders.

Objectives To characterize and evaluate relapse rates after FEP, during the course of 3 years, of a group of patients admitted at a psychiatry department.

Methods A retrospective observational study was conducted. Patients with a FEP between ages 18 to 40, admitted at the Clinic of Psychiatry and Mental Health at São João Hospital Centre between January 1, 2007 and September 30, 2013. Only patients with, at least, 3 years of follow-up at the clinic were included.

Results Final sample of 58 patients, 39 of which were male (mean age = 26.4 years). Forty patients were excluded by not completing the 3 years follow-up at our department. The cumulative relapse rates were 32.8% at 12 months, 53.4% at 24 months and 63.8% at 36 months. Patients with at least one relapse were younger (25.78 years vs. 27.52 years) and had shorter periods of first hospitalization (19.25 days vs. 23.52 days). These data did not reach statistical significance. Non-adherence to prescribed medication was described in 73.0% ($n=27$) of patients at the time of relapse. Eight of them (21.6%) presented with cannabis use.

Conclusions Although no statistical significance was reached, our findings are consistent with other studies. A future study with a bigger sample would be important in achieving statistical significant results.

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

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EW0500

Medical comorbidity in schizophrenia



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People with schizophrenia have higher prevalence of physical disease and its lifespan is shortened when compared with general population. On average, they die 10 to 25 years earlier than general population.

Aim The authors aim to identify the main comorbidities in people with schizophrenia and define strategies to prevent it.

Methods Literature review on Medline database.

Results People with schizophrenia have higher risk to have hepatitis, cardiovascular diseases, diabetes, overweight, sexual dysfunction and obstetric complications. This high vulnerability is associated with higher rates of preventable risk factors, such as smoking, alcohol consumption, use of street drugs, poor dietary habits and lack of exercise. Moreover, some antipsychotic medications used to treat schizophrenia have been associated with higher incidence of physical disease. At last, there are risk factors attributable to patients and healthcare services. Psychiatrists are often not trained in detection and treatment of physical disease. Despite this, there are several attitudes that can reduce the associated morbidity and mortality in people with schizophrenia, such as improving access to healthcare services, integrated healthcare interventions to enable early diagnosis and promotion of healthy habits.

Conclusions Diagnosis and management of morbidity in people with schizophrenia are more difficult because obstacles related to the patient, the illness, the medical attitudes and the structure of the healthcare services. Regardless these difficulties, the increased frequency of physical disease in people with schizophrenia must be valued due to improved detection and treatment of medical disease will have significant benefits for their psychosocial function and overall quality of life.

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

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EW0501

Empowerment with Psychotic Symptoms Scale (EWPPS): Exploratory study of the scale's psychometric properties



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Background Empowerment has been defined as the ability to act autonomously, the willingness to take risks and being aware of responsibility. The importance of this construct in psychosis has been emphasized by recovery models. An integrant part of the Clinical Interview for Psychotic Disorders (CIPD), the EWPPS is a visual analog scale in which the participants assess their sense of empowerment regarding symptoms (delusions, hallucinations, negative symptoms and disorganization). EWPPS focuses on personal empowerment (self-worth and self-efficacy) as it could apply to symptoms.

Aims To preliminarily assess the psychometric properties of the EWPPS in a sample of participants with psychosis.

Methods The sample comprised 22 participants (68.2% male), 72.7% single, 50% employed, between 19 and 47 years old ($M=31.05$; $SD=7.088$), with 4–17 years of education ($M=11.77$; $SD=3.176$). The most prevalent diagnosis was schizophrenia (68.2%) and the participants had a mean of 1.90 hospitalizations ($SD=2.548$). The participants were assessed with the CIPD (EWPPS) and Depression, Anxiety and Stress Scales-21.

Results EWPPS has shown acceptable reliability for all dimensions (with alphas ranging between .54 and .78). Empowerment

with delusions was associated with the other dimensions, excepting for empowerment with negative symptoms (which in turn was not associated significantly with any dimension). Empowerment regarding hallucinations and with disorganization were only associated with empowerment with delusions, which was also associated with anxiety symptoms ($r = -.52, P = .016$).

Conclusions The EWPSS presented adequate reliability and validity. Further studies intended to explore the factorial structure of the EWPSS are under development.

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

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EW0502

Audit on prescribing practice of depot antipsychotic injections in the adult community mental health service



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Introduction There are a number of good standard practices available for prescribing long acting antipsychotics. Adherence to these guidelines will minimise any harm to the service users.

Aims To compare depot antipsychotic prescribing practice with good standard practice guidelines of BNF, Trust and Maudsley guidelines.

Objectives To compare practice with standards in the areas of:

- licensed indication;
- dose/frequency range;
- avoiding poly-pharmacy;
- regular review of clinical and side effects.

Methods Case notes of a randomly selected sample of 30 patients from the depot clinic at the City East Adult Community Mental Health Team Leicester, UK were retrospectively investigated. The data collected was analysed and the results were produced. Compliance with the best practice guidelines was calculated and recommendations made based on the findings.

Results One hundred percent compliance was noticed in licensed indications and dose/frequency within BNF range. However, 14% patients received poly-pharmacotherapy, 86% had regular outpatient review, but only 46% had review of side effects.

Conclusions Better quality of documentations by the clinicians, improvised technology to elicit automatic review reminders, introduction of checklist for clinics to include review of all clinically important information, wider dissemination of the findings of this investigation, and re-auditing practice to explore impact of this investigation was recommended.

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

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EW0503

The role of cannabinoids in schizophrenia: Where have we been and where are we going?



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Introduction Several studies have shown that both endocannabinoid system (ECS) and synthetic cannabinoids (SC) might be involved in schizophrenia.

Objectives To review recent literature on the role of cannabinoids in schizophrenia. The review includes the evidence of cannabis use as a risk factor for the development of schizophrenia, but also the preliminary evidence for the use of cannabinoid-based compounds in the treatment of psychosis.

Methods The authors made an online search on PubMed for clinical trials and reviews published in the last 12 months, using the keywords: “cannabinoids”, “endocannabinoids”, “phytocannabinoids” and “schizophrenia”.

Results The use of *Cannabis sativa* is associated with increased risk of developing psychotic disorders, including schizophrenia, and earlier age at onset of psychosis. Δ 9-Tetrahydrocannabinol (THC) has multiple actions in the brain development, including impairment of neuroplasticity, dysregulation of dopamine and glutamate signaling, and, possibly, neurotoxicity. The ECS has been implicated in psychosis both related and unrelated to cannabis exposure. Cannabinoid receptors type 1 (CB1 R) and type 2 (CB2 R), as well as the endogenous ligand N-arachidonylethanolamine (AEA) and 2-arachidonylethanolamine (2-AG) levels, are most likely to be involved in the pathophysiology of this disorder. On the other hand, the antipsychotic effects of some cannabinoids have been investigated in recent studies. Cannabidiol (CBD) and Δ 9-tetrahydrocannabivarin (THCV) may have therapeutic potential for the treatment of psychosis.

Conclusions Emerging evidence suggests an important role of ECS system and SC on schizophrenia. On the other hand, recent studies have shown some phytocannabinoids might represent therapeutic promises in this disorder.

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

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EW0504

Impact of environmental influence and vulnerability to stress in the development of first psychotic episode



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Introduction Some findings in patients with first psychotic episode (FEP) could be related to alterations of stress responses. Alterations of stress response are reflected in the alterations of the HPA axis.

Objective To assess the difference in stress response in FEP patients and healthy controls as well as implications of environment to vulnerability to psychosis.

Aim To assess endocrine and autonomic responses to acute psychosocial stress, their associations with onset of the first psychotic episode as well as the influence of the environmental factors.

Methods We have assessed clinical status through clinical psychiatric interviews, standardized psychiatric scales and validated psychological scales, (LEQ, WHOQOL-BREF, PBI, Rosenberg) in 45 subjects with FEP and 50 age and gender matched controls. All participants were then exposed to the Trier Social Stress Test (TSST).

Results Our preliminary findings on a sample of 95 participants indicate a differences between patients and controls in salivatory

cortisol measured in 5 time points during the TSST. Patients with FEP experience more levels of baseline cortisol, and less changes during the stress test than controls. Baseline stress levels indicated in the salivatory cortisol levels correlate with perceived self-esteem, psychological and social quality of life.

Conclusion Our findings support the alterations of stress response, possibly indicating vulnerability to stress in persons with FEP.

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

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EW0505

Executive function assessment in young hospitalized schizophrenic patients with the “CANTAB Schizophrenia Battery” (Russian sample)



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Introduction Impairment of executive function is the fundamental feature of the cognitive dysfunction in schizophrenia has to be measured throughout the illness regularly. Computerized technologies for assessment of cognitive dysfunction are widely used. However, their applicability in hospitalized schizophrenic patients setting should be specially examined.

Objective Executive function in schizophrenia.

Aims To test the applicability of “CANTAB” neurocognitive battery for measurement of executive function in young hospitalized schizophrenic patients in Russian sample.

Methods Fifteen inpatients diagnosed with schizophrenia according to ICD-10 (F 20.xx), 13 males and 2 females, aged 23.5(SD 3.2), disease duration is 5(SD 1.6) years and 16 healthy individuals, 7 males and 9 females, aged 21.3(SD 0.7). Spatial Working Memory (SWM) (Mnemonic Executive function), Stockings of Cambridge (OTS) (Planning Executive function), Intra/Extra-Dimensional Shift (IED) (Cognitive flexibility) were administered.

Results The majority of patients and controls easily understood the test instructions. Both groups did not have any difficulties with the touchpad. The “CANTAB” demonstrated sensitivity to the impairments of executive function. As a group, patients with schizophrenia performed significantly worse than controls on almost all tests: SWM–Between errors ($P=0.028$), Total errors ($P=0.019$), Strategy ($P=0.03$), Mean time to last response ($P=0.001$); OTS–Mean choices to correct ($P=0.044$), Problems solved on first choice ($P=0.009$), Probability of error given correct ($P=0.021$); IED–Total errors ($P=0.015$), Total trials ($P=0.002$).

Conclusion The “CANTAB” is an applicable instrument for assessment of the executive function in young hospitalized schizophrenic patients. It can be used both for experimental and clinical needs.

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

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EW0506

Psychological traits of skin picking disorder and psychogenic itch



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Introduction Despite the intense discussion of psychiatric comorbidity in psychodermatology, research on psychological components of skin picking and psychogenic itch is limited, especially when it concerns patients’ representation of skin perception and their attitude towards disease.

Objectives To characterize psychological traits of skin picking and psychogenic itch disorder by comparing aspects of bodily experience.

Aims To reveal internal relations of different components of bodily experience in skin picking and psychogenic itch.

Methods Thirty patients with skin picking disorder (L98.1) and 18 patients with psychogenic itch (F45.8) participated in the study. The psychosemantic method “Classification of sensations” was used to assess bodily experience. It includes estimation of 80 descriptors from 6 classes of bodily sensations: skin (ex. “itch”), inner body (ex. “sickness”), receptor (ex. “sticky”), emotional (ex. “anxiety”), dynamics (ex. “exhaustion”) and attitudinal descriptors (ex. “bad”). Cluster and factor analysis were performed.

Results The most significant aspect of bodily experience in skin picking was its dynamics as a transition from irritation to calmness connected with the sensation of itch opposed to all other sensations (there were opposite signs of factor loadings of these variables and they were included in the factor explaining 45% of total variance). In contrast, in psychogenic itch these relations are diffuse and consist of connections between skin sensations and inner bodily sensations and descriptors of emotions reflecting functional origin of disorder.

Conclusion Traits of psychological components in skin picking disorder and psychogenic itch should be concerned in the complex (psychiatric, psychological and dermatological) treatment of these disorders.

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

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EW0507

Interaction of symptoms and cognitive dysfunction in remitted schizophrenic patients with and without residua – important sign of heterogeneity for design of cognitive enhancer studies



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Introduction It is well-known fact that cognitive dysfunction (CD) determines the quality of remission in patients with schizophrenia. However many attempts to demonstrate the link between symptoms and CD failed. The reason for this fact is unclear.

Objectives Heterogeneity on basis of the important sign jeopardizes the signal detection.

Aims Assessment of interaction between clinical symptoms and CD in schizophrenic patients in remission with and without residual psychotic symptoms (RPS).

Methods Adult schizophrenic patients in remission with and without RPS (DSM 295.30) on stable treatment not less than 6 months were assessed with PANSS, CGI, BACS. The indices of the testing were compared between groups. The correlation analysis was performed. The correlation was considered significant if $R > 0.60$.

Results Ten females and 34 males were divided into two groups according to presence (27 patients) or absence (17 patients) of RPS (PANSS items P1 and P3 > 2 but < 5). The severity of symptoms and CD were equal in both groups, excluding P6 ($P = 0.0005$), P20 ($P = 0.007$), P23 ($P = 0.0004$), and positive subscale PANSS ($P = 0.00001$). In the group without RPS, we found that CGI score, scores of 10 items of PANSS, scores of PANSS subscales, excluding negative subscale, and total PANSS score highly negatively correlated with total BACS score (average $R = -0.70 \pm 10$). In the group of patients with RPS, no correlations were found.

Conclusions Patients with RPS has clinical significant dissociation of psychic and cognitive functioning that should be considered in planning, and assessing of results of cognitive enhancers studies.

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

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EW0508

The peculiarity of experiencing body by patients in schizophrenia



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Introduction By the present, the study of corporeality as a psychological phenomenon in schizophrenia has had a lack of attention. At the focus of works, there have been mainly psychopathological phenomena: cenestopathies, visceral hallucinations and body scheme disturbances. There is an evidence of the necessity for psychological investigations: the execution of radical changes in appearance, a frequent turning to plastic surgery, dysfunctional wearing and transsexuality.

Objectives The experimental group consisted of 23 patients in schizophrenia of paranoid type (F 20.00). The control group consisted of 27 healthy subjects.

Aim It is to study the peculiarity of experiencing their own body by patients in schizophrenia.

Methods There are projective techniques, such as: "A Picture of Me", "Verbal Self-Portrait", "A Picture of Inner Body" and the psychosemantic test "Classification of Sensations".

Results There are statistically significant differences ($P < 0.005$) found between the groups:

- patients with schizophrenia are characterized for their deficit of experiencing their body. It does not refer to "Myself" and is deindividualized. The body does not serve as a physical presentation of the subject in a social world;
- a wary attitude is observed in relation to body displays in the form of inner body sensations with a minor (than in norm) awareness relatively to the inner arrangement of their own body. This causes

the increase of the quantity of intrceptive sensations categorized by patients in schizophrenia as unhealthy or a threat.

Conclusion The above-mentioned peculiar features of corporeality in schizophrenia make it a source of negative experiences.

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

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EW0509

Effectiveness of paliperidone palmitate long-acting injectable in the initial stages of psychosis: Clinical and functional impact



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Introduction An appropriate early intervention (EI) after the onset of a first episode of psychosis (FEP) is a key factor to prevent relapse, cognitive and functional impairment related to neurotoxicity as it is a critical period in order to get good adherence to treatment. This is the most reported factor linked to relapse. Therefore, interventions focused on getting good adherence to treatment may make the difference in terms of outcome.

Aims To compare relapse rates, symptom severity and level of functionality before and after treatment with Paliperidone Palmitate Long-Acting Injectable (PP-LAI). To analyze prior antipsychotic treatments and side effects registered before and after the introduction of (PP-LAI).

Material and method This is a cross-sectional descriptive study. We analyzed a sample of 15 patients, recruited from PAFIP (an specialized EI unit) and treated with variable doses of PP-LAI. They all met diagnostic criteria for schizophrenia according to DSM-IV. Clinical and functional data of the two years before and after treatment introduction were recorded.

Results Twenty-seven percent of the patients resumed their work activity or studies and 33% of the patients increased their social activity. Thirteen percent of the patients improved from negative symptoms. Prior to treatment introduction, more than a half of the sample, had suffered one or two relapses. After treatment introduction, 87% did not experience more relapses while 13% experienced another relapse.

Conclusions Treatment with PP-LAI is associated to a recovery of functional abilities, and a trend to clinical stability with high adherence to treatment related to few side effects.

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

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EW0510

Adjunctive memantine in clozapine-treated refractory schizophrenia: An open-label one-year extension study



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Introduction In a recent placebo-controlled, double blind crossover trial ($n=52$), we found significant beneficial effects on memory ($d=0.30$) and negative symptoms ($d=0.29$) after 12 weeks memantine augmentation in patients with clozapine-refractory schizophrenia.

Aims In this open-label 1 year extension study, we report the long-term effects and tolerability of memantine add-on therapy to clozapine.

Methods Completers of the first trial who experienced beneficial effects during 12 weeks of memantine treatment received memantine for one year. Primary endpoints were memory and executive function using the Cambridge neuropsychological test automated battery (CANTAB), the Positive and Negative Syndrome Scale (PANSS), and the Clinical Global Impression Severity Scale (CGI-S).

Results Of 31 RCT completers who experienced beneficial effects from memantine, 24 received memantine for one year. The small improvement in memory found in the memantine condition in the placebo-controlled trial remained stable in the extension study. Executive function did not improve. After 26 weeks of memantine add-on therapy to clozapine, PANSS negative symptoms ($r=0.53$), PANSS positive symptoms ($r=0.50$), and PANSS total symptoms ($r=0.54$) significantly improved. Even further significant improvement in all these measures was observed between 26 weeks and 52 weeks memantine, with effect sizes varying from 0.39 to 0.51. CGI-S showed a non-significant moderate improvement at 26 weeks ($r=0.36$) and 52 weeks ($r=0.34$). Memantine was well tolerated without serious adverse effects.

Conclusions In the one-year extension phase, the favorable effect of adjunctive memantine on memory was sustained and we observed further improvement of positive, negative and overall symptoms of schizophrenia.

Disclosure of interest P.F.J.S. reports personal fees from H. Lundbeck A/S, outside the submitted work and he is a board member of the Dutch Clozapine Collaboration Group. L.d.H., has received investigator-led research grants or recompense for presenting his research from Eli Lilly, Bristol-Myers Squibb, Janssen-Cilag and AstraZeneca.

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EW0511

Efficacy and tolerability of aripiprazole intramuscular as maintenance treatment in patients with paranoid schizophrenia

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Introduction Patients suffering from paranoid schizophrenia, require long-term anti-psychotic treatment, which provide, in addition to adequate efficacy both positive and negative symptoms, a good safety and tolerability profile that would ensure adequate adherence to prevent relapse.

Objectives To analyze the efficacy, tolerability and therapeutic adherence over a year after the introduction of aripiprazole depot in patients diagnosed with paranoid schizophrenia previously treated with other oral or depot anti-psychotics [1,2,3].

Methods One-year prospective longitudinal study with a sample size of 23 patients diagnosed with schizophrenia in outpatient

treatment. Study variables (baseline, 6 and 12 months): Brief Psychiatric Rating Scale (BPRS), clinical global impression (CGI), mean dose of aripiprazole depot, previous treatments, adherence, relapse rate, prolactin levels, sexual dysfunction, BMIs.

Results Twenty-three patients (71% men, 29% women) diagnosed with paranoid schizophrenia were identified. Improvement was obtained in the different study variables with statistically significant difference ($P \leq 0.05$).

Conclusions Following the introduction of aripiprazole depot in patients diagnosed with schizophrenia previously treated with other oral or depot anti-psychotics in our study, we conclude that maintaining therapeutic efficacy a better tolerability and safety profile, better therapeutic adherence and consequently lower relapse rate were achieved.

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

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EW0512

Devaluation towards people with schizophrenia in Italian medical, nursing, and psychology students

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Introduction Discrimination towards people with schizophrenia (PWS) by healthcare professionals is responsible of underdiagnosis and undertreatment of these patients. Negative attitudes toward PSW in health care professionals tend to be present since their university studies and are related to their knowledge and experience about the disease.

Objectives and aims To assess opinion towards PSW in medical, nursing and psychology students and to investigate the relation with their knowledge of schizophrenia and its causes.

Methods The study involved 133 medical, 200 nursing and 296 psychology undergraduate students. The opinion on mental illness questionnaire, the Devaluation Consumers Scale, and the Devaluation of Consumer Families Scale were administered to the sample. ANOVA and ANCOVA were used to test differences between groups and the relation between causal explanation of schizophrenia and discrimination towards PWS.

Results Psychology students were more aware than the other student of public stigma towards PWS and their families ($F 12.57, P < 0.001$; $F 32.69, P < 0.001$) and expressed a more positive view on treatments' effectiveness ($F 30.74, P < 0.001$). Psychology (OR 0.48, 95% CI 0.26–0.88) and nursing (OR 0.29, 95% CI 0.15–0.55) students were more likely to identify psychological and social risk factors as more frequent causes of schizophrenia (vs. biogenetics) and these, in turn, were related to a better opinion towards social equality of PWS.

Conclusions These preliminary findings underline the relevance of biopsychosocial model of schizophrenia within stigma-reduction programs for health science students.



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e-Poster Walk: Sexual medicine and mental health/sleep disorders and stress/eating disorders

EW0513

Dyspareunia after childbirth: Does psychosocial context play a role?



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Introduction Dyspareunia is defined as persistent or recurrent genital pain that occurs just before, during or after intercourse. Dyspareunia after childbirth is quite common and have a range of repercussions to women's lives, including their sexual functioning. It could be affected by different risk factors. While role of obstetric factors including mode of delivery has been largely investigated, the influence of psychosocial factors remains unclear.

Aims Our purpose was to determine frequency of postpartum dyspareunia and identify related psychosocial factors.

Methods Thirty women between 2 and 6 months postpartum were recruited in consultation of maternity and neonatology center of Tunis. Data were taken from medical file and questionnaire designed to record psychosocial data and postpartum sexual function.

Results The mean age of women was 28.74 ± 8.4 years. Dyspareunia was reported by 43.33% of women. Dyspareunia was not associated to professional status. On the other hand, dyspareunia was significantly associated to fatigue ($P=0.024$), lack of familial support ($P=0.03$), conjugal conflicts ($P=0.01$).

Conclusion We have found an association between dyspareunia after childbirth and several psychosocial factors, pointing out the influence of social and psychological aspects in the sexual function in women. Thus, management of sexual disorders should take in consideration psychological dimension and involve an appropriate psychological care.

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

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EW0514

Self-image and risk of suicide in eating disorders



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Introduction Suicide risk is increased in eating disorders (ED), and detection is key to prevention. Self-image as operationalized in the structural analysis of social behavior (SASB) model has been shown to be associated with symptoms, treatment dropout, and outcome. SASB is a circumplex organizing self-directed behaviors along affiliation (love vs. hate) and autonomy (set free vs. control) dimensions. In a recent study, SASB related to health care-detected suicide attempts in ED. Methodology in that study ensured high specificity but risked lower sensitivity in suicide variables, and with

such a high-threat outcome, research is needed on additional variables related to risk.

Objectives and aims We aimed to study associations between SASB self-image and clinician- and self-rated suicidality at presentation and predicted over 12 months in ED patients.

Methods Adult patients ($n=551$) from a Swedish clinical database included 19% anorexia, 32% bulimia, 7% binge ED, and 42% other ED. We ran separate regression models for these diagnostic groups using SASB questionnaire data, also controlling for general psychiatric and ED symptoms, and in longitudinal models including baseline of each outcome.

Results SASB alone was associated with suicidality at presentation (9–67% variance explained) and predictively over 12 months (7–29%), and in the majority of models explained additional variance beyond baseline and clinical variables. Both affiliation and autonomy related to dependent variables in diagnosis-specific patterns.

Conclusions The findings have implications for both theory and detection tools for suicide risk, as well as suggesting intervention targets to mitigate risk in treatment based on the well-validated SASB theory.

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

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EW0515

Rosa Damascena improved sexual dysfunction in males under methadone treatment – results from a double-blind, randomized, placebo-controlled clinical trial



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Introduction Patients with severe opioid dependency might be treated with methadone, a pure μ -opioid-receptor, with promising results. Though, as for opioids, side effects are high, and among those, sexual dysfunction is among the most disturbing side effects.

Aims Investigating the influence of Rosa Damascena oil to improve sexual dysfunction among male methadone users.

Methods A total of 60 male patients (mean age: 30 years) with diagnosed opioid dependence and currently under treatment of methadone were randomly assigned either to the verum (Rosa Damascena oil drops) or placebo condition. At baseline, and four and eight weeks later, patients completed self-rating questionnaires covering sexual dysfunction and happiness.

Results Over time sexual dysfunction decreased and happiness increased in the verum, but not in the placebo condition.

Conclusions Results from this double blind, randomized, and placebo-controlled clinical trial showed that Rosa Damascena oil improved sexual dysfunction and happiness among male opioid addicts while under substitution treatment with methadone.

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EW0516

Sexual dysfunction in oncology

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Introduction Sexual dysfunction is a common consequence of cancer treatment that affects at least half of men and women treated for pelvic tumors and more than one quarter of individuals with other malignancies.

Objectives/aims Identification of the main sexual dysfunctions related to cancer treatments. Awareness to the importance of addressing sexuality to cancer patients, identifying the main reasons why healthcare providers usually do not.

Methods Literature review concerning researched articles published in Pubmed/Medline as well as related bibliography.

Results Most sexual problems are not caused by the cancer itself, but by toxicities of cancer treatment. Damage during cancer treatment to pelvic nerves, blood vessels and organ structures leads to the highest rates of sexual dysfunction. The most common sexual dysfunction in men under cancer treatment is the loss of desire for sex and erectile dysfunction. In women, the most common sexual dysfunctions are vaginal dryness, dyspareunia and loss of sexual desire, usually accompanied by difficulties in both the arousal and orgasm phases. According to literature, there are many cancer patients who would like to be informed and advised by their healthcare providers about the consequences of cancer treatment on their sexual health. Unfortunately, this rarely happens.

Conclusions This work intends to publicize current existing information on sexual dysfunction in oncology, focusing on the prevalence, etiology and clinical presentation. The authors also intend to promote communication about sexual function and possible sexual dysfunctions resulting from cancer treatments.

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

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EW0517

Structural covariance networks in anorexia nervosa (AN): A multimodal graph theoretical analysis

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Introduction The possibility of evaluating cortical morphological and structural features on the basis of their covariance patterns is becoming increasingly important in clinical neuroscience, because their organizational principles reveal an inter-regional structural dependence which derive from a complex mixture of developmental, genetic and environmental factors.

Objectives In this study, we describe cortical network organization in anorexia nervosa using a MRI morpho-structural covariance analysis based on cortical thickness, gyrification and fractal dimension.

Aim Aim of the research is to evaluate any alterations in structural network properties measured with graph theory from multi-modal imaging data in AN.

Methods Thirty-eight patients with acute AN, 38 healthy controls and 20 patients in full remission from AN underwent MRI scanning.

Surface extraction was completed using FreeSurfer package. Graph analysis was performed using graph analysis toolbox.

Results In acute patients, the covariance analysis among cortical thickness values showed a more segregated pattern and a reduction of global integration indexes. In the recovered patients group, we noticed a similar global trend without statistically significant differences for any single parameter. According to gyrification indexes, the covariance network showed a trend towards high segregation both in acute and recovered patients. We did not observe any significant difference in the covariance networks in the analysis of fractal dimension.

Conclusions The presence of increased segregation properties in cortical covariance networks in AN may be determined by a retardation of neurodevelopmental trajectories or by an energy saving adaptive response. The differences between the analyzed parameters likely depend on their different morpho-functional meanings.

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EW0518

The link between sleep, stress and BDNF

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The protein brain derived neurotrophic factor (BDNF) is a major contributor to neuronal plasticity. There is numerous evidence that BDNF expression is decreased by experiencing psychological stress and that accordingly a lack of neurotrophic support causes depression. The use of serum BDNF concentration as a potential indicator of brain alteration is justified through extensive evidence. Recently, we reported, for the first time, a relationship between BDNF and insomnia, since we could show that reduced levels of serum BDNF are correlated with sleep impairment in control subjects, while partial sleep deprivation was able to induce a fast increase in serum BDNF levels in depressed patients. Using a bi-directional stress model as an explanation approach, we propose the hypothesis that chronic stress might induce a deregulation of the HPA system leading in the long term to sleep disturbance and decreased BDNF levels, whereas acute sleep deprivation, can be used as therapeutic intervention in some insomniac or depressed patients as compensatory process to normalize BDNF levels. Indeed, partial sleep deprivation (PSD) induced a very fast increase in BDNF serum levels within hours after PSD which is similar to effects seen after ketamine infusion, another fast-acting antidepressant intervention, while traditional antidepressants are characterized by a major delay until treatment response as well as delayed BDNF level increase. Moreover, we revealed that stress experience and subjective sleep perception interact with each other and affect serum BDNF levels. We identified sleep as a mediator of the association between stress experience and serum BDNF levels.

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EW0519

Investigation of salivary cortisol response to awakening in underweight and weight-restored patients with anorexia nervosa



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Introduction Anorexia nervosa (AN) is characterized by dysregulated eating that leads to chronic malnutrition, which may be responsible for several physical complications, including endocrine alterations, such as hyperactivity of the hypothalamus-pituitary-adrenal (HPA) axis.

Objectives Several studies have shown a dysregulation of the cortisol awakening response (CAR) in symptomatic AN patients. However, it has not been established if the deranged CAR of underweight AN patients is a primary phenomenon or an alteration secondary to malnutrition.

Aims The aim of this study was to explore the salivary CAR in both underweight and weight-restored patients with AN.

Methods We recruited 59 women: 18 undernourished AN patients, 15 weight-restored AN women and 26 normal-weight healthy controls. Saliva samples were collected in the morning, immediately after awakening and after 15, 30 and 60 minutes, in order to measure saliva levels of cortisol. Participants filled in the state-trait anxiety inventory (STAI) to test their anxiety levels in the morning of the test.

Results Compared to healthy controls, underweight AN patients showed an enhanced CAR whereas the weight recovered patients had a normal CAR. These results were not correlated with levels of anxiety.

Conclusions For the first time, our results demonstrate that the deranged CAR found in acute AN patients is not present in weight-restored ones, suggesting that altered activity of the HPA axis of symptomatic AN patients is a state-dependent phenomenon.

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

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EW0520

Tracking insomnia seasonal variations through consumption of hypnotics



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Introduction Light-stimulated release of melatonin suppresses the nocturnal production of melatonin and is sending signals to multiple brain areas, including hypothalamic suprachiasmatic nuclei and thus controlling the release of the pineal hormone melatonin and therefore control the circadian rhythm. Consumption of sedatives and hypnotics was used as an indirect measure of seasonal variations in sleep disturbances among inpatients at University Psychiatric Hospital Vrapče.

Methods Retrograde record analysis was performed from 1st January to 31st December 2012 on commonly used hypnotics and sedatives: zolpidem, nitrazepam, flurazepam, and midazolam.

Results The lowest consumption of hypnotics was recorded in the months of November, August and September while the highest consumption was recorded in January, December and March which can be seen in Fig. 1. Although there were differences in the monthly

prescription of hypnotics, when it comes to seasonal patterns, there are no statistically significant differences.

Conclusions There is no significant difference between the consumption of hypnotics in the observed seasons although the consumption of hypnotics is higher in the months with shorter daylight. This study attempted to correlate exposure to light and insomnia through the prescription of hypnotics and it is possible there are other important variables not included in this study.

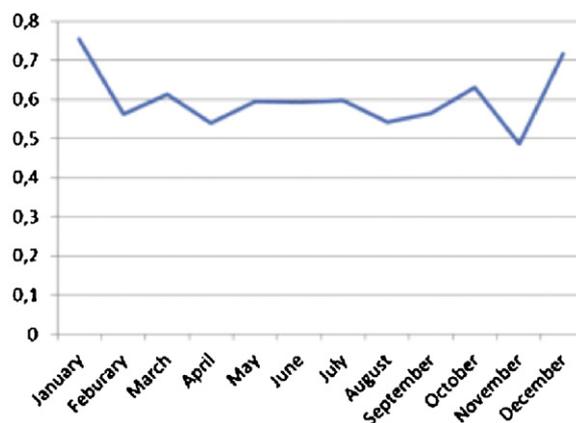


Fig. 1

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

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EW0521

Antidepressants-induced sexual troubles



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Introduction For a long time, antidepressants sexual side effects have been neglected. Currently, no reliable scientific data is available regarding the nature and frequency of sexual dysfunction induced by antidepressants. The aim of our study was to evaluate the prevalence and type of sexual dysfunction induced by antidepressants, and to identify factors associated with the occurrence of these disorders.

Methodology A descriptive and analytical cross-sectional study extending over a period of two weeks. For the purpose of this research, a socio-demographic card, the Arizona Sexual Experiences Scale (ASEX) and the Psychotropic-Related Sexual Dysfunction Questionnaire (SALSEX) were used.

Results Fifty-five patients were recruited. The diagnosis of major depressive episodes was dominant (49.1%). Moreover, fluoxetine and tricyclic were in top of the list of antidepressants with respective proportions of 41.8% and 38.2% and respective dose 20.86 mg/24 h and 72.38 mg/24 h. The score using the ASEX scale was 14.63 ± 5.23 . Using the SALSEX scale, 47.3% of patients claimed to have had sexual disorders secondary to antidepressants with a moderate score of 9.19 ± 2.56 . Furthermore, sexual disorders were more common in the elderly aged of 45 (66.66%) as well as in patients started on paroxetine (66.66%) and on sertraline (66.66%) ($P \leq 0.05$).

Conclusion The sexual side effects of antidepressants have a major impact on the quality of life and adherence to treatment. They also represent an important risk factor for relapse and recurrence in major depression, in this context, the prescription of an antidepressant.

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

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EW0522

Burnout in medical residents: Prevalence and risk factors

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Background Burnout is a state of mental and physical exhaustion related to work. It is manifested in a variety of professions and is prevalent in contexts in which health professionals are required to interact directly with the public.

Objectives To estimate the burnout syndrome (BOS) prevalence and to identify its associated factors among medical residents.

Methods A descriptive and analytic study conducted during a period from 2012 until 2014, including 184 residents exerting at the two university hospitals of Sfax, Tunisia. Data collection was conducted using an anonymous self-questionnaire, including demographic items and working conditions items. Maslach Burnout Inventory (MBI) was used to assess BOS.

Results The average age was 25.14 ± 1.47 years. The sex-ratio was 0.65. The majority (154 residents) was single. Over than half (58.2%) of medical residents endure a high emotional exhaustion, 62.5% a high depersonalisation and 12.5% a low personal accomplishment. About eighty percent (79.3%) of them were in burn out with 37% at intermediate and 11.3% at a severe degree. No statistical association was found between the personal characteristics and BOS. Whereas, several factors related to employment status were correlated with the presence of BOS such us: number of working hours > 30 h/week, a number of free weekends < 2/month and a number of days off ≤ 30 days/year. In addition, we found that psychotropic and alcohol consumption were significantly associated to BOS with respectively $P=0.050$ and $P=0.002$.

Conclusion Burnout is a worrying reality among young doctors. Individual as well as organizational interventions should be targeted to prevention.

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

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EW0523

Eating disorders in schizophrenia

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Background Due to their frequency and negative impact on quality of life, eating disorders in schizophrenia need to be considered and highlighting.

Objective To identify the risk of eating disorders (ED) and its correlates among mental patients.

Methods It was a descriptive and analytic study. It included 53 inpatients with DSM-5 diagnoses of schizophrenia or schizoaffective disorder, followed in the department of Psychiatry at the Hedi Chaker University Hospital of Sfax in Tunisia, during the three months of August, September and October 2016. Data collections were conducted using questionnaire exploring sociodemographic and medical data. The SCOFF (sick, control, one, fat, food) Questionnaire was used to screen ED. A total score of ≥ 2 was used as a cutoff point to select persons at risk of ED.

Results The average age of our patients was 30.47 ± 9.5 years old. The majority of our patients was male (71.7%) and single (71%). The

mean of extra Body mass was 27.9. The mean duration of disease was 9.9 ± 8.1 years and patients were mostly (54%) in atypical neuroleptics. According to the SCOFF Questionnaire, 35.8% had a risk of ED. Female gender and treatment with atypical neuroleptics were significantly associated to ED risk with respectively $P=0.02$ and $P=0.038$.

Conclusion Eating disorders remain underestimated among patients suffering from schizophrenia. Yet, its screening prevention and management are crucial and must be multidisciplinary for optimal care.

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

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EW0524

Palatable food access during adolescence increased BDNF expression in the nucleus accumbens and anxiety-/depression-like behaviors in males, but not in females

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Objectives This study was conducted to examine sexual dimorphic effects of highly palatable food access during adolescence and youth on psychoemotional behaviors of rats and its underlying neural mechanism.

Methods Male and female Sprague Dawley pups had free access to chocolate cookie rich in fat (highly palatable food) from post-natal day 28 in addition to ad libitum chow, and the control groups received chow only. The food conditions were continued though out the entire experimental period, and the neurochemical and behavioral measurements were performed during young adulthood. Corticosterone levels during 2 h of restraint stress were analyzed with radioimmunoassay, and Δ FosB and brain-derived neurotrophic factor (BDNF) expression in the nucleus accumbens (NAc) with western blot analysis.

Results Cookie access did not affect body weight gain and total caloric intake in both sexes; however, it increased retroperitoneal fat depot only in males. The time spent in open arms during elevated plus maze test was decreased and immobility during forced swim test was increased in cookie-fed males, but not in cookie-fed females. Main effect of food condition on the stress-induced corticosterone increase was observed in males, but not in females, and cookie access increased BDNF expression in the NAc only in males.

Conclusions Increased BDNF expression in the NAc and fat depot, in addition to the HPA axis dysfunction, may play roles in the pathophysiology of depression- and/or anxiety-like behaviors induced by cookie access.

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

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EW0525

Investigation of food addiction and impulsivity relations biological rhythms differences and insomnia in university students

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Objective Increasing prevalence of obesity in the world and increasing role of processed foods in daily life has led to become the focal point of food addiction. This study aims to investigation of food

addiction and impulsivity relations biological rhythms differences and insomnia in university students.

Method One thousand and five hundred students planned to participate who studies in Konya Selcuk University central campus. Participants were to fill out the test during their classes under physician supervision. The volunteers completed a package of psychological instruments including the Morningness–Eveningness Questionnaire, Yale Food Addiction Scale, Insomnia Severity Index, and Barratt Impulsiveness Scale administered by two investigators in their classrooms.

Results In total, 1323 forms were suitable for statistical analysis. The mean age was 20.83, mean BMI was 22.02. Food addiction prevalence was 18.2%. Our study showed that association between the eveningness type and food addiction ($P < 0.045$). Also, the eveningness type and insomnia were in positive correlation in impulsivity ($P < 0.001$).

Conclusion This study has explored the association between eveningness type of biological rhythms, food addiction, insomnia and impulsivity.

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

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EW0526

Are low body weight and psychological symptoms associated with cognitive function in children and adolescents with anorexia nervosa?



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Introduction Despite an increasing focus on cognitive functions in eating disorders, only limited and contradictory knowledge regarding the relationship between cognitive functions and anorexia nervosa symptomatology currently exist.

Objectives The aim of this study was to investigate potential associations between cognitive functions and anorexia nervosa symptomatology in children and adolescents.

Method Eating disorder symptoms and cognitive functions were examined in this cross-sectional, multi-centre study. Diagnostic scores i.e. BMI, psychological symptoms, and global EDE-16 were stratified on cognitive function. Children and adolescents suffering from severe recent-onset anorexia nervosa ($n = 94$) and healthy controls ($n = 94$), between the age 10.6 and 17.9 years (mean age 14.9 years, SD 1.8), participated in the study. The patients were divided into two groups, respectively above and below the median of cognitive functions.

Results The study findings revealed that Global EDE score significantly increased with age ($P = 0.002$, CI 0.08–0.36). Besides this, no significant associations between low body weight or psychological symptoms and cognitive functions were found. However, a large variability in cognitive functions was found on all measure in patients with anorexia nervosa than healthy controls.

Conclusion While age seems to be significantly correlated to symptom burden the study results indicate that patients with anorexia nervosa is a much more heterogeneous group with regard to cognition than healthy controls. However, cognitive functions and anorexia nervosa symptomatology does not appear to be associated.

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

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EW0527

Comparative assessment of cognitive function and mood dynamics in patients with depression and eating disorders in the process of treatment



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Eating disorders of bulimic type are among the most common comorbidities with depression. The objective is to evaluate cognitive function and mood dynamics in patients with depression and eating disorders in pharmacotherapy. In total, 52 outpatients, who met criteria for "major depressive episode" (ICD-10), participated. The level of depression was estimated with Hamilton Depression rating scale (HAM-D) and cognitive function–Montreal Cognitive Assessment (MoCa). Sample was divided into two groups. Patients of group 1 also met criteria for eating disorder of bulimic type and patients of group 2 did not have any eating disorder. Treatment included standard doses of SSRI. Assessments were performed after 2, 4 and 8 weeks (D14, D30, D60). The level of HAM-D was significantly greater ($P < 0.05$) in eating disorders group (16.75 ± 2.83 in group 1; 13.04 ± 1.93 in group 2 at screening) and significance was preserved till D60 (9.39 ± 2.54 in group 1; 6.32 ± 1.27 in group 2 at D60). Clinically significant antidepressive effect was revealed faster in group 2 (at D7) compared to group 1 (at D14). Overall score of MoCA was significantly lower ($P < 0.05$) in eating disorders group (20.33 ± 0.54 in group 1; 23.43 ± 2.32 in group 2 at screening) at all stages of treatment (23.39 ± 0.78 in group 1; 26.96 ± 3.27 in group 2 at D60) and it reached normal range (25 and more) only in group 2 at D60. Significant change from screening was revealed at D30 at group 2 and at D60 at group 1.

Conclusion Eating disorder have an impact on SSRI treatment efficacy including antidepressive and procognitive effects. It is necessary to reveal eating disorders as a co-morbidity in patients with depression.

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

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EW0528

Is there an association between body uneasiness and aberrant salience in anorexic patients? A preliminary study



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The process whereby objects and representations come to be attention grabbing and capture thought and behaviour is called salience, and it is defined as aberrant when a significance is allocated to neutral stimuli. The Aberrant Salience Inventory (ASI) is a scale to measure aberrant salience, characterized by 29 dichotomic items. By now, a correlation between aberrant salience and eating disorders is unknown. Aim of this study is to evaluate an alteration of salience in patients with anorexia nervosa, to estimate the existence of a correlation between aberrant salience and the experience of body shape.

Methods Twenty-six female patients with AN (diagnosed using DSM-5) were enrolled at the Psychiatry Department of Florence. Psychopathological features were assessed at the time of enrollment using the following scales: SCL-90-R, BUT, EDE-Q. Salience alteration was assessed by the means of the ASI. Statistical analysis were realized using SPSS 20.0 with Spearman bivariate correlation. **Results** Mean age was (mean \pm SD) 26.2 ± 8.72 and mean Body Mass Index (BMI) 16.1 ± 2.46 . Global Severity Index (GSI), Positive Symptom Total (PST) and Positive Symptom Distress Symptom Index (PSDI) were estimated for BUT and SCL-90-R and compared to total value of ASI. Thus, we found a statistical significant ($P < 0.05$) direct correlation between ASI and BUTpsdi and ASI and SCL-90-Rgsi (correlation coefficient of 0.446 and 0.398, respectively).

Conclusion In this study, we found a significant direct correlation between Aberrant Salience Inventory (ASI) values and one dimension of body uneasiness in anorexic patients. These preliminary data need further studies with a wider sample to confirm the above-mentioned data.

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

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EW0529

Childhood emotional experiences and eating psychopathology: The mediational role of different emotion regulation processes

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Positive experiences from childhood have been consistently associated with well-being and with feelings of social safeness and connectedness. On the other hand, the lack of early experiences characterized by warmth, soothing and care may lead to the later experience of fearing to receive compassion from others, to the engagement in self-judgment, and may be associated with a large spectrum of psychopathology. The present study tested a model which hypothesized that the impact of early positive memories with family figures on the engagement in disordered eating is carried by the mechanisms of social safeness and connectedness with others, fears of receiving compassion from others, and self-judgment. The sample comprised 399 women, aged between 18 and 55 years old. The path model accounted for 33% of eating psychopathology's variance and showed excellent model fit indices. Results revealed that the impact of early affiliative memories with family figures on eating psychopathology was totally mediated by the mechanisms of social safeness, fears of compassion from others, and self-judgment. In fact, women who reported a lack of early memories of warmth and safeness with family figures seemed to present lower feelings of safeness and connectedness within

social relationships, higher tendency to fear receiving kindness and compassion from others, and more self-judgmental attitudes. These findings support the importance of developing intervention programs in the community, which target maladaptive emotion regulation processes (such as compassionate-based interventions) to promote mental health, especially in a context of early adverse experiences.

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

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EW0530

How dissociation, temperament and character influence at the eating disorders



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Objectives Dissociation has been related to emotional dysregulation and eating psychopathology. Dissociation may interfere with the learning process, affecting at the therapy negatively. The aim of the study is to analyse if at the eating disorders (ED), dissociation is linked to temperamental traits or also to character traits, which are susceptible to be modulated during the therapeutic process.

Methods We studied 119 females that started an outpatient program for their ED. We used the Dissociative Experience Scale (DES), Temperament and Character Inventory (TCI), Eating Attitudes Test (EAT-40), and the State Trait Anxiety Inventory (STAI). We used multiple regression analysis.

Results Dissociation was associated with high scores on the EAT-40, even controlling the effect of anxiety traits, which also was related to dissociation. The temperament dimension "searching for novelty", has been related in an opposite way to the DES. Also, the "dimension of transcendence" "character and "self determination" influenced on the DES.

Conclusions This study confirms the importance of improving Self Determination levels at ED therapy, which influence on a lot of prognostic aspects, such as protecting from dissociation, which is related to anxiety and alimentary psychopathology and can interfere with the therapeutic progress.

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

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EW0531

Treatment in anorexia nervosa: The role of neuropsychological features in predicting response



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Introduction Neuropsychological impairments in anorexia nervosa (AN) have been considered both as putative risk factors and as a target for treatment. However, the role of neuropsychological variables as predictors of outcome is not clear.

Aims Our aim is to investigate the role of neuropsychological variables as predictors of response to treatment in a group of individuals affected by AN.

Methods The study sample consisted of 144 patients diagnosed with acute AN, according to the DSM-5 criteria, referred to the Eating Unit of the Hospital of Padova, Italy. All participants were assessed by means of a neuropsychological and clinical test battery

at intake and followed during outpatient treatment for an average of 531 days. Eighty-three percent of the patients underwent cognitive behavioral therapy, the families of 75% of the patients were included in the treatment and 48% of the patients took antidepressants (SSRI).

Results Both body mass index at assessment and illness duration appeared to be independent factors significantly affecting the outcome. The role of neuropsychological variables was explored including cognitive performance in a multivariate analysis including BMI at intake, duration of illness and diagnostic subtype. The inclusion in the model of the Wisconsin Sorting Card Task performance and the central coherence index (calculated by the Rey Figure Test) significantly increased the prediction ability of the model for full remission at the end of treatment.

Conclusions This is the first study to show that neuropsychological characteristics may predict treatment response in AN. These data support the implementation of cognitive remediation techniques in the treatment of AN.

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

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EW0532

Prevalence and correlates of perceived stress in young medical undergraduates



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Introduction Emotional distress—specifically symptoms of anxiety and/or depression—in undergraduate medical student represent a major health issue for university life and for the entire society, as the onset of negative affectivity in young age is lowering quality of life of the affected individual and implicitly, the professional evolution.

Objective The purpose of this study is to investigate the prevalence of perceived stress in medical undergraduates and relationship between perceived stress and emotional distress.

Methods The study comprised a randomised population of 356 students from 1st and 2nd year in Faculty of Medicine who signed the informed consent for the research. Mean age in the group was 20.04 ± 0.9 years old. Instruments used in the study were self-rated Zung Anxiety Scale and Zung Depression Scale and Perceived Stress Scale. Data were analysed with SPSS 16. Statistical significance was at $P < 0.05$.

Results Perceived stress of medium and high intensity was found in 62.5% of the students in the study. There is a significant effect of perceived stress on presence of emotional distress ($F_{(3,352)} = 36,431$, $P < 0.001$). In the emotional distressed group, perceived stress in the period before the exams session is predicting emotional distress in the period of exams (academic stress) with OR = 1.145, $P = 0.04$, IC 95% = 1.006–1.303.

Conclusions There is a high prevalence of perceived stress and perceived stress in the period before session of exams is a predictive factor for having emotional distress in session of exams. Therefore, we are signaling the necessity of implementation of stress management programs in medical undergraduates from the pre-clinical years.

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

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EW0533

Microstructural changes in patients with Parkinson's diseases and REM sleep behavior disorder: Depressive symptoms versus non-depressed



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Introduction REM sleep behaviour disorder (RBD) is associated with psychiatric symptoms, such as anxiety and depression. RBD is characterized by loss of normal skeletal muscle atonia during rapid eye movement (REM) sleep with prominent motor activity and dreaming and is a usual symptom of the early stages of Parkinson's disease (PD). Diffusion MRI connectometry was used to carry out group analysis between age and gender matched PD patients with RBD in with and without depression to characterize possible depression-related white matter microstructural changes in the Parkinson patients with RBD.

Method DWI images were obtained for 15 PD-RBD with depression and 27 PD-RBD without depression. This dataset was acquired on a 3 Tesla Siemens scanner, producing 64 DWI at $b = 1000$ s/mm² and one b0 image. Diffusion MRI data were corrected for subject motion, eddy current distortions, and susceptibility artefacts due to the magnetic field inhomogeneity. Diffusion MRI connectometry was conducted in a total of 27 subjects using percentage measurement.

Results PD-RBD Patients with depressive symptoms showed decreased anisotropy ($FDR < 0.05$) in the fornix bilaterally, right cingulum, inferior longitudinal fasciculus bilaterally, right corticospinal tract and Genu of corpus callosum compared to PD-RBD patients without depression.

Conclusion Since RBD is considered to be an early symptom of PD and also a marker of progression to PD, these results might PD-RBD patients with depression may progress dementing processes and visuospatial dysfunction earlier since fornix, cingulum and ILF have proven to be associated with these cognitive dysfunctions respectively.

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

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EW0534

Light as an aid for recovery in psychiatric inpatients: A randomized controlled effectiveness pilot trial



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Introduction Electric indoor lighting can disturb sleep and increase depressive symptoms; both common complaints in psychiatric inpatients.

Aims To improve quality of sleep in patients using an indoor hospital lighting environment simulating nature in intensity, color, and circadian timing.

Methods Investigator-blinded parallel group randomized controlled effectiveness trial supplied with qualitative interviews in an inpatient psychiatric ward with fully automatic and adjustable lighting. Admitted patients received a room with a naturalistic lighting environment (intervention group) or lighting as usual (control group). The primary outcome was the Pittsburg Sleep Quality Index and secondary outcomes included the Major Depression Inventory and WHO-five Well-Being Index.

Results In this ongoing trial, we included 28 patients (16 treated and 12 controls). Patients in the intervention group reported higher subjective sleep quality and sleep efficiency, lower use of sleep medication (mean difference, 4.68 mg; 95% CI, 0.54; 53.5), fewer depressive symptoms (mean difference, 5; 95% CI, -2; 13), but lower well-being (difference, -4 percentage points; 95% CI, -20; 16), compared with the control group. At discharge, fewer patients in the intervention group had experienced use of involuntary treatment. Qualitative data indicated no side effects apart from issues in performing indoor leisure activities in dim light.

Conclusions A naturalistic lighting environment was safe and improved sleep and mood in our small patient sample. The trial integrated well with routine clinical care and our sample reflected the heterogeneity of the target population (Funded by Region Midtjylland and others; Clinicaltrials.gov number, NCT02653040)

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EW0535

Psychological and psychophysiological mechanisms of mental stress reaction in patients with 'hypertension at work', as compared with 'classical' version of essential hypertension

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Introduction 'Hypertension at work' today is found one of the most frequent forms of stress-induced hypertension.

Objectives To inquire into the specifics of psychological and psychophysiological mechanisms of stress reaction in patients with 'hypertension at work', as compared with 'classical' essential hypertension (EH).

Materials and methods The study developed simulation of emotional stress with the aspiration level (AL) modeling. The level of state anxiety (SA), BP values, urine catecholamine levels and levels of renin and angiotensin I in blood plasma were taken before and after the experiment. Eighty-five patients with 'hypertension at work' (mean age was 45.9 ± 2.8) and 85 patients with 'classical' EH (mean age was 47.4 ± 4.5 years) took part in the study.

Results Rates of 'hypertension at work' patients, when compared with second group patients, revealed a significant increase ($P < 0.001$) of systolic BP in response to stress loads (on average, for 16.1 ± 1.9 mmHg and 4.1 ± 0.7 mmHg, respectively). Initially 'hypertension at work' patients had significantly lower levels of catecholamines, than the second group, while the levels of renin and angiotensin I were comparable. During the experiment, the patients

in the first group showed a significant decrease in all parameters. After the experiment, the patients with 'HTN at work' did not show increase of SA, but revealed more frequent inadequacy (69.4%) and instability (56.5%) on the AL. Patients with 'classical' EH more often demonstrate adequate AL and lower growth of BP after the experiment.

Conclusions Patients with 'hypertension at work' are more prone to repress their emotions. They reveal physiological features of chronic stress and psychophysiological exhaustion, if compared with second group patients.

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

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EW0536

Longitudinal changes in sleep disturbances, mental toughness, and physical activity in patients with multiple sclerosis

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Background Multiple sclerosis (MS) is a chronic progressive autoimmune disease. Fatigue, depression and cognitive impairments are the most common symptoms of patients with MS. Whereas there is extant research on fatigue, depression, and cognitive impairment of patients with MS during the clinical course, no research focused on the long term changes of psychological functioning, sleep problems, and physical activity on these patients. The aims of the present study were therefore to examine changes in physical activity, sleep disturbances, and mental toughness over a 1.5-year period of time in people with multiple sclerosis after the onset their MS.

Methods A total of 18 patients with diagnosed MS (mean age: $M = 33.61$ years) took part in this study. They completed a booklet of questionnaires covering socio-demographic data, mental toughness, sleep disturbances, and physical activity, at the onset of disease and 1.5 years later.

Results In total, 1.5 years after the onset of MS, patients had lower levels of vigorous physical activity, but not statistically significant change in moderate physical activity. Patients with sleep disturbances at the onset of disease had statistically significant sleep disturbances also 1.5 years later.

Conclusions Compared to the onset of disease, 1.5 years later, patients with MS reported similar mental toughness traits, sleep disturbances and levels of moderate physical activity. The pattern of results of the present pilot study suggests that the onset of MS is not an obstacle for doing moderate physical activity. Based on the result of this study, sleep disturbances remains stable by time.

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

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EW0537

Hypnotic drugs in hospital. Evaluation of their use: From prescription to administration

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In 2015, a French agency, Haute Autorité de santé (HAS), published recommendations for the use of hypnotic drugs. We evaluated the compliance with good practice in prescription and administration studying 3 hypnotics (lormetazepam, zolpidem, zopiclone) referenced in our establishment (psychiatry, rehabilitation, recuperative and long-term care) and melatonin (immediate release hospital preparation). Prescriptions were analyzed on a given day (dosage, length of treatment, prescription modalities). Night nursing practices were collected. Amongst 423 hospitalized patients, 105 had a hypnotic monotherapy, 3 an association melatonin/zopiclone and 6 a melatonin monotherapy. The most prescribed molecule was zopiclone (79%). Prevalence of hypnotic prescription was 25.5%. 17.6% of these prescriptions were for less than 28 days, 82.5% were at maximum dosage, 46.3% were in systematic mode and 53.7% in conditional mode. Amongst the 22 patients over 65 years old, only 8 received half hypnotic dose. Concerning the 9 prescriptions of melatonin, dosage varied from 3 to 9 mg, 1 was in conditional and only 1 specified terms of use. All 15 nurses met, adapt administration to the patient's bedtime. Five nurses have already woken up patients to give them hypnotics. The prevalence of patients with hypnotics is higher than the general French population (6.4%). HAS recommendations are not all followed: duration of prescription greater than 28 days, few dosage adaptations. Nurses generally respect hypnotic administration rules. Melatonin is not often prescribed and has no prescription or administration recommendations. Our results confirm the need to spread hypnotic and melatonin recommendations in health facilities. Hospital pharmacists can relay such recommendations.

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

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EW0538

What do Tunisian general practitioners know about insomnia?



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Introduction Insomnia is the most prevalent sleep disorders and affects 10% of adults worldwide. It has major social and economic consequences. The aim of our study was to evaluate the knowledge of Tunisian general practitioners (GPs) about insomnia.

Methods A cross-sectional survey was carried out during the month of May 2016. Among the 193 GPs randomly selected from different areas of Sfax, in Tunisia, 127 participated to the study. The latter filled a questionnaire including items related to socio-demographic data and clinical features of insomnia.

Results Among our participants, 58.3% ($n=74$) were men and 41.7% ($n=53$) women. The average age was 47.91 ± 10.1 years. They have been working for 17.36 ± 10.7 years on average. Seventy-six of GPs had an individual training and a training by attending conferences or by continuous medical education. Most participants (80.3%) thought that they had some lacuna in the management of insomnia. Specific recommendations for the management and

treatment of insomnia were known by 7.2% of the GPs. As for theoretical knowledge about insomnia, 74.8% of participants ($n=95$) had a high score of correct answers. The latter was correlated to age ($P=0.013$) and to the male gender ($P=0.008$). However, it was neither correlated to the seniority of the GPs ($P=0.051$) nor to the knowledge of specific recommendations for the management of insomnia ($P=0.11$).

Conclusion Our results showed that the GPs had a rather good theoretical knowledge about insomnia. Yet, an improvement of the continuous medical education and a better knowledge of specific recommendations for the management of insomnia are needed.

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

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EW0539

The management of insomnia by Tunisian general practitioners



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Introduction Sleep disorders are common in clinical practice. However, they are relatively poorly understood by doctors. The aim of our study was to describe the management of insomnia by general practitioners (GPs).

Methods A cross-sectional survey was carried out during the month of Mai 2016. Among the 193 GPs randomly selected from different areas of Sfax, in Tunisia, 127 completed a questionnaire about the management of insomnia.

Results Among our participants, 46.5% stated that they often discuss the quality of sleep with their patients even when it is not their chief complaint. Forty-three percent reported that they are often consulted by insomniac patients. Twelve percent of GPs declared they know the "sleep diary". Homeopathic treatment was the most prescribed first line medication (45.3%). Sleep hygiene measures were commonly recommended by 82.7% of the GPs. Relaxation therapy was known by 46.7% of the GPs and used by 26.7%. Sleep-restriction therapy was known and used by respectively 15.8% and 9.2% of participants. Discussing the quality of sleep with patients was correlated to: the frequency of solicitation for insomnia ($P=0.00$), the knowledge of sleep diary ($P=0.031$), and the recommendation of sleep hygiene measures ($P=0.032$).

Conclusion Continuous medical education, especially concerning non-pharmacological treatment measures, could drastically improve the management of insomnia by Tunisian GPs.

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

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EW0540

Emotion processing abnormalities in eating disorders: An fMRI pilot study

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Introduction Abnormalities in emotional functioning is one of the key features of eating disorders (ED), such as anorexia nervosa (AN)

and bulimia nervosa (BN). These patients show increased levels of alexithymia, problems understanding one's own emotion, which has been simultaneously, associated with difficulties in recognizing others emotions.

Objectives In this study, we were interested in the neuronal mechanism of emotion processing from both, self and others perspective, and we aimed to compare the underlying brain activations in eating disorder patients and healthy controls.

Methods A sample of 12 women with ED (10 AN, 2 BN) and 11 age and education matched healthy controls (HC) underwent fMRI examination while performing emotion recognition task, which requires either inferring mental states of depicted figures, or assessing participant's own feelings evoked by the pictures.

Results The task activated superior temporal sulcus bilaterally, left temporo-parietal junction, and medial prefrontal cortex. Those regions have been consistently identified in literature to be active while thinking about other people. Interestingly, group differences analysis revealed that ED patients group showed higher activations in right supramarginal gyrus, compared to HC group. This structure is critical to overcome egocentricity bias in social judgment. Contrary to ED patients, HC group showed greater activations in cingulate gyrus and insula, regions involved in emotion formation and processing.

Conclusion We hypothesize that ED patients tend to suppress their own perspective while thinking about emotional states of others more strongly than HC, probably due to alexithymia and the lack of awareness of their mental states.

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

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e-Poster Walk: Suicidology and suicide prevention – part 1

EW0541

A systematic review of suicide prevention strategies

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Background Suicide is one of the serious problems, which become ten causes of death in the world. An increased risk of suicide groups stimulates researchers to undertake the development of suicide prevention efforts with various approaches.

Objectives To examine evidence of suicide preventive interventions and to make recommendation for the further programs and research.

Methods Fifteen identified systematic review articles were taken through an electronic search of the Cochrane library, McMaster health forum, Google Scholar, PubMed, and Suicidology online. They have been published between March 2008 until January 2015, using the keyword "suicide", "self-harm", "suicide prevention", and "systematic review". Criteria of this review include the type of intervention, intervention category, group intervention and intervention effectiveness.

Results The intervention was performed using a strategy of promotion, prevention, treatment, and rehabilitation of the target group of teenagers, sexual perversion, suicide risk groups, such as drug abuse, mental illness patients, a group of health workers and the general public. Effectiveness of therapy has different effects and requires a combination of an intervention strategy with other interventions to obtain optimal results.

Conclusion The strategies of suicide prevention which were identified by various intervention approaches given to the large population require more stringent controls and difficulty in performing evaluation. Furthermore, pharmacological and psychological therapies are recommended to reduce the suicide rate in more specific setting such as a hospital or mental health clinic.

Keywords Review; Suicide prevention; Intervention; And the results of intervention

Disclosure of interest The author has not supplied his/her declaration of competing interest.

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EW0542

Anxiety, depression and suicidal behavior among medical students from the university of Valladolid



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Introduction Suicide is a major public health problem, especially in young people. It is one of the most significant causes of mortality and potential years of life lost. Medical students are a vulnerable group presenting mental health problems.

Objectives To study the prevalence of common mental illnesses among medical students from the university of Valladolid in order to assess the need for intervention programs.

Methods Cross-sectional study in which, 584 students participated during the academic year 2015–2016 by completing an online self-administered questionnaire. Mental health outcomes were measured by different batteries of depression, anxiety and suicide (BDI, GAD-7 and MINI). Information about possible related risk factors was also obtained. Statistical Chi² and Student *t*-tests were applied to estimate associations between socio-demographic, socioeconomic data and clinical results.

Results We found a prevalence of 15.8% for depression, 11.6% for ideation suicide and 38.5% for anxiety, with gender differences in the latter case. Prevalence rates were higher than those described in general population. Compared to other international studies, prevalence estimates were also higher among our sample.

Conclusions This study shows for the first time data of these three psychiatric disorders among medical students in Spain. It suggests the urge to implementing preventive activities to alleviate maladaptive behaviors, academic stress, improve the quality of life and adaptation of students to college life. Larger, prospective, multi-centre studies are needed to draw conclusions about the causes and consequences of students' stress, since evidence shows that mental health problems are perpetuated throughout professional performance.

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

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EW0543

Risk of suicide mortality among cancer patients: A meta-analysis of observational studies



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Introduction Suicide rates among patients with cancer are higher than ones in the general population.

Objective This meta-analysis aims to estimate the suicide risk in patients with cancer.

Methods We searched Medline, PsycINFO, and the Cochrane library to identify articles published before July 1, 2016, examining the association between suicide [death (SD), attempt (SA), ideation (SI)] and any form of diagnosed cancer.

Results We initially identified 4880 records and after unsuitable studies were removed, our search yielded 102 publications of which 14 were used in the meta-analyses. Patients with cancer had higher risk of SD (seven studies, 247.869 participants; odds ratio [OR]=1.52, 95% CI=1.22–1.89, $P=0.0002$) compared with those without cancer (among case-control studies focused on SD versus living controls). Among studies focused on SD versus other deaths, patients with cancer had higher risk of SD (two studies, 23.839 participants; OR=1.53, 95% CI=1.03–2.27, $P=0.03$). No difference has been detected for risk of SA (four studies, 8.147.762 participants) and for SI (two studies, 37.879 participants).

Since publication bias was detected, the “trim and fill” method was applied. The majority of the included studies have a high quality at the STROBE statement.

Conclusion The assessment of suicide risk in this population is crucial.

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

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EW0544

Profile socio-demographic and clinical of suicide victims in Brusque County, Santa Catarina, Brazil, between 2012 and 2015



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Introduction Among the main causes of mortality in the world stands out approximately 1 million deaths due to suicide. In Brazil, this is the third cause of death due to external factors, being 5.3 the average rate per 100,000 inhabitants. The state of Santa Catarina ranks second in the national ranking with an index of 8.6. According to WHO, it is necessary to detect probable suicide risk factors once information can prevent deaths.

Aim Identify socio-demographic and clinical profile of suicide victims in Brusque County, State of Santa Catarina, Brazil, between 2012 and 2015.

Methods Observational, descriptive and quantitative study, with analysis of 60 police investigations with suicide records, occurred from January 2012 to December 2015, in Brusque County.

Results The suicide was 15.29 per 100,000 inhabitants. The victims had an average age of 46.51, and ± 2.12 (SD). Among them, 67.5% suffered from depression and 88% received pharmacological treatment. Regarding marital status, 59% were married or living in a stable union. Men accounted for 78% of the sample. Death by hanging occurred in 65% of cases and 22% previous attempts were recorded, and in 15%, it was mentioned suicidal intent. Among the reasons for the act, it was highlighted family member's death. Given the underreporting, such data may be even more significant.

Conclusions The observed rates were significantly higher than the state and national rates. Prevention strategies can be focused on early diagnosis and treatment of depression in middle-aged men, and who had recent loss of a family member.

Disclosure of interest The author has not supplied his/her declaration of competing interest.

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EW0545

Victimization in childhood as a suicide risk factor in adults



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Objective Little is known about the predictive association between victimization among children and adolescents with depression and suicidal ideation in adults. The aim of our study was to examine whether victimization in childhood and early adolescence increases the likelihood of self-harming in adults.

Method The sample consisted of 82 patients, 65 females and 17 males, aged 38.02 ± 11.05 years on average, hospitalized in Daily hospital. The juvenile victimization questionnaire (JVQ), defense style questionnaire (DSQ) and Beck depression inventory were applied in 48 patients following suicide attempt and in 34 patients who were on psychotherapeutic treatment due to various life crises not resulting in suicide attempt. According to indication, we excluded patients with psychosis, substances abuse and dementia. The examinees of both groups were matched by age, education, professional and marital status. Comparison of the patient groups was done by *t*-test.

Results The suicide attempters were depressed (Beck depression inventory 19.13 ± 10.20), using immature defense mechanisms ($P < 0.005$). The JVQ established statistically differences in two general areas: Peer and Sibling Victimization ($P < 0.001$) and sexual victimization ($P < 0.05$).

Conclusion Even after controlling for lifetime factors known to increase the risk of suicidal behavior, adults who reported peer and sibling and sexual victimization in childhood were still more likely than other adults to attempt suicide later in life. Psychotherapists must understand that history of childhood victimization is important to put suicide attempt in a psychodynamic context which can help them in their work with patients' psychotherapeutic crisis intervention following suicide attempt.

Disclosure of interest The author has not supplied his/her declaration of competing interest.

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EW0546

Decision making under ambiguity and under risk in depressed suicide attempters, depressed non-attempters and healthy controls



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Introduction Study results on decision-making (DM) abilities in suicidal individuals are conflicting. Most studies have focused on DM under ambiguity and included patients with a lifetime history of suicide attempts.

Objective To assess DM abilities with two different instruments in recent suicide attempters.

Methods The study sample consisted of three groups. Group 1 (SA) were currently depressed inpatients having attempted suicide within the previous six months. Group 2 (NSA) consisted of depressed inpatients without a lifetime history of suicide attempts. Group 3 (CG) was a healthy control group. Besides depression severity, impulsiveness and suicidal intent (SA group only) DM was

assessed using the Iowa gambling task (IGT) for DM under ambiguity and the game of dice task (GDT) for DM under risk.

Results A total of 78 participants (SA group, $n = 21$; NSA group, $n = 31$; CG, $n = 26$) were included into the study. Significant between group differences were found regarding marital status, current partnership, smoking status, depression score, impulsiveness score and family history of psychiatric disorders (all discriminating controls from patients but not between SA and NSA groups). The three groups did not differ with regard to IGT scores. Concerning GDT, the SA group showed significantly lower scores compared to the two other groups, implying a readiness for more risky decisions in suicide attempters versus non-attempters and controls.

Conclusion Suicide attempters appear to make more risky decisions compared to depressed non-attempters as well as healthy controls even if the DM under ambiguity patterns do not differ.

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EW0547

In-patient and post-discharge suicides in Tyrol 2004–2011



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Introduction Psychiatric patients constitute a high-risk population for suicide. In-patient status and the period after discharge are of particular interest concerning risk assessment.

Objective To assess risk factors for in-patient and post-discharge suicides.

Methods The Tyrol suicide register was linked with the registers of three psychiatric departments/hospitals of the region. Suicides were categorized according to whether the suicide was committed during a hospital stay or within 12 weeks after discharge or whether the suicide subject had not recently been hospitalized. Groups were compared with regard to demographic and clinical variables. Further, case-control comparisons were performed for the in-patient and post-discharge groups.

Results During the study period (2004–2011) 30 in-patients, 89 post-discharge and 592 not recently hospitalized suicides were identified. Groups differed in terms of gender distribution, history of suicide attempts, warning signals and suicide methods. Compared with controls matched for a number of variables, in-patient suicides were significantly more suicidal and depressed at admission, reported more often a recent life event and showed less often aggressive behavior and plans for the future. Post-discharge suicides had more often a history of attempted suicide, depressive and thought disorder symptomatology, a ward change and an unplanned discharge and less often a scheduled appointment with a non-psychiatric physician.

Conclusions Suicide victims differ with regard to whether they die during, shortly after or not associated with a hospitalization. Compared to controls there are specific risk factors for those who commit suicide during a hospital stay and within 12 weeks after discharge.

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

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EW0548

A descriptive analysis of psychological factors and childhood trauma in a sample of suicide attempters



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Introduction Childhood trauma, especially sexual abuse, is associated with an increased risk of suicidal behavior. However, studies also show that according to the stress-vulnerability model, not all individual exposed to this kind of trauma exhibit suicidal behaviors as some protective factors could diminish the aforementioned risk, such as personality factors. Resilience might be one such a protective factor. Furthermore, there has been growing evidence to support the role of impulsive and aggressive behavior in the risk of suicide.

Objectives To compare suicide attempters to non-suicide attempters (patients admitted for any other reason) for as far as psychological features and childhood trauma. To verify the role of resilience and coping strategies as protective factor for suicide attempt, mitigating the risk of an individual who has experienced childhood trauma.

Methods We recruited patients referred to the inpatient and outpatient facilities of psychiatry ward of “Maggiore della Carità” hospital in Novara during the period November 2015–December 2016. We included all patients from 18 to 65 years with a psychiatric disorder that met DSM–5 diagnostic criteria. For the analysis, we divided patients into two subgroups according to the presence/absence of suicidal behaviors. The assessment included: Resilience Scale for Adult (RSA), Brief cope, Rosenberg Self-esteem Scale (RSES), childhood trauma questionnaire (CTQ), temperament and character inventory (TCI).

Results and discussion Although, the recruitment is still ongoing preliminary results seem to confirm the role of resilience and coping strategies as protective factor mitigating the risk of an individual who has experienced childhood trauma from making a suicide attempt.

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

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EW0549

Risk evaluation in the emergency department: An algorithm for suicide prevention



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Introduction Suicide is one of the biggest challenges that psychiatrists face, especially in the emergency room. According to the World Health Organization, there are approximately 3000 suicides every day: one every 40 seconds. About half of all violent deaths in the world are suicides with economic costs of billions of euros. The risk assessment is still based on a subjective approach, with no screening or evaluation tools that support the decision about in-hospital or ambulatory treatment for these patients.

Objectives Creation of a decision tree algorithm that can be used in the emergency room to guide the clinical decision.

Aims Increase the number of avoided suicides.

Methods PubMed database was searched and articles with the words “emergency”, “suicide”, “attempt” “screening” and “preven-

tion” were included. Articles that used the most reliable and valid measurement tools (i.e., Beck Scale for Suicide Ideation and Suicide Probability Scale) for patient evaluation were selected. World Health Organization guidelines and the Portuguese Suicide Prevention Plan were analyzed and an algorithm was designed based on the major risk factors identified.

Results No isolated risk factor was successful for preventing suicide: most are chronic and non-individualized. Having family history of suicide, a mental health disease, a suicide plan and previous suicide attempts are considered major risk factors. The algorithm is based on these factors and takes into account inter-personal variability.

Conclusions The best way to prevent a suicide is to ask patients for major risk factors, and then, by using this algorithm, treat them accordingly.

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

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EW0550

Acute psychiatric involuntary admissions in a general hospital after suicidal behavior. A 2-year follow-up



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Introduction Patients with a plan, access to lethal means, recent social stressors and symptoms suggestive of a psychiatric disorder should be hospitalized immediately. Sometimes involuntary hospital admission is used to avoid a suicidal behavior, taking into account that after a suicide attempt 25% of people repeat attempt and 10% die by suicide.

Objectives/aims To know hospital admission due to suicide attempts, and how many of them were involuntary.

Method A 2-year retrospective study (2014–2015) of all cases admitted after suicidal behavior in an acute psychiatric ward in a general hospital in Gijón (Spain). Reasons for hospital admission were registered, including suicide attempts. And also if admissions were involuntary.

Results The total number of admissions to the psychiatric unit in 2014–2015 was 2376. Admissions due to suicide attempts were 427; 300 of them were involuntary admissions. There were a total of 347 involuntary admissions these two years; among them, due to suicide attempt: 300.

Conclusions Most of involuntary admissions in the psychiatric unit of the hospital studied followed a suicide attempt, as a prevention of repeated suicidal behavior. Obvious high risk of repeat suicide attempt generates an urgency to make an accurate assessment and create a safe treatment plan and determine to retain suicidal patients.

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

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EW0551

Mental illness and mental health care as experienced by persons who die by suicide; a qualitative analysis of suicide notes



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While mental illness is a risk factor for suicidal behaviour and many suicide victims receive mental health care prior to death, there is a comparative lack of research that explores their narratives of care. Suicide notes offer unique insight into these subjective experiences. Our study explores the following questions: “How is mental health care experienced by those who die by suicide?” and “What role does this experience play in an individual’s journey to suicide?” Our sample is a set of 21 purposefully selected notes that explicitly make mention of mental illness and/or mental health care, from a larger sample of 255 notes obtained through the Toronto Coroner’s Office. We utilized a constructivist grounded theory framework to engage in line-by-line open coding, axial coding, memo-ing and theorizing of the data. Preliminary themes include (1) perception of recurrent utilization of mental health care as personal failure, (2) recurrent utilization of mental health care as a manifestation of accumulating hopelessness, (3) the construction of suicide as being beyond the scope of mental health care, (4) tensions between the conceptualization of mental illness as an inherent part of the self and mental illness as a disease to be fought or overcome, and (5) suicide as an exertion of self-autonomy, distinct from the influence of mental illness. An exploration of the complexity of an individual’s relationship with mental illness and mental health care can foster better identification, understanding and support for those at risk for suicide.

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EW0552

Understanding the role of bereavement in the pathway to suicide



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Introduction Bereavement is considered to be a common precursor of death by suicide. Studies suggest those bereaved by suicide may be particularly vulnerable to suicide themselves. Recently, there has been a concern over the number of deaths by suicide across UK and Europe. As a result, an increasing number have been exposed to bereavement by suicide. It remains unclear how these deaths might impact on future suicide rates.

Objectives To examine a two-year cohort of all suicides in Northern Ireland, in order to report on bereavements recorded in the records of those who died by suicide. To assess the bearing of these deaths on those left behind.

Aims To provide an estimate of the prevalence and types of bereavements that may have contributed towards the suicide.

Methods Following the sociological autopsy approach to studying death by suicide, data was collected from a range of sources, including GP records and Coroner records and interviews with bereaved relatives. The analyses draw on relatives’ accounts in order to increase our understanding of the impact of suicide bereavement. Interviews took place between 18 months and 5 years after the death by suicide.

Results Of the 403 deaths by suicide, 15% of the individuals experienced bereavement and 9% bereavement by suicide. The results support the assertion in the literature that bereavement by suicide increases the risk of suicide through a process of suicide contagion.

Conclusions The conclusion explains how the findings will be fed into knowledge translation processes, to provide future programs of suicide prevention research and changes to practice.

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EW0553

Socio-demographic and clinical features of patients referred to emergency room psychiatric consultation between 2006 and 2015. A comparison between migrants and natives



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In recent decades, Italy has become a desirable destination for immigrants. It should be noted that the organization of mental health services in Italy strongly relies on outpatient services, while the psychiatric wards usually accommodate patients in acute phases of their disorder. Nonetheless, migrants' first contact often happen in a psychiatry ward when they are in a severe and acute psychopathological condition. The research was performed in the Emergency Department (ED) of the Maggiore della Carità Hospital, Novara, Italy. We collected data about 3781 consecutive patients, 3247 Italian natives and 421 migrants, assessed in the ER of the Maggiore della Carità Hospital, and referred to psychiatric assessment after ER triage. From 1st January 2006 to 31st December 2007, only data for migrant patients were available. From 1st January 2008 to 31st December 2015, data were available for all consecutive patients assessed in the ER. An experienced psychiatrist assessed patients with a clinical interview, including the assessment of suicidal intent, suicidal behaviors and attempts. The psychiatrist filled in for each patient a data sheet, reporting demographic data and clinical features. The high frequency of substance use disorders was higher in the migrant population than in the native one. The request for psychiatric consultation for self-injury behaviors was more frequent in migrants and also suicide attempts were more common. Nonetheless, being a migrant was not a predictor of suicide attempt in our sample.

Several differences were found between migrants and natives in socio-demographic, clinical and treatment variables. Clinical implications will be discussed.

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EW0554

Clinical features of ADHD: An assessment of suicide risk and substance abuse



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Introduction Several studies show that attention-deficit/hyperactivity disorder (ADHD) may persist into adulthood, increasing the risk of antisocial behaviour, drug abuse, psychiatric comorbidities, aggressive behaviour, social impairment and suicide risk.

Objectives Analyze correlations among ADHD, substances abuse, alcoholism and suicide risk.

Aim The aim of our study is to better understand the clinical features of ADHD during adulthood.

Methods We analyzed the presence of ADHD symptoms, suicide risk and levels of hopelessness, alcoholism and substance abuse in a sample of 50 (40% males) in/outpatients of S. Andrea Hospital in Rome, between February and May 2016. We administered the following scales: Adult-Self Report Scale (ASRS), Columbia Suicide Severity Rating Scale (C-SSRS), Beck Hopelessness Scale (BHS), Michigan Alcoholism Screening Test (MAST), Drug Abuse Screening Test (DAST).

Results In our sample of 50 adult patients, 20% had ADHD symptoms (10 subjects). We found that those with ADHD showed more frequently death desires (85.7%; $\chi^2 = 1.31$; $P = 0.25$) and higher levels of hopelessness (66.7%; $\chi^2 = 0.83$; $P = 0.36$) if compared to subjects without ADHD symptoms (respectively 63% and 45.8%). In the overall group of ADHD patients, 10% showed severe alcoholism, 20% ($\chi^2 = 1.39$; $P = 0.49$) had a borderline behavior, whereas 40% presented a substance abuse ($\chi^2 = 1.75$; $P = 0.18$).

Conclusions ADHD may represent a psychiatric disorder with an increased suicide risk. It would be important to screen for suicidality and comorbid symptoms routinely in ADHD in order to improve the treatment of the patients.

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

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EW0555

Impulsivity as a risk factor for suicidality in depressed patients



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Introduction Suicide behavior is an important and preventable cause of injury, disability and death in the world, and, at the same time, a major economic and social burden for modern societies. The majority of suicide attempts and completions are associated with psychiatric disorders, especially major depressive episode. Impulsivity has been associated with suicidality in major depressive disorder patients.

Aim The current study aims to evaluate impulsivity in major depressive disorder patients with a history of suicide attempts as compared to major depressive disorder patients without a history of suicide attempts.

Methods One hundred and twelve patients with major depressive disorder, aged 51.91 ± 10.72 (70% females) were included through convenient sampling procedure from the patient population of the 3rd Psychiatry Clinic of the Cluj County Emergency Hospital. Impulsivity was assessed through Barratt Impulsiveness Scale (BIS-11).

Results In total, 27.8% of the patients had a history of suicide attempts. Significant differences between the two groups were obtained only for the Perseverance subscale of the BIS-11. (12.7 ± 1.8 vs. 7.13 ± 2.1 , $P = 0.005$ –Mann Whitney U-test).

Conclusions Perseverance might be a discriminating element between patients that eventually commit a suicide attempt and those that do not.

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EW0556

Is there a case for using social outcomes in self-harm research?



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Introduction Self-harm is costly to individuals and health services and has high associated risks of further self-harm and completed suicide. Self-harm presentations to hospitals offer an opportunity to engage patients in interventions to help reduce future episodes and associated costs. This presentation reviews clinical trials for self-harm interventions conducted over the past twenty years in hospital emergency departments (1996–2016) comparing successful vs. unsuccessful trials (defined by the whole or partial achievement of trial defined outcomes) in terms of methodology, type of intervention and type of outcome measure.

Method Databases were searched using defined keywords. Randomized trials of adult subjects presenting to emergency departments were selected.

Results Twenty-four studies are included in the review. There was no significant difference between the type of intervention and “success”, nor were there index/control differences by sample size and follow-up length. Most trials (79%) used re-admission to hospital after a further episode as the primary outcome; only 4 (16%) of the studies reported social outcomes. As an example of social interventions and outcomes, we discuss trial results of a new social intervention for adults (many of whom do not receive a (UK-mandated) psychosocial assessment), and who are usually provided with little/no support after leaving the emergency room.

Discussion The findings suggest that the use of repetition and representation as outcome indicators may be missing the importance of social precipitants of self-harm and the need to assess social circumstances, interventions and outcomes. We discuss findings from a new social intervention trial, which addresses these limitations.

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EW0557

The spatial pattern of suicides in Europe



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Introduction The regularity in suicide rates in Europe was one of the essential challenges facing social scholars at the end of XIX century.

Aims The present study aims to assess the continuation of this phenomenon in XXI century.

Methods To explore this phenomenon, suicide rates were obtained from WHO official publications for 1990, 2000, 2010 and 2012 across 41 European nations. In order to examine the regularity of spatial suicide pattern, the data sets were subjected to Spearman's rank order correlation analysis.

Results The suicide rates rank order distribution between European nations in 1990 was associated with suicide rates in 2000, 2010 and 2012 ($r_s = .91, .81, \text{ and } .80$, respectively, $P < .001$). The national suicide death indices show the significant positive correlation over the studied period, what means the definite regularity of suicide mortality pattern and absence of essential changes or fluctuations between the regions. The highest indices have the countries situated on the Northern and Eastern part of the European continent (Lithuania, Russia, Belarus and Hungary). On the opposite pole are the nations settled the Mediterranean and British islands. Thus, the fixed gradient in suicide distribution with the growing to the north and northeast of European continent is visible. The same stable vector in suicide spatial distribution is duplicated on the vast territories on the east part of Europe.

Conclusions The data presented support the idea that spatial regularity in suicide distribution in Europe is not generally connected with social and cultural changes occurred during the centuries.

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EW0558

Educational programme in primary care is the basic way of decreasing suicides



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Introduction The depressive disorder (DD) is a widespread disease described to be a severe burden and to have high suicide risk. Depression is not yet listed in the primary care (PC), Russian specific educational program.

Objectives To create educational Recognition of Depressive disorders Program (REDEP) in order to decrease suicides in Tomsk City and Tomsk Area (TA).

Methods Educational Program WPA/PTD on DD (Russian version) was used as a basis of REDEP, comparative analysis of mortality ratio of suicides (MRS) throughout the period of 2004–2015 among the population of the Russian Federation (RF), Siberian Federal Region (SFR) and TA, analysis of suicide decrease in Tomsk City. The Program is based on ideas of collaboration between the Primary Medical Care institutions and the Service of Mental Health Care. Depression and its consequences on people and the economy should be listed as a non-infectious illness.

Results We conducted a comparative analysis of suicides in RF, SFR and TA; we also assessed the dynamics of suicides reduction in TA under the influence of educational program on DD. The most prominent MRS decline was in TA: from 38.3 to 12.8 ($P < 0.03$). During 2008–2015, MRS was being held below 10/100,000 in Tomsk City.

Conclusions Suicide prevention is possible if persistent and continual education of doctors in PC is in place. Such specialists are needed to recognize and manage depression and co-morbid conditions. The Program can be extrapolated to other regions of the country with high MRS.

Disclosure of interest The author has not supplied his/her declaration of competing interest.

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EW0559

Psychiatric ward consumption before suicide: A case-control study



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Introduction There is a need of identifying predictors of suicide. With effective treatment interventions for those at highest risk, suicide can be prevented.

Aim To investigate variables possibly associated with suicide, by comparing patients in psychiatry deceased by suicide to matched controls. We compared the psychiatric ward consumption two years prior to suicide, previous medical and psychological treatments, somatic co-morbidity and the professions of health care staff in previous visits.

Method The 153 suicide cases, 101 (66%) men and 52 (34%) women, aged between 13 and 96 years, were identified from the National Cause of death registry. All cases had previous contact in psychiatry in Örebro County and died between January 1st 2007 through December 31st 2013. Each case had one gender-, age- and diagnosis matched patient control from psychiatry. Data on care usage were collected from medical records. Correlations were calculated between ward variables and the outcome variable suicide yes/no. Variables significantly correlated to suicide were used in an adjusted logistic regression model to analyse possible associations with suicide.

Results Among the cases deceased by suicide, we found significantly fewer psychiatric outpatient visits ($P < .01$), a smaller amount receiving systematic psychological treatment ($P < .01$), less pharmacological interventions ($P < .01$) and a smaller amount of treatment provided by a multi-professional team ($P < .01$). Less occurrence of psychological treatment (OR(adj): 0.459; 95% CI 0.224–0.874, $P < .05$) was significantly associated to suicide.

Conclusions Results indicate that not only repeated visits in psychiatric care, but the content of visits (i.e. psychological interventions) seems to make an important difference between life and death.

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

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e-Poster Walk: Training in psychiatry

EW0560

Quality improvement project: Mentoring, career advice and placement introduction session for year 5 imperial college medical students. Should induction go beyond facts and numbers?

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Introduction Feedback received from previous rotations of year 5 Imperial College medical students in West London Mental Health NHS Trust has consistently shown that medical students feel uncertain about what to expect in their psychiatric placements and are sceptical about psychiatry as a future career option. This prevents them from maximizing the educational benefit and potential in their training.

Aims and objectives Tutorial aims to prepare medical students for their psychiatric placements and create the opportunity for informal discussion about psychiatry as future career option. The session aspires to motivate students to be more involved and active partic-

ipants and invite them to think about their future career option at an early stage.

Methodology A 1-hour tutorial has been added to medical students' induction in two successive rotations (July–October 2016). Thirty-seven (37) medical students have attended the tutorial so far. Tutorial provides information about psychiatric placements, learning opportunities as well as structural and operational issues. Besides, it encourages discussions about psychiatry as a future career option, informing students about psychiatric sub-specialties, career pathways and NHS operational structure. Feedback questionnaire is handed over at the end.

Results Data were collected and analysed and findings are outlined in the diagram below (Fig. 1).

Conclusions and recommendation The majority of medical students have feedback they found tutorial relevant and useful. Current tutorial formula will be revised based on feedback collated so far.

Findings are going to be shared with local Undergraduate Educational Committee and Imperial College medical school board.

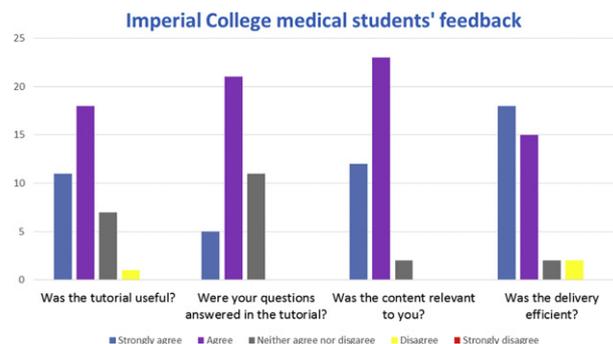


Fig. 1 Imperial College medical students' feedback.

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EW0561

Workplace assessment in crisis? – The way forward

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Introduction A recent Royal College of Physicians' (RCP) study on assessment raises serious questions for workplace assessment. To address these, a system that bridges the gap from competence to performance and integrates supervised learning events (SLEs) that are formative in purpose with summative assessment of performance by entrustable professional activities (EPAs) is recommended.

Aims and objectives As a working group on assessment in psychiatry, we were interested in the RCP findings which represent a significant milestone in studies of workplace assessment. The RCP aims were to evaluate the feasibility, validity and educational value of using existing WPBA tools but for different assessment purposes and processes.

Results These were based on the General Medical Council (GMC) working party on assessment. The RCP revised its assessment processes to differentiate between assessments of development and performance. The former are formative and aim to identify a trainee's areas of strength and development; the latter are summative and aim to determine fitness to progress. Of note is that the same workplace based assessment (WPBA) tool can be used for each type of assessment; the assessment's purpose is the discriminating factor.

Conclusions Initial design of the requisite EPAs requires value judgments by trainers and trainees alike on what represent core units of work. EPAs can contribute directly and more meaningfully to ARCP progression decisions.

Recommendations Inclusion of the required level of supervision as part of SLE feedback enables future decisions on meeting performance standards.

Trainee/trainer Interaction in this educational process.

Disclosure of interest The author has not supplied his/her declaration of competing interest.

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EW0562

Developing a specialised debrief model for simulation training in psychiatry



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Introduction High fidelity simulation training has a rich history in medical education. However, simulation as an education tool in psychiatry has been underused and neglected. More recently, clinical educators have begun to harness the potential of simulation in psychiatry, with increased usage at under- and postgraduate levels. An essential element of simulation training is the debrief that takes place with participants and observers following simulated scenarios. Current practices in simulation for psychiatry often rely on debrief models primarily designed for non-psychiatry training.

Aims and objectives This project aimed to develop a specialised debrief model for simulation training in psychiatry.

Methods The research team undertook a thorough literature search to identify existing approaches to simulation debriefing, and key theoretical constructs. Clinical educators from psychiatry and non-psychiatry disciplines were invited to attend focus groups to explore the use and key elements of structured and reflective debriefs in simulation. Focus groups were transcribed and analysed using thematic analyses.

Results Literature searching identified various debrief models that have been used in psychiatry and non-psychiatry disciplines. Pertinent educational theory was highlighted, such as experiential learning and adult learning. Focus groups highlighted adaptations required to tailor a debrief model to simulation in psychiatry, such as the containing of emotions and use of didactic sessions.

Conclusions Findings identified key differences between debriefing simulated scenarios in psychiatry compared to non-psychiatry. These findings have been used to develop a preliminary debrief model for simulation in psychiatry.

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EW0563

Psychiatry trainee burnout in the United Kingdom: The BoSS study



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Introduction Burnout syndrome is defined by three domains: emotional exhaustion, cynicism and reduced professional efficacy. Junior doctors have a high susceptibility to burnout reflected in the high prevalence identified in previous work. This is a significant issue as burnout has measurable effects on work performance. There has been limited research conducted on burnout in psychiatry trainees in the United Kingdom.

Aim This paper takes a step towards addressing this gap by extracting the data concerning UK psychiatric trainees collected in the international burnout syndrome study (BoSS), which aimed to assess the prevalence and contributing factors of burnout among psychiatric trainees from over 20 countries, and presenting the findings concerning UK trainees.

Method Data collected included demographic data and information related to working hours, bullying, harassment and stalking, supervision, suicidal ideation, depression (PHQ-9), and a personality trait assessment. Burnout syndrome was measured using the Maslach burnout inventory (MBI-GS). A total of 3964 psychiatry trainees in the UK were invited, of which 1187 (30%) responded including 811 (20%) providing complete responses for MBI-GS.

Results The mean age was 33 years, and 49.1% of respondents were male. Gender distribution of participants was the same as non-participants. Mean scores were 2.6 for exhaustion, 2.1 for cynicism and 4.5 for professional efficacy; and severe burnout was found in 309 (38%).

Conclusion Three factors were positively associated with severe burnout: long working hours, lack of clinical supervision and not having regular time to rest.

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EW0564

Working hours of United Kingdom psychiatric trainees: Findings from the BoSS study



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Introduction The international burnout syndrome study (BoSS) examined burnout in psychiatry trainees and associated factors. Long working hours were significantly associated with burnout.

Aims A high rate of severe burnout in UK psychiatric trainees (38%) was found in the BoSS study. This paper looks at the working hours of UK trainees.

Methods Data collected during the BoSS study included information related to working hours, looking in particular at the working time directive rules. A total of 3964 UK psychiatric trainees were invited to take part, of which 1187 (30%) responded, and 811 (20%) provided complete responses for working hours questions.

Results The mean age was 33 years, with 49.1% males and equal gender distribution of participants and non-participants. The mean hours of contracted work per week were 42.7 (42.2–43.2) for men, versus 41.1 (40.4–42.0) for women. Actual hours worked were significantly higher at 46.2 (45.0–47.4) for men and 46.0 (44.9–47.1) for women. Forty-six percent of trainees breached one or more working time directive (WTD) safety limits.

Conclusion Actual hours worked among psychiatric trainees in the United Kingdom are about 10% higher than contracted hours. Female trainees also work more uncontracted hours than male

trainees. This is significant when considering the association between hours of work and burnout, and also adds to the perception that women have to work harder for the same recognition as men. Forty-six percent of trainees breached WTD limits.

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EW0565

Pressure from superiors and older age increase the risk of burnout syndrome among psychiatric trainees:

A nation-wide survey in Turkey

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Introduction Previous studies reported high burnout rates and indicated significant factors associated with burnout syndrome among psychiatric trainees, such as hard working conditions, lack of supervision and not opting for psychiatry as a first career choice.

Objectives A substantial amount of variance was reported in psychiatry training across countries. However, there is not sufficient national data regarding the rates and risk factors of burnout syndrome among psychiatric trainees in Turkey.

Aims To determine the burnout syndrome rates and the risk factors associated with burnout syndrome among psychiatric trainees. **Methods** A questionnaire of occupational, educational and personal factors and Maslach burnout inventory (MBI) were answered by 180 of 450 psychiatric trainees in Turkey. The data was collected from 167 (56% females) trainees who completed the survey material. Converting the scores of three subscales by using MBI manual, a dichotomous variable (severe/non-severe burnout) was obtained for each participant and the data was analyzed using descriptive statistics and regression models.

Results Mean age was 28.85 ± 2.99 -year-old and mean duration of residency was 2.61 ± 1.31 years. Severe burnout was found in 38.3% of the trainees. Logistic regression confirmed that older age ($P=0.02$) and pressure from superiors ($P=0.04$) are predictive factors associated with severe burnout. The high number of patient visits ($P=0.001$), violation of employee personal rights ($P=0.04$) and pressure from superiors ($P=0.01$) were significantly associated with the "wish working in another institution".

Conclusions Pressure from superiors and older age can be described as risk factors associated with burnout syndrome among psychiatric trainees in Turkey.

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

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EW0566

The psychiatric morbidity and mortality teaching conference to improve patient safety: Lessons learned at the Massachusetts general hospital

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Introduction A morbidity and mortality (M&M) conference is a time-honored educational format in surgery and medicine to review bad patient outcomes and learn from mistakes made. However, despite the value of learning together as peers from difficult cases with unexpected outcomes, most psychiatric departments in the United States do not have an M&M conference. Several years ago, the department of psychiatry at Massachusetts's general hospital in Boston began a monthly M&M conference.

Objectives Describe our department's experience with the M&M format as an educational vehicle to teach patient safety and improve care in an increasingly complex care environment.

Aims Introduce the M&M format that we have developed at our department and obstacles encountered.

Methods We reviewed the content of our four years of M&M conferences; the feedback received from participants after each conference; and changes introduced to improve the conference.

Results Our department has successfully implemented and sustained a monthly psychiatric M&M conference that is well attended and valued. A critical decision was mandatory involvement of residents to prepare cases in conjunction with a dedicated faculty member. A structured presentation using a root cause analysis framework to guide the discussion in order to harness the wisdom of the group allows for a more comprehensive understanding of factors leading to bad outcomes, including systems-based problems.

Conclusions A psychiatric M&M conference can teach individual clinicians about patient safety. Developing a departmental mechanism to apply lessons learned in the conference to improve hospital systems is the next task.

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

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EW0567

How satisfied are patients with interprofessional teams? Meta-analysis of a pilot study

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Introduction A doctor–patient encounter is a dyadic interaction between two people, one needing help and the other providing it. However, the encounter between an interprofessional team and a patient is changing this picture.

Objectives To measure how patient satisfaction changes when patients are treated by an interprofessional team.

Aims Ecological momentary assessment (EMA) directly evaluates patient satisfaction when patients interact with interprofessional teams. This research is a before-and-after study of undergraduate health care students undergoing interprofessional education. Answers to questions on a 5-point Likert scale (from "Totally satisfied" to "Totally unsatisfied") were uploaded online on a survey platform linked to a dedicated app.

Methods Twenty-nine undergraduate students before, and eight after, interprofessional training reported their evaluation of patient satisfaction with interprofessional teams. Meta-analysis used Tau², Cochrane's Q and I².

Results Meta-analysis showed a homogeneity in the answers before and after IPE training ($P=0.4$) and variability of only $I^2=39\%$, with $t^2=.006$, and $Q(4\text{ df})=4.0$. To a certain degree, the study showed a drop before and after in students who report their patients being "moderately satisfied" (from 20.7% to 0%), with C.I. $95\%=4.702(0.238-92.713)$ (Fig. 1).



Conclusions This study requires further inquiry on why a moderate level of patient satisfaction declines when patients are treated by an interprofessional team.

Figure 1 –Meta-analysis of the study before-after in patient’s satisfaction.

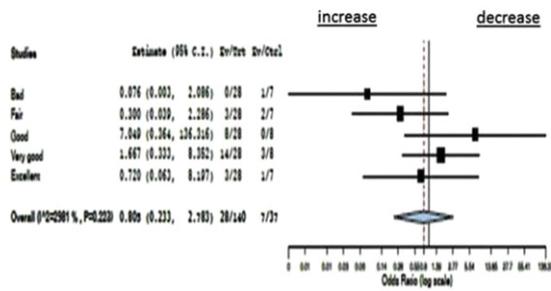


Fig. 1 Meta-analysis of the study before-after in patient’s satisfaction.

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EW0568

How satisfied are undergraduate students with interprofessional training? Meta-analysis of a pilot study



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Introduction Learning to work in an interprofessional team entails satisfaction in working with others.

Objective Contextual assessment of the degree of satisfaction of undergraduate healthcare students (doctors, nurses, occupational therapists and physiotherapists) during interprofessional education (IPE).

Aims Meta-analysis of degree of satisfaction contextually assessed during major interprofessional learning moments.

Methods Thirty-six undergraduate health care students (medical students, nursing students, occupational therapy students) answered questions on a 5-point Likert scale (from “Very satisfied” to “Very dissatisfied”). A meta-analysis with Tau² (t²), Cochrane’s Q, and I² analyzed IPE activities: self-reflection after daily training, interactions with teachers, discussion of clinical cases during ward rounds and patient care as a team.

Results Meta-analysis reported significant heterogeneity in the degrees of satisfaction (Fig. 1): 47.2% being “satisfied” with reflection after IPE, {t² = .011; Q (5df) = 30.03; I² = 83%, P < .0001}; 45% being “satisfied” during interactions with their teachers {t² = .01; Q (5df) = 25.74; I² = 80%, P < .001}; 31.4% being “satisfied” about the discussion of a clinical case during ward rounds {t² = .009; Q (5df) = 22.61; I² = 77.89%, P < .001}; and 44.4% being “satisfied” about patient care with the interprofessional team {t² = .009; Q (5df) = 22.99; I² = 78.25%, P < .001}.

Conclusions Undergraduate students show satisfaction with IPE activities. This helps improve the quality of care and teamwork in the busiest wards.

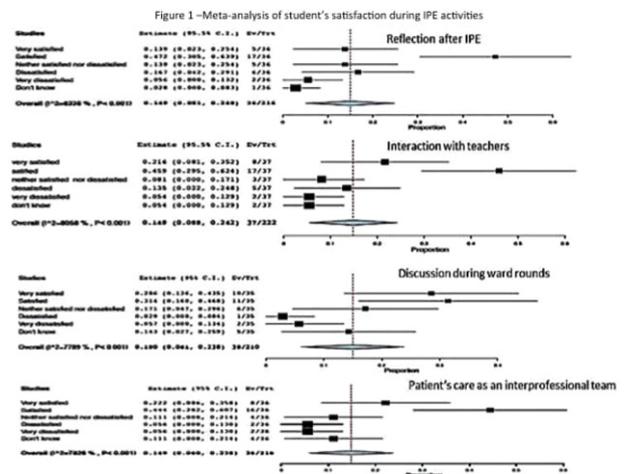


Fig. 1 Meta-analysis of student’s satisfaction during IPE activities.

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

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EW0569

Can patients differentiate when they receive integrated care by interprofessional teams? Meta-analysis of a pilot study



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Introduction A patient’s quality of care and satisfaction depends greatly on the perception of being treated and attended to by an integrated team of professionals.

Objectives To make students mindful of a patient’s perception of being treated by a blended interprofessional team when undergraduate students in training perform as a team in the patient’s care.

Aims To assess if patients under the care of interprofessional teams perceive, they are being treated by an integrated team.

Methods Twenty-three undergraduate students undergoing a seven-day period of interprofessional training interviewed their common patients after each day of practice. Responses were given on a “yes-no-do not know” scale to the following question: “a team of students from different professions has just treated and cared for you. Do you think they have acted like a well-coordinated team?” Results were obtained by meta-analysis.

Results In 60.9% of cases (Tau² = 0.042; Q (2df) = 12.663; Het. P-value = 0.002; I² = 84.206%) (Fig. 1), patients perceived they were treated by a well-coordinated interprofessional team; however, this perception was not affected by the days of training by the same IPE team.

Conclusions Results suggest that other interpersonal factors might be involved in team-to-patient interactions that are barely affected by interprofessional training.

Figure 1 – Meta-analysis of patient's perception of being treated by a coordinated team.

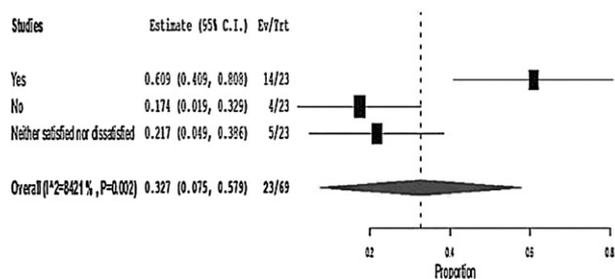


Fig. 1 Meta-analysis of patient's perception of being treated by a coordinated team.

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

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EW0570

The EPA gaining experience programme: A great experience for young professionals

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Introduction Mental health services in many European countries are undergoing to changes: it is important that early career psychiatrists (ECPs) have opportunities to broaden their professional horizons and better understand the international context of the upcoming changes: then, they can become aware protagonists of these changes and the future of the mental health system in their countries and in Europe. The gaining experience programme (GEP), offering ECPs observership placements in various psychiatric institutions across the Europe, can boost it.

Aims We aim to consider how the EPA GEP can provide a unique professional and cultural understanding of the mental health services across the Europe and positively affect the ECPs' career.

Methods and results Starting from an experience of the GEP in 2016, we will discuss how it represents a great chance to observe the clinical work of multidisciplinary teams and an opportunity to visit different countries. Many aspects were significant, starting from the different organization of the mental health services, as well as the influence of different cultures on the mental health care system and the patient's expectations.

Conclusions Attending EPA GEP is an important chance for ECPs to improve their professional and organizational skills as well as a great skill-building opportunity and personal growth experience. The GEP is at his third edition this year and it has having a growing success among young psychiatrists. It gives them a chance to improve mentoring and professional networks among experts and ECPs and to get more involved in the EPA activities.

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

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EW0571

Transparency and due process: A systematic approach to educational decision-making and appeals

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Introduction Transparency and due process are inseparable principles that should underpin any educational and administrative decision made within an organization.

Objectives It is considered best practice for organizations to place the processes and structures surrounding reviews of decisions made by their organization at arm's length to the committee or group that made the original decision. This ensures there is and that due process is followed.

Aims An independent appeal process is an integral part of any fair system of assessment and decision making.

Methods The Royal Australian and New Zealand College of psychiatrists has undertaken several reviews of its current processes to examine its practices as both substantive and procedural issues arise in decisions with regard to the provision of psychiatric training. The reconsideration and appeal policy was developed to set out a clear and fair process for applicants to request decisions of the RANZCP to be reconsidered and appealed. This ensures that an applicant has a fair and reasonable opportunity to challenge the original decision whilst receiving support from the RANZCP to minimize any stress that may be experienced during this process.

Results The RANZCP has observed that the three phase process has enabled matters to be resolved at an earlier stage of the appeal cycle and do not require progression to a formal appeal.

Conclusion This presentation will identify best practice methods in educational decision-making and conducting appeals.

Disclosure of interest The author has not supplied his/her declaration of competing interest.

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EW0572

Assessment of suicide-related knowledge and skills in a sample of health professionals and students

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Objective Assessment of suicide risk is of paramount importance for proper prevention.

Aims To examine the association between gatekeeper training and suicide-related knowledge among a diverse set of health care workers (psychiatrists, nurses, psychologists, and educators) and students enrolled in medical and psychological schools who took part in the world suicide prevention day 2015 conference.

Method Among 223 participants who completed the assessment, 204 provided complete data for analyses. Participants were administered the applied suicide intervention skills training (ASIST), a 13-item survey questionnaire to assess participants' knowledge about suicidal behavior and comfort dealing with suicidal clients. There were 62 psychiatrists; 23 nurses, 51 psychologists, 11 educators, and 57 university students.

Results Among participants, 57.1% of the sample had experiences of suicide a patient (students were excluded from these analyses). Those who reported a suicide among patients (compared with oth-



ers) less frequently answered that suicide risk is more alarming in older adults than youths. They also less frequently disagreed with questions asking if they had the training to deal with suicidal patients. Students more frequently answered correctly on the association between depression and suicide risk, and less frequently chose the correct answer on the seriousness of suicide intent in borderline personality disorder. Students also more frequently disagreed with questions asking on their suicide assessment skill.

Conclusions Our study highlights that differences exist when it comes to knowledge and skills related to suicide risk assessment both among health professionals and students. Our results also indicate that suicide awareness among these groups should be promoted.

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

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EW0573

Psychiatric trainees: Swiss penknives for a cheap price?



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Introduction Global trends in the nature of working conditions pose significant threats to the training of medical professionals, as a result of cuts in educational grants and the salaries of professionals in training. Psychiatric trainees are not exempt from these changes.

Objectives To determine the current working conditions of psychiatric trainees and how they impact on their experience of training.

Methods A semi-structured survey was distributed to all members of the European forum of psychiatric trainees. Responses were collected online from 34 participating countries. The respondents were representatives of national trainee associations. Data collection was completed between May and July 2016.

Results Respondents reported that the most important issues affecting postgraduate training were firstly working conditions, then salary, psychotherapy training and supervision, respectively. The average official mandatory working hours for a trainee, including on call duty was reported to be on average 40.16 (\pm 10.14 hours per week). In reality, the time that trainees report working is more than 20% higher than official working hours (on average 49.08 \pm 15 per week). There is an officially recognized minimum vacation period of 20 days in almost all countries, ranging up to a maximum of 40 days (mean: 26.93 \pm 4.97, per year). Salaries demonstrate an even greater variation, ranging from 100 Euros (as in the case of Moldova), up to over 5000 Euros (as in the case of Germany or Switzerland) per month.

Conclusion Psychiatric trainees often work longer than the officially recognized hours and their income varies considerably between countries, which have been identified as the two biggest challenges trainees face.

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

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EW0574

Comparing learning outcomes for mental health simulation training delivered to entire clinical teams versus professionals not working together clinically



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Introduction Working effectively with colleagues using a multi-disciplinary and interprofessional approach is vital in healthcare, particularly mental health, where the interface between physical and mental health is often missed due to involvement with different specialties. Collaborative clinical practice is essential to provide the best clinical care to people experiencing mental and physical health co-morbidities. Simulation training encourages experiential learning for human factors (or non-technical) skills, such as teamwork and interprofessional collaboration. This study explored the differences in learning outcomes between team and non-team training for physical and mental health co-morbidities.

Aims and objectives This project aimed to establish differences in human factors learning, confidence and knowledge, following training for teams that work together versus interprofessional groups from various teams. The project hoped to continue improving mental health simulation training and promote and enhance human factor skills that are basic pillars of multi-disciplinary and interprofessional care.

Methods The human factors skills for healthcare instrument (HFSHI), alongside confidence and knowledge measures were administered to all participants pre and post simulation training on interacting mental and physical health. A post-course evaluation survey with open questions was used to collect qualitative feedback on the impact of the training course.

Results With data collection ongoing, preliminary results indicate differences between team and non-team simulation training, with particularly interesting qualitative findings.

Conclusions Learning outcomes may differ for team versus non-team simulation training, evidencing the different value of these two training set-ups.

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

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EW0575

Who learns more in interprofessional mental health simulation training? A study comparing learning outcomes of different professionals who work in mental and physical health care settings



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Introduction Simulation training has the potential to develop communication and teamwork skills, as well as technical knowledge and competency. Mental health simulation training aims to promote awareness of mental health conditions and to enhance human factors (or non-technical) skills that will enable professionals that work in mental and physical healthcare settings to improve their collaborative and patient-centered clinical practice. This study explored the differences in learning outcomes after a mental health simulation course between different professionals—nursing staff, medical staff, and allied health professionals.

Aims and objectives This project examined the different learning outcomes of human factors, confidence and knowledge, for nursing, medical and allied health professionals following mental health simulation training.

Methods Course-specific measures of confidence and knowledge were administered pre- and post-training to all participants, in addition to The Human Factors Skills for Healthcare Instrument (HFSHI). A post-course evaluation for with free-text responses to open questions regarding the impact of the training was utilised to collect qualitative data.

Results With data collection ongoing, preliminary results indicate differences in learning outcome depending on professional

background, both in terms of quantitative measures and qualitative findings.

Conclusions Learning outcomes may differ for different professionals despite receiving the same simulation training focusing on mental and physical health, evidencing the importance of sharing individual learning experiences in simulation using a debrief model.

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

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25th European Congress of Psychiatry e-Poster Walk Part 4

e-Poster walk: Child and adolescent psychiatry – Part 5

EW0576

Parenting a child with attention deficit hyperactivity disorder: Qualitative study from a developing nation, India

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Introduction Like elsewhere, studies from developing countries suggest that parents of children with attention deficit hyperactivity disorder (ADHD) report significant stress. Besides symptoms, parental stress stems from experiences in interpersonal, schooling and societal domains, which may in turn be influenced by socio-cultural factors. This is a highly under-studied area.

Objectives and aims Exploring experiences in familial, schooling and societal areas amongst Indian parents and understanding these in a cultural context using experiential qualitative research methodology.

Methods In-depth semi-structured interviews were conducted with consenting parents of 27 children diagnosed with ADHD (17 mothers; 10 fathers).

Results All parents reported experiencing moderate to high degree of stress, feeling worried and frustrated due to child's problems. 19 parents reported being "short-tempered", while 1 mother expressed feeling "lost". Majority reported strained relations with spouse and extended family. Mothers reported higher stress, more difficulties in family life, faced criticism from immediate family and community regarding handling of child, felt more embarrassment, guilt and sense of failure as a mother. Half of the parents avoided attending social gatherings. Other than 2 parents, all had negative experiences with schooling. Experiential descriptions included those of teachers being highly critical of child and parents, punitive, dismissive and discriminatory. Teacher had advised seeking treatment in only 6 children. Themes of blame, discrimination and rejection were identified.

Conclusions We conclude that cultural factors such as stigma, blaming of parent (especially mother) and lack of knowledge regarding ADHD amongst teachers and society may be responsible for these experiences and needs further investigation.

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

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EW0577

Parental causal explanations and treatment seeking in attention deficit hyperactivity disorder: Perspectives from a developing nation based on process theory

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Introduction Cultural factors have an important role in causal model of symptoms, threshold for treatment seeking and acceptability of professional help in ADHD.

Objectives and aims To explore causal explanations and treatment seeking amongst parents of children with ADHD and understand these in context of a largely collectivistic culture as in India.

Methods In-depth semi-structured interviews were conducted with 27 consenting parents; data interpreted using process theory.

Results Initial reaction to psychiatric referral revealed themes of disbelief/surprise, feeling confused/offended and lag of 6–36 months to consultation. Parents most commonly attributed causality to psychosocial reasons (lack of motivation/volitional, inadequate disciplining), while few gave one or more biomedical explanations (epilepsy, brain damage, low birth weight, nutritional deficiency, maternal ill health, low intelligence) alone or with a psychosocial reason. Despite the initial reaction, all but 1 parent was relieved with medical explanation, accepted diagnosis, and perceived need for treatment. Most parents were willing to start/continue medication if doctor suggested so as "he/she would know the best". All parents expressed that counseling was needed.

Conclusions Initial reactions and delay in treatment seeking is understood in light of cultural attitudes towards mental illnesses and psychiatric consultation in developing nations. More importantly, despite initial reluctance, most parents accepted biomedical explanation and treatment. The doctor patient relationship modeled on a guru-chela relation of complete trust in authority can explain this process change. We conclude that cultural attitudes not only influence causal models and initial treatment seeking, but also modify process of help seeking.

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

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EW0578

Outcomes in a group of 7–8-year-old children in a developmental-based intervention in autism spectrum disorder



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Healthy parent-child interaction is essential for child development. Parents play a central role in the acquisition of social and communicative skills, both in typical and atypical children. Increased support for parent-mediated intervention in autism has been demonstrated. Developmental approaches for ASD are based in establishing strong interpersonal relationships through natural play to foster developmental capacities. This work reports outcomes from an intensive approach based on a developmental, individual difference, home-based intervention program with children with severe ASD. Parents were trained with DIR approach by a specialist. An individual intensive rehabilitation program was set up for each child and implemented at school, home and rehabilitation center. The intervention program also focused on semi-structured activities to promote problem solving, and meliorate sensory dysfunction. Standardized scales were administered pre- and post-intervention, with ABC). The Childhood Autism Rating Scale (CARS), the Social Communication Questionnaire (SCQ) and Vineland Adaptive Behaviours Scales.

Results Before initiating the intervention all children presented severe difficulties in communication, social interaction, lack of language, and gestures of communication, auto- and hetero-aggressive behaviors. After 6 months, children showed significant changes in mean scores for emotional functioning, communication, and daily living skills and diminution of aggressive behaviors. The present results provide strong support for the effectiveness of a developmental-based intervention, specifically in the domains of social skills behavior, social responsiveness, in a group of children with severe autism. These results highlight the positive effects of a rehabilitative approach that works in harmony with the family, school and professional team.

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

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EW0579

Music as a helpful instrument in the treatment of children with Asd in their school inclusion program



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Since birth infants are active and communicative partners engaged in protoconversations with caretakers. Motherese, the simplified language adults spontaneously use with infants, has a musical structure. We believe that for developmental and evolutionistic reasons music is a preferential tool to favor communication and to promote group identity. We carried on a musical experience with a group of autistic (ASD) children aged 5 to 7 years. Each child participated at their school with 10 typically developed classmates and their teachers. Our ASD children love music and enjoy playing

and singing. With music, they overcome some communicative and social difficulties. Their bodily posture changed with music, facilitating joint attention and improvement of verbal language. When singing children learned linguistic skills, they ameliorated vowels' pronunciation and understood how a question and an answer differ in melodic contour. Taking into account the unique sensory motor profile of each ASD child, we proposed rhythmic music with high proprioceptive input (for under-reactive children) and smooth and calming music for avoidant and easily overwhelming children in order to ameliorate intentionality and enlarge circles of communication. A combination of semistructured and spontaneous activity is the main components of our approach, which has both therapeutic and educational impacts. In the musical group, all the ASDs appeared to be more attentive, motivated, better performing and able to teach their acquired skills to their peers. Typical peers interact more with children with ASD with music. We consider this very helpful in the inclusion of ASD children in a school setting.

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

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EW0580

Impulsivity and current alcohol use in adolescents



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Introduction Many studies have focused on the strong link between impulsivity and addictive behaviors, such as alcohol use disorders.

Objective Our study aimed to investigate the links between alcohol use and impulsivity in a sample of Tunisian pupils.

Methods This was a cross-sectional study conducted in May and June 2016. It enrolled 317 pupils from four colleges and schools in Sfax (Tunisia). The participants were asked to answer a self-administered questionnaire, after their consent. Alcohol use disorders identification test (AUDIT) was used to evaluate alcohol dependence. The Barratt Impulsiveness Scale (BIS), in its 11th version, was used to assess impulsivity trait. Its three second-order factors were attentional impulsiveness, motor impulsiveness, and non-planning impulsiveness.

Results The mean age was 16 years with a sex-ratio of 1.07. The school children reported having drunk alcohol at least once in 18.9% of cases and 41.66% of them still consume. According to AUDIT, 1.6% of alcohol users presented an alcohol misuse and 21.6% presented dependence. According to BIS, impulsivity prevalence (IP) in the whole sample was 27.8% while it was 40% among the alcoholic participants versus 24.9% in non-alcoholic participants. The average BIS score was more important in the alcoholic participants (69.25 versus 65.53; $P=0.011$). Alcohol consumption was correlated to attentional impulsiveness ($P=0.01$) and motor impulsiveness ($P=0.008$). Alcohol dependence was correlated to motor impulsiveness ($P=0.018$).

Conclusion These results show the importance of clinically evaluating and intervening on impulsive personality traits to better prevent addictive behavior such as alcoholism among adolescents.

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

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EW0581

Influence of peers drinking and parental drinking and attitudes on adolescent drinking



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Introduction It is widely recognized that parents and peers play a critical role in the adolescent's introduction to alcohol.

Objectives The aim of the study was to examine the relationship of parental and peers drinking to adolescent drinking behavior.

Methods A cross-sectional study was carried out in four colleges and schools in Sfax in Tunisia, in May and June 2016. The sample consisted of 317 pupils, and was determined through a simple randomized sampling. These adolescents were asked to answer a self-administered questionnaire, after their consent. Alcohol use disorders identification test (AUDIT) was used to evaluate alcohol dependence.

Results The mean age was 16 years, with a sex-ratio of 1.07. The participants reported having drunk alcohol at least once in 18.9% of cases and 41.66% of them still consume. According to AUDIT, 1.6% of alcohol users presented an alcohol misuse and 21.6% presented dependence. They reported that parents' attitude toward their alcohol use was favorable in 27.11% of cases. Among dependent adolescents, the prevalence of fathers' alcohol consumption was 20% while that of friends was 70%. Adolescent drinking was significantly correlated to fathers, mothers and peers drinking ($P < 0.001$, $P = 0.004$, $P < 0.001$ respectively), mothers and peers smoking ($P = 0.05$, $P < 0.001$ respectively), fathers and peer's cannabis use ($P < 0.001$, $P < 0.001$ respectively).

Conclusion Findings suggest that negative family and peers influence increased risk of alcohol consumption in adolescents. Understanding the influences on parents' beliefs about their children's drinking and the functions of social networks in preventing alcohol consumption may be necessary to address adolescent risky drinking.

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

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EW0582

Drug metabolizing enzyme and transporter genes associated with plasma risperidone level in Thai autism spectrum disorder



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Background The associations between genetic variants of drug metabolizing enzyme and transporter (DMET) genes and steady-state plasma concentrations of risperidone, 9-hydroxyrisperidone, total active-moiety, and metabolic ratio remain unclear.

Objective The objective of the present study was to present the results of the association between genetic variants of DMET gene and steady-state plasma concentration risperidone and its metabolite using Affymetrix DMET Plus genotyping microarray.

Methods Subjects eligible for this study included male and female adolescents with ASD diagnosed according to the Diagnostic and Statistical Manual of Mental Disorders, Fourth Edition (DSM-IV) criteria and being treated with risperidone for at least 4 weeks prior to the blood sample collection. Blood samples were drawn prior to the next dose of risperidone intake to determine the steady-state plasma trough concentrations of risperidone and 9-hydroxyrisperidone. Genotyping profile was obtained using the microarray. Steady-state plasma risperidone and 9-hydroxyrisperidone were measured using liquid chromatography/tandem mass spectrometry (LC-MS/MS) assay.

Results The polymorphisms of UGT2B4, CYP2D6 were highly associated with metabolic ratio. Of all the DMET analysis, ABCB11 (3084A > G, 420A > G, 368G > A, and 236G > A) and ADH7 (690G > A and -5360G > A) were found to be associated with plasma concentrations of risperidone ($P < 0.01$). In addition, 6 genetic variations among the SLC transporter family were associated with the plasma concentration of 9-hydroxyrisperidone.

Discussions This study provides a pharmacogenomic approach to investigate further among the DMET genetic variants which influence plasma concentration of risperidone. The treatment of ASD should be based on genetic factors making the challenge of psychopharmacological treatment more efficacious with lesser adverse events.

Disclosure of interest The author has not supplied his/her declaration of competing interest.

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EW0583

Exome sequencing detection of genetic markers for Thai autism spectrum disorder



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Background Autism spectrum disorders (ASD) are neurodevelopmental disorders characterized by abnormalities in 3 domains; social interaction, communication/language, and restricted and repetitive behavior. The study of ASD prevalence in Thailand showed that it is approximately 9.9 children per 10,000 population for children 1–5 years old. ASD has a strong genetic basis, although the genetics of autism are complex and it is unclear. The objective of this study was to identify the genetic markers of Thai ASD.

Methods Exome sequencing was performed with twelve unrelated ASD affected individuals from twelve families. Each sample was sequenced on SOLiD 5500xl genetic analyzer, and the resulting data was processed and analyzed on LifeScope Genomic Analysis software. Exome sequencing with two additional samples was performed Ion Proton System and the data was processed on Ion Reporter server. Tertiary data analysis with all fourteen exome sequencing data were performed by using Golden Helix software. In filtering process, data were annotated to various databases including UCSC KnownGenes for non-coding and synonymous variants filter, 1000 Genomes Project for high frequency variants filter, and dbNSFP for functional prediction.

Results The genetic markers were identified for Thai ASD associated variants (c.2014G > A in EIF2AK3, c.2951G > A in FGD6, and c.6119A > G in CHD8).

Conclusions these genetic markers were the most possible of causing variants Thai. We also demonstrated a potential of exome sequencing and bioinformatics pipeline to identify the possible causative variants of ASD, which could be applied in the case that unable to identified variants by other technique.

Disclosure of interest The author has not supplied his/her declaration of competing interest.

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EW0584

Hyperuricemia and metabolic adverse effect in children and adolescents with autism spectrum disorder treated with risperidone



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Background Atypical anti-psychotics have been found to be associated with hyperuricemia. The aims of this study were to determine the prevalence of hyperuricemia and metabolic adverse events in children and adolescents with ASD treated with risperidone.

Methods In this cross-sectional study, we recruited 127 Thai ASD children and adolescents aged 3–20 years receiving risperidone for more than 4 weeks. The clinical data and laboratory data were obtained and analyzed. Hyperuricemia was defined as serum uric acid > 5.5 mg/dL.

Results Hyperuricemia was present in 57.48% of total ASD patients treated with risperidone. Uric acid levels were significantly higher in adolescents as compared to children. Uric acid levels correlated with risperidone dose ($P=0.01$), duration of treatment ($P<0.0001$), BMI ($P<0.0001$), waist circumference ($P=0.003$), triglyceride (TG; $P<0.0001$), triglycerides/high-density lipoprotein cholesterol ratio (TG/HDL-C; $P<0.0001$), insulin ($P=0.04$), homeostatic model assessment index (HOMA-IR; $P=0.03$), high-sensitivity CRP (hs-CRP; $P<0.0001$), and leptin levels ($P<0.0001$). HDL-C and adiponectin levels were negatively correlated with uric acid levels ($P<0.0001$). In multiple regressions analysis, age, BMI, TG/HDL-C, and adiponectin level remained significantly associated with uric acid levels ($P<0.0001$).

Conclusion Hyperuricemia may play a role in metabolic adverse effects in children and adolescents with ASD receiving high dose and/or long-term treatment with risperidone.

Disclosure of interest The author has not supplied his/her declaration of competing interest.

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EW0585

Effects of executive function stimulation in the language improvement of children with ASD

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The Autism Spectrum Disorder (ASD) is a neurobiological disorder that involves deficits currently classified into two areas:

- social communication and interaction across multiple contexts;
- restricted, repetitive patterns of behavior, interests or activities.

Although, these disorders do not have any causal relationship, both are always present. It has increasingly been sought methods aiming at the effectiveness of intervention for this population seeking to include all aspects. A promising research field is the one that considers the interdependence of the language and cognition areas, specifically regarding executive functions. This study was designed to verify the effectiveness of an executive functions stimulation program (EFS) during the regular speech-language therapy sessions and its impact in language development, specifically in the pragmatic aspects, through the evaluation of the functional profile of communication (FPC) in 14 children with ASD. During a 12-week period of regular speech-language therapy, the following areas were focused: working memory, cognitive flexibility, central coherence, inhibitory control and specific language aspects. Data were registered and analyzed statistically. The average performance of children in the stimulation was 85%, ensuring the effectiveness of EFS. The association analysis between pre- and post-EFS performance with FCP a significant improvement was observed in the occupation of the communicative space and the percentage of interactivity. These results are consistent with the hypothesis of the study, which believes in strong association between communication aspects and executive functions skills.

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

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EW0586

Cytogenetic characteristic the patients of both sexes with phobic-anxiety disorders



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Background and aims Anxiety-phobic disorders are caused both by environmental and hereditary factors. The study was designed to determine the level of chromosomal aberrations in the peripheral blood lymphocytes (PBL) of children and adolescents of both sexes with phobic-anxiety disorders (PAD).

Patients and methods Cytogenetic analysis was performed in 27 children and adolescents of both sexes with PAD, aged 9–15 years; the control group consisted of 50 healthy peers of both genders. Statistical analysis-Excel and SPSS statistics 17.0.

Results Cytogenetic analysis of patients with PAD and in healthy age-matched individuals has established normal female (46,XX) and male (46,XY) karyotypes. The frequency of the chromosomal aberrations (CA) spontaneous level in the PBL is 4.6 times higher than the CA frequency in healthy persons. In children and adolescents with the disease, the spontaneous frequency of aberrations of chromatid and chromosome types is also significantly higher than the same in healthy children and adolescents. Single acentric fragments and exchanges prevail among the chromatid-type aberrations; pair acentric fragments prevail among the chromosome-type aberrations. An increase in the frequency of the chromosome-type aberrations has been revealed in boys with PAD (1.72 vs.0.55 per100 cells in healthy boys, $P<0.001$ by pair acentric fragments), in comparison with healthy boys; and the chromatid-type aberrations have been observed in girls with PAD (3.22 vs.0.94 per 100 cells in healthy girls, $P<0.001$ by single acentric fragments), in comparison with healthy girls. A pronounced individual variability of CA frequency, which ranges in our patients from 2.0 to 18.0 per 100 metaphase plates, has been found along with an increase in the CA level in patients with PAD.

Conclusion Children and adolescents with PAD require a careful cytogenetic analysis and the consequent therapeutic measures for genome stabilization.

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

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EW0587

Effect of adenotonsillectomy on attention-deficit/hyperactivity disorder symptoms, sleep disturbance symptoms, and quality of life of children with adenotonsillar hypertrophy and sleep-disordered breathing



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Objectives To date, limited data has been available regarding the impact of adenotonsillectomy (AT) on the psychosocial well-being of chronic adenotonsillar hypertrophy (CAH) subjects.

Aims In the present study, we examined the impacts of AT on attention-deficit/hyperactivity disorder symptoms (ADHD) and sleep disturbance symptoms and quality of life of children with chronic adenotonsillar hypertrophy.

Methods Parents of children with CAH filled in Conners Parent Rating Scale-Revised Short (CPRS-RS), children's sleep habits questionnaire (CSHQ), and the pediatric quality of life inventory, parent versions (PedsQL-P) before and six months after AT.

Results A total of 64 children were included the study (mean age: 6.8 ± 2.4 years; 50% boys). Mean ADHD Index (11.98 ± 6.94 versus 10.35 ± 6.44) (before AT versus after AT) and oppositional scores (6.73 ± 3.72 versus 5.87 ± 3.52) improved statistically significantly after AT ($P < 0.05$). All of the CSHQ subdomain scores, except sleep duration, significantly reduced after AT ($P < 0.05$). Regarding to quality of life, both PedsQL-P physical health (64.20 ± 19.81 versus 69.84 ± 18.63) and psychosocial health subdomain scores (67.83 ± 12.89 versus 75.57 ± 13.16), and PedsQL-P total score (66.57 ± 12.94 versus 73.58 ± 12.46) of the patients were significantly higher six months after AT ($P < 0.001$).

Conclusions It is necessary for child and adolescent psychiatrists to query the symptoms of CAH to identify children with chronic adenotonsillar hypertrophy who suffer from ADHD symptoms, oppositionality, and sleep disturbance. To carry out AT seems to be beneficial for coexisting ADHD and sleep disorder symptoms and quality of life in these children.

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

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EW0588

Intelligence functioning and associated factors in children with cerebral palsy



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Objectives Cerebral palsy (CP) is described as a primary disorder of posture and movement; however, intellectual impairment is prevalent in children with CP.

Aim The aim of the present study was to examine the association with intellectual level and gross motor function, hand function, type of CP, and the presence of co-morbid disorders in these children.

Methods A total of 107 children with CP were included in the study. Intellectual functions of the children were determined by clinical assessment, adaptive function of daily life, and individualized standardized intelligence testing. Gross motor function and hand function of the patients were classified using the gross motor function classification system and the bimanual fine motor function measurements.

Results The mean age of the patients were 8.10 ± 3.43 years (age: 2–16 years). During clinical typing, we observed that 80.4% of the patients were spastic, 11.2% were mixed, 4.7% were dyskinetic, and 3.7% were ataxic. No significant relationship was determined between the type of CP and intellectual functioning ($P > 0.05$). Intellectual functioning was found to be significantly correlated

negatively with both gross motor function and hand functions level ($P < 0.001$). The factors related to intellectual functioning were neonatal convulsion ($\chi^2 = 12.97$, $P = 0.002$), epilepsy ($\chi^2 = 29.221$, $P < 0.001$), and speech disorders ($\chi^2 = 23.29$, $P < 0.001$).

Conclusions There is an association between intellectual functioning in children with CP and the degree of motor impairment, neonatal convulsion, epilepsy, and speech disorders. Intelligence assessment should be an essential part of CP evaluation.

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

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EW0589

Methylation related to perceived parenting in adolescents and its association to depressive symptoms two years later



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Introduction Adolescents' well being is affected by their parenting situation and can influence their well being over time. We present an exploratory study with an Illumina 450 k array, comparing methylation in adolescents, based on perceived parenting at T_0 , and how methylation can interact with parenting in explaining depressive symptoms two years later (T_2).

Objectives Identify differentially methylated regions (DMRs) associated with perceived parenting at T_0 and investigate their association with depressive symptoms two years later.

Aims An exploratory analysis evaluating the association between methylation and depressive symptoms longitudinally.

Methods From two extreme parenting clusters: perceived supportive, and punishing neglecting, we randomly selected 44 adolescents ($M_{Age} = 14$ at T_0 ; 48% boys). The CES-D scale (Center for Epidemiologic Studies Depression Scale) assessed depressive symptoms. DMRs were identified based on the parenting clusters (DMRcate and comb-p) using Illumina Infinium HumanMethylation 450 BeadChip data. Associations between the most significant CpG for each DMR and the depression score at T_2 , were calculated using linear regression analysis.

Results We identified 17 DMRs, but only cg13306335 in PEX10 was associated with depressive symptoms at T_2 ($P = 0.0014$, Bonferroni (17 tests); $P < 0.0029$). Additionally, an interaction between parenting at T_0 and PEX10 methylation (T_0) in explaining depressive symptoms (T_2) can be suggested ($P = 0.014$).

Conclusions We show that methylation at PEX10's most significant CpG is correlated with depressive symptoms at T_2 , these exploratory results also suggest a possible interaction between parenting and PEX10 methylation at T_0 in association with depressive symptoms at T_2 . Validation in a larger sample is needed to support the role of methylation and its interactions in depression over time.

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

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EW0590

Integrated regional autism program: The IRAP multidisciplinary model



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Introduction Receiving an autism spectrum disorder (ASD) diagnosis often is daunting for individuals and families because of the life-long difficulties with functioning, health and quality of life [1]. “Casa del Giardiniere” is the reference facility for ASD at the Local health authority. The multidisciplinary team is composed by child psychiatrist, psychiatrist, psychologist, behavior analyst, educator, speech therapists, neuropsychomotor therapist, and social worker. Following the international guidelines for the neurodevelopmental disorders, patients’ age changed from 0–18-year-old to lifespan.

Objectives This work aims to illustrate our model, resulting from the integration of family, social and health services, and school.

Methods Data on demographic, family, and clinical factors were gathered among subjects admitted to our ASD unit along 2015. All participants underwent to the following process: diagnostic assessment, Functional assessment of speech, communication, cognitive and adjustment skills, treatment, and parent training.

Results Data showed a general improvement of skills. The best results were achieved when a full sharing of methods and strategies in all areas of life were possible. Results will be discussed in details.

Conclusions This model allows to realize efficient individualized treatment programs and to benefit of specific training both on intervention programs and approach with families. Furthermore, parents learn to “see” their child not only within its limits.

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

Reference

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EW0591

Development and evaluation of a psychosocial model for children who experience trauma from low and middle-income countries



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Introduction Despite fragmented evidence on individual interventions, good practice and child welfare programmes in low and middle-income countries (LMIC), there is no comprehensive model for early interventions, particularly for children who experience complex trauma.

Objective The objective of the World Awareness for Children in Trauma (WACIT: www.wacit.org) is to develop an evidence-based psychosocial model for vulnerable children in low and middle-income countries with limited or no access to specialist resources.

Methods The aim of the preliminary evaluation was to establish stakeholders’ views on the extent of need, socio-cultural context, service gaps, and recommendations for improvement and creation of working partnerships. This consisted of four studies:

- 1. Participatory workshops in six countries (Turkey, Pakistan, Indonesia, Kenya, Rwanda, Brazil) with a total 250 strategic and operational stakeholders;
- 2. Quantitative evaluation in two of these countries (Turkey, 32 participants; and Brazil, 80 participants);
- 3. Interviews with 17 stakeholders from the six countries;
- 4. Focus groups with 7 children, 7 parents, 9 teachers and 11 other professionals in one country (Kenya).

Results Findings indicated that lack of resources (funding, facilities, training and personnel), poor collaboration (between church, families, government, schools and community), impaired parenting, socio-economic challenges and limited knowledge on child mental health as key factors that impede interventions.

Conclusions The findings have informed the next phase of the WACIT programme in developing sustainable networks, training, and culturally appropriate interventions in the participating LMIC.

Disclosure of interest The author has not supplied his/her declaration of competing interest.

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EW0592

Startle habituation depends on selective attention in schizophrenia patients and cannabis users



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Introduction Schizophrenia is associated with cannabis use and deficits in selective attention.

Objectives/aims This study investigated these relationships using habituation of the startle reflex in schizophrenia patients relative to cannabis users during selective attentional tasks.

Methods Participants included 12 healthy controls (CON), 16 healthy cannabis users in the last 12 months (THC), and eight schizophrenia patients (SCZ). Auditory startle reflex was recorded from orbicularis oculi muscle while participants were attending to (Attend Task) or ignoring (Ignore Task) 100 dB startling pulses. Startle habituation was measured as the absolute reduction in startle magnitude on block 2 (last nine trials) vs. block 1 (first nine trials) on each attentional task and in each group.

Results All three groups were matched on demographics, alcohol, and caffeine consumption. ANCOVA with two within-subject factors (attention and habituation with 2 levels each), one between-subject factor (group with 3 levels), and one covariate (nicotine use which was higher in SCZ vs. CON or THC) showed a significant startle habituation with moderate to large effect sizes in all three groups on the Ignore Task (Cohen’s $d=0.67$ in CON, $d=0.59$ in THC, $d=0.90$ in SCZ) but not on the Attend Task. Attentional modulation of the startle reflex occurred only in CON ($d=1.33$) and THC ($d=1.17$), but not in SCZ.

Conclusion Auditory startle habituation depends on selective attention but is not affected by schizophrenia or cannabis use. Deficient attentional modulation of the startle reflex suggests that a more severe deficit in selective attention occurs in schizophrenia relative to cannabis use.

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

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EW0593

A neuro-developmentally sensitive and trauma informed service delivery approach for child and youth mental health and psychiatry

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This presentation will introduce the innovative approach to child and youth mental health and psychiatry using the neurosequential model of therapeutics (NMT). This is a neuro-developmentally sensitive and trauma informed approach and acknowledges the importance of early experiences shaping the organization of the brain. An outline of the stress response and its relevance to hyperarousal and dissociative responses will be discussed as this impacts attachment and the reward neuro-biology. The hierarchy of brain development will be emphasized in the clinical approaches to child psychiatry especially in reference to child maltreatment and neglect. The critical role of sensory integration, self regulation, relational health and cognitive development in treatment planning will be discussed versus the categorical diagnosis of ADHD, autism, bipolar disorder and depression. This has profound economic and psychopharm practice implications in child and youth mental health treatments. Consequently the importance of these concepts in informing public policy for early child development and school mental health literacy will be emphasized. Additionally the outcome of these approaches on the reduction of staff turnover, critical incidents in schools and residential placements will be shared.

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

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EW0594

Family-based whole exome sequencing of autism spectrum disorder reveals novel de novo variants in Korean population

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Objectives The objective of this family-based whole exome sequencing (WES) is to examine genetic variants of autism spectrum disorder (ASD) in Korean population.

Methods The probands with ASD and their biological parents were recruited in this study. We ascertained diagnosis based on DSM-5TM criteria, using Autism Diagnostic Observation Sche-

dule and Autism Diagnostic Interview–Revised. We selected probands with typical phenotypes of ASD both in social interaction/communication and repetitive behaviour/limited interest domains, with intellectual disability (IQ < 70), for attaining homogeneity of the phenotypes. First, we performed WES minimum 50× for 13 probands and high-coverage pooled sequencing for their parents. We performed additional WES for 38 trio families, at least 100× depth. De novo mutations were confirmed by Sanger sequencing. All the sequence reads were mapped onto the human reference genome (hg19 without Y chromosome). Bioinformatics analyses were performed by BWA-MEM, Picard, GATK, and snpEff for variant annotation. We selected de novo mutation candidates from probands, which are neither detected in two pooled samples nor both parents.

Results Fifty-one subjects with ASD (5 females, 40~175 months, mean IQ 42) and their families were included in this study. We discovered 109 de novo variants from 46 families. Twenty-nine variants are expected to be amino acid changing, potentially causing deleterious effects. We assume CELSR3, MYH1, ATXN1, IDUA, NFKB1, and C4A/C4B may have adverse effect on central nerve system.

Conclusions We observed novel de novo variants which are assumed to contribute to development of ASD with typical phenotypes and low intelligence in WES study.

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e-Poster Walk: Comorbidity/Dual pathologies and guidelines/Guidance - Part 2

EW0595

Dual diagnosis and treatment: The experience of a multiprofessional team in mental health

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Introduction The work was developed with the people hospitalized in the period of 1 year in a psychiatric clinic in Rio de Janeiro city, Brazil. 175 patients who presented dual diagnosis were evaluated.

Objectives The research aims to know the distribution of the most frequent psychiatric diagnosis associated with the disorders for the use of psychoactive substances. The work also has as objective to assess the treatment of patients carrying these disorders so that there is a better efficiency of the individual treatment plan.

Methods The work consisted of the evaluation of all patients who were admitted to the clinic in the period of 1 year, using the ICD-10 for the diagnosis of dual pathologies. All the patients were assessed by the multiprofessional team, composed by general practitioner, psychiatrist, psychologist, pharmacist, therapist in chemical dependence, family therapist and physiotherapist. The patients were treated with the use of psychopharms, cognitive behavioral psychotherapy, 12-step program, art therapy and moderate physical activity. Family members of all patients were also interviewed.

Results In the evaluation conducted by the team, it was found the following distribution of the most frequent diagnosis associated to disorder for the use of psychoactive substances: depression (26.3%), personality disorder (22.9%), bipolar disorder (22.3%), non-

schizophrenic psychosis (12.6%), schizophrenia (9.1%), and other diagnosis (6.8%).

Conclusions The formulation of the dual diagnosis provided a better approach of the patients on the part of the team, promoting the strengthening of the therapeutic bond and causing positive impact on the evolution of these disorders.

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

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EW0596

Comorbid depressive symptoms in persistent delusional disorder: A retrospective study from India

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Background Previous studies have reported depressive symptoms in patients with persistent delusional disorder (PDD). Patients with PDD and depression may need antidepressants for treatment.

Aim The aim of the study was to compare the sociodemographic profile, clinical presentation and treatment response in patients with PDD with and without comorbid depressive symptoms.

Methods We conducted a retrospective chart review of patients diagnosed with PDD (ICD-10) from 2000 to 2014 ($n=455$). We divided the patients into PDD + depression ($n=187$) and PDD only ($n=268$) for analysis.

Results Of the 187 patients with PDD + D, only eighteen (3.9%) were diagnosed with syndromal depression. There were no significant differences in sociodemographic profile including sex, marital and socioeconomic status (all $P>0.05$). PDD + D group had a significantly younger age at onset ([PDD + D: 30.6 9.2 years vs. PDD: 33.5 11.1 years]; $t=2.9, P<0.05$). There was no significant difference between the clinical presentation including mode of onset, the main theme of their delusion and secondary delusions (all $P>0.3$). However, comorbid substance dependence was significantly higher in patients with PDD only. ($\chi^2=5.3, P=0.02$). In terms of treatment, response to antipsychotics was also comparable ([$>75\%$ response: PDD + D = 77/142 vs. PDD = 106/179]; $\chi^2=1.9, P=0.3$). There was a significant difference between the two groups in terms of antidepressant treatment ([PDD + D = 32/187; 17% vs PDD: 17/268; 6%], $\chi^2=12.9, P=0.001$).

Discussion Patients with PDD + D had significantly earlier onset of illness. These patients may require antidepressants for treatment.

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

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EW0597

Association between Internet addiction and depression in medical students, faculty of medicine in Thailand

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Introduction Internet addiction has become a harmful behavioral problem found to be highly prevalent in high school and college students. Many studies demonstrated significantly association between Internet addiction and depression.

Aims To study the prevalence of Internet addiction and the association between internet addiction and depression in medical students, faculty of medicine, Ramathibodi hospital.

Methods A cross-sectional study was conducted. Participants were the first to fifth-year medical students who agreed to participate in this study. Demographic characteristics were derived from self-rated questionnaire and were analyzed by descriptive statistics. Thai version of Young's Internet Addiction Diagnostic Questionnaire and Thai version of Patient Health Questionnaire (PHQ-9) were used to assess internet addiction and depression, then χ^2 test and logistic regression were used to analyze the associations between internet addiction, depression and associated factors.

Results From 705 participants, 24.5% had internet addiction and 29.0% had depression. There was statistically significant association between Internet addiction and depression (odds ratio: 1.92; 95% confidence interval [CI]: 1.34–2.77, P -value <0.000). Logistic regression analysis illustrated that the Internet addiction group had risk of depression 1.58 times higher than the group without Internet addiction (95% CI: 1.04–2.38; P -value <0.031). Academic problem was found to be a significant predictor of both Internet addiction and depression. Furthermore, Internet addiction, relationship problems with friend and lover, and health problem were also significant predictors of depression.

Conclusions Internet addiction was common psychiatric problem which associated with depression among medical students. We suggest that surveillance of Internet addiction should be considered in medical schools.

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

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EW0598

The cannabis profile: A high-risk subtype

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Introduction The first phase following the diagnosis of a first psychotic episode (FEP), is crucial to determine clinical and functional long-term outcome. Cannabis exerts a mediating action on the debut of the disease and determines a poor prognosis.

Objectives The description of a specific population profile of increased vulnerability to maintain cannabis use after a FEP could help to identify this high risk subtype of patients and speed up the implementation of specific interventions.

Materials and methods One hundred and seventy-eight patients were recruited from PAFIP (early intervention program on FEP), obtaining detailed socio-demographic assessment. They were followed-up for a year during which cannabis consumption was assessed by Drake scale every three months. We divided the sample into two groups:

- those patients who neither smoked cannabis before the FEP nor during follow-up period (nn);
- consumers group: cannabis users before the FEP who kept on smoking during the follow-up period (ss) and those who smoked before the FEP and gave up consumption during follow-up (sn).

Results Statistically significant differences between groups were observed. The consumers group (ss + sn) had an earlier age of onset, most were male, unemployed, single, prone to loneliness and they were concomitant users of alcohol and tobacco.

Conclusions The use of cannabis has a detrimental effect on the outcome of schizophrenia. A specific and early intervention could contribute to prognostic improvements. Identifying cannabis consumption subtypes could be useful for this purpose.

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

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EW0599

Association between ADHD and psychopathy among inmates in a high-security prison in Portugal



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Introduction ADHD is associated with psychopathic traits, both in the general population and in perpetrators, due to the impulsivity, but not the affective component of psychopathy.

Objectives To analyze this relationship among a sample of inmates from a high-security male prison, using an instrument that further divides the callous-unemotional factor of psychopathy into boldness and cruelty, and see if they relate to ADHD independently from the impulsivity/disinhibition.

Methods One hundred and one subjects aged 18–65, with at least 4 years of formal education, were interviewed for socio-demographic data and completed the ASRS-v1.1 (Adult ADHD Self-Report Scale) and the TriPM (Triarchic Psychopathy Measure). Subjects were divided into ADHD positive or negative according to their score in the ASRS-v1.1, and then compared regarding TriPM score (total, disinhibition, boldness and cruelty) using Student's *t*-test. Linear regression was used to assess independency between the subscales of TriPM.

Results Seventeen subjects scored positive for ADHD. They significantly differed from the non-ADHD group regarding all psychopathy scores (total, $t = -5.03$, $P < 0.0001$; disinhibition, $t = -3.53$, $P = 0.0006$; and cruelty, $t = -4.96$, $P < 0.0001$), except for boldness ($t = 1.97$, $P = 0.005$). The cruelty score is independent from boldness ($R^2 = 0.03$) but not from the disinhibition score ($R^2 = 0.24$). Disinhibition and boldness are also unrelated ($R^2 = 0.01$).

Conclusions In line with previous work, our study shows a strong association between ADHD and psychopathy, with both conditions sharing the disinhibition/impulsivity factor. Although ADHD subjects score higher for cruelty, this isn't independent from disinhibition, and may be a result of them being more prone to admit to cruel behaviours, due to deficient response inhibition.

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

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EW0600

Novel psychoactive substances in a psychiatric young adults sample: A multicenter, observational study



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Introduction Comorbidities between psychiatric diseases and consumption of traditional substances of abuse are common. Nevertheless, there is no data regarding the use of novel psychoactive substances (NPS) in the psychiatric population.

Objectives The purpose of this multicentre survey is to investigate the consumption of a wide variety of psychoactive substances in a young psychiatric sample.

Methods Between September 2013 and November 2015, a questionnaire has been administered, in ten Italian psychiatric care facilities, to a sample of 671 psychiatric patients (48.5% men; 51.5% women), aged between 18 and 26 years (mean age: 22.24).

Results 8.2% of the sample declared use of NPS at least once in a lifetime and 2.2% have assumed NPS in the last three months. The NPS more used were synthetic cannabinoids (4.5%), followed by methamphetamine (3.6%). The three psychiatric diagnosis with more frequent NPS consumption were bipolar disorder (23.1%), personality disorders (11.8%) and schizophrenia and related disorders (11.6%). Bipolar disorder was associated with NPS consumption ($P < .001$). Among the illicit drugs investigated, 31.4% of the sample was cannabis smoker and 10.7% cocaine user. Moreover, 70.6% of the sample declared alcohol use and 47.7% had binge drinking conducts. In univariate regression analysis, bipolar disorder was positive associated with binge drinking while obsessive compulsive disorder resulted negative associated.

Conclusions The use of novel psychoactive substances in a young psychiatric population appears to be a frequent phenomenon, probably still underestimated. Bipolar disorder shows an association with NPS use. Therefore, careful and constant monitoring and accurate evaluations of possible clinical effects related to their use are necessary.

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

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EW0601

Personality traits and tobacco smoking among male alcoholics with secondary depression



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Introduction After alcohol withdrawal, secondary depression may persist and might be a risk factor for relapse among primary alcoholics.

Objectives The differences between male alcoholics with secondary depression (D) and without depression (wD) regarding the personality dimensions and tobacco smoking were explored.

Aims The aim was to investigate risk factors for secondary depression.

Methods One hundred male primary alcoholics were recruited during inpatient treatment, and 86 completed the study. The assessment of depression by Hamilton Depression Rating Scale - HAMD (Hamilton, 1960), the pattern of cigarette use and personality dimensions assessment by Eysenck personality questionnaire - EPQ (Eysenck & Eysenck, 1975) were performed for all participants on admission. After four weeks according HDRS cut off score, they were divided into D group ($n = 43$) and wD ($n = 43$) group. The differences between groups were tested by Student *t*-test and Pearson's correlation test was applied.

Results The personality traits showed difference between D and wD alcoholics' subgroups for neuroticism 15.07 ± 4.89 vs. 10.37 ± 4.40 ($P < 0.01$) and for extraversion 11.74 ± 5.05 vs. 14.30 ± 4.24 ($P < 0.05$) respectively. The positive correlation between the mean HDRS score and neuroticism ($r = 0.487$, $P < 0.001$), without significant correlation between other EPQ dimensions and

depression was recorded. The D group started smoking earlier, but without differences of cigarettes daily.

Conclusions The group of alcoholics with depression started smoking earlier. They were characterized by higher neuroticism and lower extraversion on admission, which could predict persistent secondary depression. Screening on personality traits among alcoholics on admission could improve prevention of secondary depression after alcohol withdrawal.

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

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EW0602

Addictive status in neurotic disorders

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Introduction At the present stage of psychiatry development, the problem of co-morbidity, which is an important factor determining the effectiveness of treatment. One of such tendencies is the combination of neurotic pathology and addictive behavior (AB).

Objectives To research AB features in neurotic disorders.

Methodology One hundred and forty-eight patients with neurotic disorders: neurasthenia (F48.0), dissociative disorder (F44.7), anxiety-phobic disorder (F40.8), according to ICD-10 criteria. Clinical-psychopathological, psychodiagnostic (AUDIT-like tests), statistical methods were used.

Results It was found out that the patients with neurotic disorders had a high risk of AB formation (59.73%). The most prominent among AB were: the use of psychoactive substances (tea/coffee [11,682], tobacco [8,091], sedatives [6,964], food addiction [14,036]), as well as socio-acceptable AB, such as Internet (13,527), watching television (9,982), computer games (2,909), shopping (7,264), workaholism (15,018). Socio-demographic characteristics of the generation of neurotic disorders with AB were determined: young age (50.46%), AB presence among the surrounding people (91.64%), a short interval of time between the psychogenic factor exposure and the first signs of neurotic disorder (50.46%). The clinical pattern of neurotic disorders with AB was characterized by a predominance of anxiety-obsessive (35.78%), as well as anxiety-phobic (45.95%) syndromes associated with AB: "Shopping" (−0.32; −0.51, respectively), "Sleeping pills, sedatives" (−0.37; −0.42), "Sex" (−0.41; −0.37) and "Tea/coffee" (−0.34; −0.39).

Conclusions The data obtained determine AB specificity and should be taken into account in pharmaco- and psychotherapy.

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

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EW0603

Addiction co-morbidity in bipolar disorder

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Introduction Addiction is often underdiagnosed in bipolar disorder (BD), although it is frequent and known to complicate its clinical course.

Objectives The aim of our study was to study socio-demographic and clinical factors associated with addiction in BD patients.

Methods This is a retrospective, cross-sectional, descriptive and comparative study on 100 patients followed in our department and diagnosed with BD type I according to DSM 5. Demographic and clinical data was compared across the groups: Addiction+ (A+) and Addiction− (A−).

Results Nineteen patients had an addiction co-morbidity (A+), whereas 81 had not (A−). The mean age of the (A+) group was 39.47 years whereas it was 42.52 years in the (A−) group. Males represented 68.4% of the (A+) group and 48.1% of the (A−) group. Age of illness onset was lower in the (A+) group (mean = 23.16, median = 21) compared to the (A−) group (mean = 26.04, median = 27). Addiction co-morbidity was significantly associated with predominant manic polarity ($P=0.03$). All (A+) patients presented mood episodes with psychotic features, whereas psychotic features were only found in 86.6% of (A−) patients. Co-morbid addiction was significantly associated with a higher number of mood episodes ($P=0.04$), a higher number and duration of hospitalisations ($P=0.02$, $P=0.015$), and a poorer compliance ($P=0.07$). All A+ subjects received antipsychotics, and they were significantly more to receive long-acting antipsychotics ($P=0.06$).

Conclusions Addictions worsen the prognosis of bipolar disorder and require specific therapeutic strategies. They deserve therefore the particular attention of clinicians.

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

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EW0604

Trajectories of depression and anxiety symptoms in coronary heart disease strongly predict health care costs

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Introduction There is little information describing the trajectories of depression and anxiety symptomatology in the context of coronary heart disease (CHD), and their comparison according to sociodemographic and disability measures, cardiac risk factors, and health care costs.

Methods Using a primary care cohort of 803 patients with a diagnosis of CHD, a latent class growth curve model was developed to study the distinct trajectories of depression and anxiety symptoms (using the hospital anxiety and depression scale) over a 3-year period comprised of 7 distinct follow-up points. Multinomial regression analysis was then conducted to study the association between latent classes, baseline risk factors, and total health care costs across time.

Results The 5-class model yielded the best combination of statistical best-fit analysis and clinical correlation. These classes were as follows: "stable asymptomatic" ($n=558$), "worsening" ($n=64$), "improving" ($n=15$), "chronic high" ($n=55$), and "fluctuating symptomatology" ($n=111$). The comparison group was the "stable asymptomatic" class. The symptomatic classes were younger and had higher proportion of women, and were also associated with non-white ethnicity, being a current smoker, and having chest pain. Other measures of disease severity, such as a history of myocardial infarction and co-morbidities, were not associated with class membership. The highest mean total health care costs across the 3 years were the "chronic high" and "worsening" class, with the lowest being the "improving" and "stable low" classes. The total societal

costs for patients in the “chronic high” and “worsening” class were significantly higher, as compared to the “stable low” class.

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

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EW0605

Incidences and risk factors of severe infections in young adults with schizophrenia: A nationwide register-based cohort study in Denmark



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Introduction Patients with schizophrenia deal with many risk factors that make them more susceptible to infections. However, knowledge about incidence and the nature of infections among people with schizophrenia is scarce.

Aims To investigate the occurrence and risk factors for severe infections in schizophrenia patients.

Objectives – to determine incidence rates of infections among young adults with schizophrenia;
– to define risk factors for infections.

Method Population-based nationwide cohort study with selection of all individuals born in Denmark between 1975–1990 and follow-up period from 1995–2013 was conducted. Data from the Danish Psychiatric Central Register and the Danish National Hospital Registry were used. A Poisson regression was chosen to estimate incidence rate ratios of infections and to explore the associations of different risk factors like sex, age, substance abuse and medical co-morbidity with the rates of infections.

Preliminary results 922,564 individuals born between 1975–1990 were included in the study. Overall, 3520 women and 5479 men were identified with schizophrenia. In percentages, 36% with schizophrenia had infectious diseases compared to 25% of background population. Some of severe infections like HIV (0.23% vs 0.05%), sepsis (0.72% vs 0.27%), hepatitis (1.4% vs 0.22%) skin infections (12% vs 6.2%) and tuberculosis (0.12% vs 0.06%) were highly increased in persons with schizophrenia, whereas smaller differences were found regarding CNS infections (0.5% vs 0.4%) and gastrointestinal infections (8.7% vs 6.2%).

Conclusions The preliminary data results suggest, that individuals with schizophrenia have higher prevalence of all types of severe infectious compared to the background population.

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

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EW0606

Prevalence of depression and anxiety in patients with chronic non-malignant pain—A Danish register-linkage cohort study



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Introduction Anxiety and depression disorders are common in patients with chronic pain. Studies using clinical interviews in patients with chronic pain report prevalence rates ranging between 30–54% for depression and 17–29% for anxiety. This is the first study using contacts with a hospital psychiatric ward to investigate prevalence of depression and anxiety in patients with chronic pain.

Objectives Estimate the prevalence of anxiety and depression in patients with chronic pain referred for interdisciplinary treatment.

Aims To increase the knowledge about mental disorders and chronic pain in secondary health care.

Methods All chronic pain patients referred to and treated at an interdisciplinary pain clinic at Odense university hospital, Denmark from 1 Jan 2005–13 Nov 2015 were included as participants. The Danish National Patient Register was used to collect information on contacts with a hospital psychiatric ward 10-year prior to the first contact at the pain clinic due to depression (ICD-10: F32-F33) and/or anxiety (ICD-10: F40-F41).

Results In total, 7204 patients (64% women; mean age: 48.2) were included. Altogether, 17.8% (95% CI: 16.9–18.7) of patients had contact to a psychiatric ward. The prevalence of unipolar depression were: 6.1% (95% CI: 5.5–6.6) and anxiety: 2.1% (95% CI: 1.8–2.5), while 0.7% (95% CI: 0.5–0.9) had both depression and anxiety.

Conclusions The prevalence rates of depression and anxiety noted in this study were lower than those reported in previous studies. A hospital-based diagnosis seems likely to be less frequent than interview-based measures, yet, might have a higher validity due to the clinician-based assessment.

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

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EW0607

Psychosomatic and psychopathological paradigms of alcoholic anorexia



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Introduction Alcoholic anorexia (AA), being one of prevalent narcology diseases, up to now has not been studied in psychosomatics and psychopathology paradigm.

Aims and objectives To identify multifactorial pathopsychological, psychopathological, nervous, alimentary, toxicological constituents of AA pathogenesis.

Method Twenty-four patients with alcohol dependence (males aged 29–37) have been studied. Diagnosis was objectified by psychosomatic, pathopsychological complex international valid tests and rating, adequate for investigation design, laboratory, electrophysiology, biochemical, ultrasound and other methods.

Results AA was accompanied with mental and physical post-intoxication exhaustion, asthenizing, tremor, dissomnia, depression, pre-delirium signs. Psychosomatic concept was proposed for reasonable identification of intranosological AA clinical forms in narcological clinical course. Anorectic dipsomaniac conditions are explained pathogenetically with psychosomatic mechanisms of deviant addictive craving behaviour as pathopsychological target and patient's intentional complete or partial refuse food consumption in favour of real in time more quick and brutal attainment of alcoholic drunkenness (Ebrietas Alcoholic). This anorexia fabula draws AA closer to Anorexia Nervosa and mostly reflects compulsive obsession with alcohol use. Pathopsychological, psychosomatic, neurogenous mechanisms of alcoholic anorexia of drinking bout early stages are transformed gradually to post-intoxication alimentary, nervous, psychic exhaustion. Meanwhile,

AA is valid for alcohol withdrawal syndrome diagnosis and plays situation relapsing role in alcoholizing prolongation.

Conclusions Alcoholic anorexia is starting to declare even at early stages of alcoholic addiction formation. It is more illustrative in periodically recurrent and exaggerating drinking bouts when dynamic intestinal obstruction risk is high. Findings obtained ground alcoholic anorexia attribution to urgent conditions with necessary integrated relieving therapy and secondary prevention.

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EW0608

Evaluation of the cardiovascular disease risk of the psychiatric inpatients of a university hospital by using Framingham risk score

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Introduction According to literature, the patients with severe mental disorder have higher cardiovascular disease risk than the normal population.

Objectives The current study based on the assumption that elevated inflammatory markers may be related to cardiovascular disease risk in psychiatric patient population.

Aims This study is aimed to define the relation between the inflammatory reactant, C-reactive protein levels and 10-year risk of coronary heart disease according to Framingham risk score (FRS).

Methods A total of 204 patients (106 female–98 male) who admitted to the psychiatric service between March and November 2015 and diagnosed with major depression, bipolar disorder and psychotic disorder were included in the study. Participants were evaluated by their gender, age, body mass index, waist circumference, high density lipoprotein levels, total cholesterol levels, systolic and diastolic blood pressures, diabetes comorbidity and CRP levels.

Results Ten-year risk of cardiovascular disease was found significantly higher at males than females ($P < 0.001$). There was no correlation between the FRS and the CRP levels which is an acute phase reactant and a contributor of atherogenesis ($P = 0.763$). However, mean values of CRP levels were determined as 0.59 ± 0.07 mg/dL for females and 0.56 ± 0.07 mg/dL for males. These levels are both high compared to the normal value which is up to 0.34 mg/dL. There was also a remarkable correlation between FRS scores and waist circumference ($P = 0.012$).

Conclusions Framingham risk score can be used to detect cardiovascular disease risk and can be helpful in management of pharmacotherapy of the high-risk population.

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

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EW0609

Co-morbidity of psychiatric/physical disorders with alcohol abuse/dependence in a sample of clients of the emergency department of the psychiatric hospital of Attica–Greece

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Introduction Increased coexistence of psychiatric symptoms in patients with alcohol abuse/addiction is highlighted in the literature. Equally high is the coexistence of physical illnesses due to the harmful effects of alcohol.

Aims To record the profile and the characteristics of individuals with psychiatric/somatic co-morbidity who attend the psychiatric emergency department/(PED) of the largest psychiatric hospital in Greece.

Methods/Results A total of 1058 individuals, with a mean age of 44.4 years, were identified having alcohol problems in a five-year time period (2010–2015) in the context of the PED, while the majority of them was found to have psychiatric co-morbidity. The most common diagnosis was psychotic syndromes (24.2%), followed by affective (23.8%), personality (12.5%), and somatoform and anxiety disorders (6.3%). About 3% of the sample presented acute alcohol poisoning or severe withdrawal symptoms, coexistence with severe somatic disease and organic mental disorders. More than a third (37%) of them had to be hospitalized, while the involuntary hospitalization rates (21%) were higher than the voluntary ones (16%). Finally, 13.65% suffered from co-morbid somatic diseases with need of immediate emergency and hospital care.

Conclusions The abuse and/or dependence of alcohol are largely associated with the coexistence of psychiatric and physical diseases. The psychiatric and physical co-morbidity, as regards attendance and hospitalization–involuntary and voluntary–, present a higher rate in men (86%) and mainly affects people of productive age. Additional data are needed to explore detailed factors that could contribute to a better design of more appropriate services for patients with alcohol use disorders.

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EW0610

The eating disorders iceberg: Emotional deregulation and impulsivity lay below

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Introduction Eating disorders (ED) and personality disorders (PD) are often interplayed in every-day clinical practice. Less is known on patient's emotional deregulation and impulsivity.

Aims To investigate whether clinical features of ED and PD correspond to a specific impulsivity and emotional background pattern.

Objective ED, PD, impulsivity and emotional regulation.

Methods A group of outpatients with ED ($n = 39$) was compared to a group of healthy controls ($n = 40$) by means of semi-structured interviews and standardized questionnaires (BIS-11, DERS, Eat-26, SCID-II and STAI), in order to evaluate association between clinical features (ED and PD) and altered impulsivity or/and emotion regulation.

Results Seventy-five percent of ED cases matched also diagnostic criteria for PD. Cluster B diagnoses occurred more frequently in Bulimia Nervosa (BN) and Binge eating disorders (BED) whereas Cluster C PD was strongly associated with restrictive anorexia (AN-R) ($P < 0.001$). BIS-11 scores were significantly higher in cluster B as compared to cluster C PD ($P = 0.019$). People with PD have a significantly higher DERS score compared to people without ($P < 0.001$). Mean DERS scores were similar in BN, BED and AN Binge purging (AN-BP) but lower in AN-R ($P < 0.001$).



Conclusions ED is an iceberg top, of a three-step ladder. The intermediate step is built of personality traits and disorders forging the variety of ED clinical expressions. The hidden base of iceberg is represented by both the emotional (de)regulation and the level of impulsivity. Therapies focused on the base of this iceberg are needed for a clinical resolution of eating symptoms.

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EW0611

Benefits of antidepressant treatment after a stroke



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Introduction Stroke is an important cause of morbidity and is responsible for 9% of all deaths worldwide. The most frequent neuropsychiatric consequence of stroke is post-stroke depression (PSD). It has been shown to be associated with both impaired recovery and increased mortality. The aim of our study is to determine the benefits of antidepressant prescription after a stroke.

Method The databases from *Medline* and *PubMed* were reviewed for articles related to post-stroke depression (PSD), antidepressant treatment and stroke, post-stroke depression and functional recovery, stroke related impairment.

Results Antidepressant drugs have been shown to be effective in treating PSD in six double blind randomized studies. Patients treated with antidepressants had better recovery from disability than patients who did not receive antidepressant therapy: it was proved that antidepressant drugs cause an improvement in cognitive skills and functional recovery in PSD patients. In patients with ischemic stroke and moderate to severe motor deficit, the early prescription of fluoxetine with physiotherapy enhanced motor recovery after 3 months. Some studies showed that PSD can be effectively prevented: nortriptyline, fluoxetine, milnacipran and sertraline appeared to be efficacious in preventing depression after stroke and are to use without significant adverse effects in stroke patients.

Conclusion Antidepressant treatment plays an increasing role in the management of patients with acute stroke. Therefore, early initiation of antidepressant therapy, in non-depressed stroke patients, may reduce the odds for development of PSD, and improve cognitive and functional recovery.

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

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e-Poster Walk: Consultation liaison psychiatry and psychosomatics - Part 2

EW0612

Polypharmacy among elderly populations



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Introduction Potentially inappropriate prescribing, is highly prevalent among older patients hospitalized with major psychiatric illness. Inappropriate use of psychotropic medications in elderly patients has become a focus of concern.

Objectives To determine the prevalence of potentially inappropriate prescribing including potentially inappropriate medications (PIMs) and potential prescription omissions (PPOs), according to STOPP-START, Beers and PRISCUS criteria applied by CheckTheMeds[®].

Aims To identify potentially IP, PPO and the prevalence of contraindications, interactions and precautions in older patients hospitalized with major psychiatric illness.

Methods Retrospective cross-sectional study with patients over 65 discharged from the Psychiatric acute unit of the university hospital of La Princesa (Madrid) between January 2013 and October 2015 was conducted. The CheckTheMeds[®] program was used to identify IP.

Results A total of 104 elders—74 females and 30 males—were included, with a mean age of 76 years (range: 65–91). An average of 5.73 (range: 1–16) was prescribed drugs at discharge. The IP results STOPP 81.73% ($n=85$), START 43.26% ($n=45$), Beers 94.23% ($n=98$) y PRISCUS 40.38% ($n=42$). Contraindications were described in the 21.15% of the patients, precautions in 83.65% and interactions in 83.65%. Psychotropic drugs were the most often inappropriate prescribed medications.

Conclusion Prescribing omissions are twice as prevalent as IP in the elderly. Currently, inappropriate prescription of psychotropic agents is very common for the elderly. Application of such screening tools to prescribing decisions may reduce unnecessary medication, related adverse events, healthcare utilization and cost and non-pharmacological interventions, should be thoroughly explored.

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

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EW0613

To the question of the role of consultation liaison psychiatry in diagnostics of psychosomatic disorders



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Background Relevance of consultation liaison psychiatry is conditioned by trend of steady rise of psychosomatic disorders and insufficient development of supplied forms and methods of medical care to patients with this pathology.

Aim To study incidence rate of psychosomatic disorders in primary health care, to develop algorithm of medical care.

Material and methods A total of 2010 patients of the primary health care unit were examined. Methods used: clinical-psychopathological, clinical-dynamic, questionnaire screening, statistical (factor analysis).

Results Mental disorders, co-morbid with physical pathology, constituted 3.9% of the contingent with predominance of psychosomatic disorders—15.6 per 10,000 of the population. Respective from clinical-dynamic structure of psychosomatic disorders three groups of patients were distinguished: in need for consultation by a psychiatrist (22.9%); for course treatment by psychiatrist and subsequent observation by physicians (28%); and for systematic therapy and observation by psychiatrist (49.1%). Patients with psychosomatic disorders addressed general medicine network 1–2 years after onset of mental disorder and 6.4 ± 1.2 years after diagnostics of somatic pathology. Patients had predominantly cardiovascular (37.7%; $P < 0.05$), respiratory (20.5%), and gastrointestinal diseases (20.9%). Exacerbation of psychosomatic disorder was reliably interrelated with psychotraumatic situation and exacerbation of physical pathology. Introduced algorithm of psychiatric consultation consisted of:

- evaluation of mental and physical status;
- distinguishing the nosological groups;
- choice of therapy;
- formation of groups of observation (risk groups in need for course therapy, systematic therapy).

Conclusion Consultation liaison psychiatry in general medical institution allows widening accessibility of psychiatric care and makes its provision more cost-effective.

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

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EW0614

Psychopathological aspects of appearance dissatisfaction in aesthetic medicine

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Introduction The pathogenesis of dissatisfaction of the own appearance in patients without obvious abnormalities is still unexplored. The aim of the study was to investigate the structure of psychopathological disorders in patients without evident appearance abnormalities seeking for surgical or cosmetological correction.

Methods Study sample has included 227 women (average age: 35.8±4.9 years) and 54 men (average age: 30.9±5.7 years)–patients of plastic surgery and cosmetology clinic. The study used clinical psychopathological and follow-up methods of examination.

Results We have found the heterogeneous spectrum of mental disorders in this group of patients: overvalued dysmorphophobia was diagnosed in 26%, anxiety-phobic disorders–23.1%, obsessive-compulsive disorders–in 11%, depression–in 32%, delusional disorders–in 7.5% of patients.

Conclusions The results of our study show that the phenomenon of dissatisfaction with the appearance without obvious cosmetic defects manifests in the course of wide spectrum of mental disorders. The follow-up shows no improvement and even worsening of patients' mental state after cosmetological or surgical treatment. Decision about possibility and extent of the operation should be based on the analysis of patient's mental state and motive for reference to aesthetic medicine specialist.

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

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EW0615

The development of an abbreviated version of the Cornell scale for depression in dementia (CSDD) for the assessment of depression in palliative care inpatients

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Introduction In the palliative care setting, accurate identification of depression is important to allow delivery of appropriate treatments.

Aims: – 1. To assess rates of depression in palliative care inpatients using the CSDD, comparing with formal clinical diagnosis based on diagnostic and statistical manual of mental disorders (DSM-IV) criteria;

– 2. To identify items of the CSDD that most distinguish depressive illness in a palliative care setting.

Methods We measured rates of depression in patients admitted into a palliative care inpatient unit with the CSDD. DSM-IV clinical diagnosis of major depressive disorder (MDD) was achieved using all available clinical information by an experienced independent rater. We calculated Cohen's Kappa to measure concordance between the CSDD and DSM-IV diagnosis.

Results We assessed 142 patients (56.3% male; mean age: 69.6 years), the majority of which had a cancer diagnosis (93.7%). 18.3% (n=26) met DSM-IV criteria for MDD, while 12% scored ≥6 on the CSDD with 15 cases of depression common to these two methods (K=0.65). Discriminant analysis identified five CSDD items that were especially distinguishing of MDD; sadness, loss of interest, pessimism, lack of reactivity to pleasant events and appetite loss. An abbreviated version of the CSDD, based on these 5 items, proved highly accurate in identifying DSM-IV MDD (AUC=0.94), with sensitivity of 89% and specificity of 84% at a cut-off score ≥2.

Conclusions There was good level of concordance between the CSDD and DSM-IV diagnosis of MDD. We identified five depressive symptoms that are especially discriminating for depression in palliative care patients.

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

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EW0616

Second generation direct-acting antiviral (DAAs) Treatment on HCV+ patients: Patient reported outcomes (PROs) and psychiatric symptoms in a real world setting sample

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Introduction Anti-HCV treatments are moving away from interferon-alpha towards DAAs, associated with fewer side effects, better tolerability, and better PROs.

Aims To describe neuropsychiatric symptoms and PROs during DAAs treatment in a group of HCV+ patients.

Methods Forty outpatients, scheduled for DAAs treatment, were assessed at enrolment (T0), 4 weeks (T1), at the end of treatment (EOT) and after 12 weeks of follow up (F-UP), by means of MDRS, HAM-D, HAM-A, MRS, Y-BOCS and SF-36. Afterwards the sample was divided into two groups as a function of a positive psychiatric history (19) and compared with each other.

Results Total sample mean scores between W0 and F-UP were compared and an improving trend was observed in all administered scales. An SF-36 items analysis showed a statistically significant difference in emotional role functioning between W0 vs EOT and EOT vs F-UP, in change in overall health status between W0 vs EOT and W0 vs F-UP. A multivariate logistic regression analysis showed that a positive psychiatric history was not associated with an improvement in vitality of 4.3 (minimal clinically important difference). Comparing the two groups, no significant fluctuations in SF-36 scores were founded and major deviations score increases were recorded in patients with a psychiatric history in all scales.

Conclusions Our real world data shows that new regimens do not seem to be associated with psychiatric side effects and conversely a clinical improvement compared to baseline was found, suggesting

an immediate gain in PROs over the treatment period, particularly the psychiatric subgroup.

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

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EW0617

A violation of emotion regulation as a central link in pathogenesis of stress-induced hypertension



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Introduction Essential hypertension (EH) is one of the most common diseases of the cardiovascular system. Today, scientists discover more and more patients whose BP values during work appear to be higher than those values during free time. This form of EH is called “hypertension at work”.

Objective To study the role emotion dysregulation in the pathogenesis of EH.

Materials and methods A projective study of emotion regulation was undertaken with our modified version of Rosenzweig Picture-Frustration Test (Zinchenko, Pervichko). At the second stage of the study, the simulation of emotional stress with the aspiration level modelling was carried out. The level of state anxiety, BP values and levels of catecholamines, renin and angiotonin I were taken before and after the experiment. Eighty-five patients with “hypertension at work” (mean age: 45.9 ± 2.8), 85 patients with “classical” EH (mean age: 47.4 ± 4.5 years) and 82 healthy subjects (mean age: 44.9 ± 3.1) took part in the study.

Results “Hypertension at work” patients significantly more frequently than patients from the second group and healthy subjects are more prone to rumination, disasterization and repression of their emotions. They will seldom employ the strategy of subjective-objective interactive transformations; their edibility to actualize new meanings in traumatic situations is diminished. We showed that emotion regulation strategies in “hypertension in the work” patients were ineffective in overcoming the emotional tension and created the conditions for chronization of high blood pressure, and could be considered as the central link in pathogenesis of stress-induced hypertension.

Conclusion The results contributes to enrich our understanding of etiology and pathogenesis of EH.

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

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EW0618

Parental styles and quality of life in the families with adolescents suffering from inflammatory bowel diseases



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Background Inflammatory bowel diseases (IBD) in adolescents are chronic medical conditions with a substantial influence on the well-being of the family members.

Methods Total of 27 adolescents suffered from IBD, and 39 healthy adolescents completed questionnaires ADOR (parenting styles

assessed by teenagers), KidScreen-10 (quality of life), SAD (Scale of Anxiety in Children), and CDI (Children’s Depression Inventory). Their parents completed the Beck Anxiety Inventory (BAI), Beck Depression Inventory (BDI-II), and Pediatrics Quality of Life Family Impact Module (PedsQL).

Results The parental styles of mothers and fathers of IBD adolescents and the parents of healthy controls were without statistically significant differences except for the fathers’ positive parental style, which was significantly higher in the fathers of controls. There were no statistically significant differences between IBD children and the healthy controls in the quality of life assessed. However, the parents’ quality of life of ill children was statistically significantly lower than of the parents of the controls. The mothers of IBD adolescents were significantly more anxious and the fathers more depressed than the parents of the healthy controls, but there was no difference in the levels of anxiety or depression between IBD adolescents and the controls. Positive parental style of parents of IBD children positively correlated with the quality of life of adolescents. Positive parental style of the fathers correlated negatively with the state and trait children’s anxiety and negatively correlated with severity of childhood depression.

Conclusions The parents of the adolescents with IBD represent important group for psychosocial support.

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

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EW0619

Description of the prevalence of psychiatric disturbances in patients with refractory epilepsy



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Introduction Psychiatric morbidity in epilepsy is high, with prevalence rates of up to 50%, being higher in treatment-refractory cases. This co-morbidity worsen the quality of life. Psychiatric comorbidities are hampered by atypical presentations or disorders, which do not appear in the DSM-IV or ICD.

Objectives To describe the psychiatric morbidity in a group of patients with refractory-epilepsy.

Aims To provide evidence of the high morbidity and show the prevalence of the different psychiatric disorders.

Methods We cross-sectional assessed psychiatric disturbances in resistant-epileptic patients using SCID for DSM-IV and clinical interview for epileptic specific psychiatric conditions. We grouped psychiatric disturbances into six clusters:

- affective disorders;
- anxiety disorders;
- psychotic disorders;
- eating disorders;
- conduct disorder;
- substance use disorder.

We also considered epilepsy specific conditions as Interictal Psychotic Disorder (IPI) and Interictal Dysphoric Disorder (IDD) characterized by 3/8 symptoms: depressive mood, anergia, pain, insomnia, fear, anxiety, irritability, and euphoric mood.

Results The sample consist on 153 patients, with a mean age of 37. In total, 42.5% were males. One or more axis I diagnoses was seen in 38% of the patients. The most common condition was IDD (27.1%), followed by affective disorders (22%), anxiety disorders

(15.3%), psychotic disorders (4%) and drug use (2%). There were no patients with eating or conduct disorders or IPI.

Conclusions Psychiatric morbidity is frequent in resistant-epilepsy. Despite 38% of patients suffered from at least one axis I diagnoses, IDD was the most prevalent condition and not included in SCID interview.

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

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EW0620

Cannabinoid hyperemesis syndrome, a treatment discussion



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Introduction Cannabinoid hyperemesis syndrome (CHS), is characterized by recurrent episodes of severe nausea and intractable vomiting, preceded by chronic use of cannabis. A pathognomonic characteristic is compulsive bathing in hot water. The resolution of the problem occurs when cannabis use is stopped. However, patients are often reluctant to discontinue cannabis. Treatment with anti-emetic medication is ineffective. Case series suggested haloperidol as a potential treatment. Other antipsychotics as olanzapine has been used as anti-emetic treatment in chemotherapy.

Objectives To describe three cases of patients with CHS whom showed a successful response to olanzapine, even when, haloperidol had failed.

Aims To present an alternative treatment for CHS which can offer benefits over haloperidol.

Methods We present three cases of patients who suffered from CHS and were admitted to emergency department. All patients were treated with olanzapine after conventional anti-hemetic treatment failure. One patient was also unsuccessfully treated with haloperidol.

Results All three patients showed a good response to olanzapine treatment. Different presentations were effective: velotab and intramuscular. Their nausea, vomits and agitation were ameliorated. They could be discharge after maintained remission of symptoms.

Conclusions Olanzapine should be considered as an adequate treatment for CHS. Its suitable receptorial profile, its availability in different routes of administration and its side effects profile could offer some benefits over haloperidol.

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

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EW0621

An Italian observational study on subclinical cardiovascular risk factors and depressive symptomatology. A suggestion for the potential utility of a sinergic cardio-psychiatric perspective



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Introduction Growing evidence has been collected over the complex, intertwined pathophysiological connection among subclinical cardiovascular (CV) disease, i.e. atherosclerosis, systemic low pro-inflammatory states and psychiatric disorders/symptomatology (anxiety, depression), with controversial results.

Aim Aim of this study was to investigate the possible link between subclinical CV risk factors (atherosclerosis), depressive symptoms, and inflammation.

Methods Cross-sectional study. Inclusion criteria: outpatients aged ≥ 40 years, attending colonoscopy after positive faecal occult blood test, negative medical history for cancer. Collected data: blood pressure, glycaemia, lipid profile, waist circumference, BMI, PCR (C reactive protein), LPS (bacterial lipopolysaccharide), ultrasound carotid intima-media thickness (c-IMT). Psychometric tests: HADS, TCI, IMSA, SF36. Statistical analysis performed with STATA13.

Results The 54 patients enrolled were equally distributed by gender. CV risk factors were common in the study population, with 33 patients (61.11%) with hypertension, 14 (25.93%) with hyperglycaemia, 20 (37.4%) with hypertriglyceridemia, 19 (35.19%) with low HDL and 64.81% with overweight. High levels of PCR were found in 24 subjects (44.44%). Right c-IMT was increased in 26.41% of the sample, and 11.32% had an atheromatous plaque. Left c-IMT was increased in 24.53% of patients, with a plaque in 7.55% of them. Clinically relevant depressive symptoms were found in the 18.87% of the sample and were statistically significantly associated with PCR (OR = 28.63; P = 0.01).

Conclusions Evidence contributing to the so-called “inflammation theory” of depression and supporting the association between mood and CV disorders was here collected, supporting the need for a multidisciplinary approach to the diagnosis and treatment of such conditions, assuming a clinically-translated PNEI (psycho-neuro-endocrino-immunological) perspective.

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

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EW0622

Prevalence of metabolic syndrome and of symptoms of anxiety and depression in patients undergoing colonoscopy



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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 and anxiety 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.

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EW0623

Impact of anxiety-depressive symptoms on outpatients' quality of life: Preliminary results from an Italian observational study



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Introduction Several studies have shown an association between the Short-Form 36 (SF36) scores and anxiety-depressive symptoms, suggesting that depression in particular could reduce Quality of Life (QoL) to the same, and even greater, extent than chronic non-communicable diseases, such as diabetes and hypertension.

Aims To explore the relationship among QoL and anxiety, depressive and anxiety-depressive symptoms in an outpatient sample.

Methods Cross-sectional study. Inclusion criteria: outpatients aged ≥40 years, without history for cancer, attending colonoscopy after positive faecal occult blood test. Collected data: blood pressure, blood glucose, lipid profile. Psychometric test: Hospital Anxiety and Depression Scale (HADS). QoL was assessed with SF36. Statistics performed with STATA13.

Results 54 patients enrolled (27 females). Sixteen patients (30.2%) were positive for anxiety symptoms, ten (18.9%) for depressive symptoms and five (9.4%) for anxiety-depressive symptoms. The perceived QoL was precarious in twelve subjects (22.2%): eight (15.9%) had low score (≤ 42) at "Mental Component Summary" (MCS) subscale, three (5.7%) at the "Mental Health" item and one patient (1.9%) at the "Vitality" one. At the multiple regression analysis, depressive (OR=28.63; P=0.01) and anxiety-depressive symptoms (OR=11.16; P=0.02) were associated with MCS.

Conclusions The association emerging from the present study between depressive/anxiety symptoms and the MCS component of SF36 is consistent with available literature. Study design and small sample size do not allow to generalize results, that need further studies to be confirmed.

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

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EW0624

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



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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=0.99–1.65) (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

association between SMI and CVD has been quantified in a world representative sample; we suggest prevention of CVD should be warranted as standard care in SMI.

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

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EW0625

Psychological and clinical factors associated with emotional distress related to type 2 diabetes mellitus

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Introduction Stress and coping with diabetes can affect the severity of disease directly, through pathophysiological processes or indirectly, through the patient's own perception of disease by deteriorating adherence to therapy and daily functioning.

Objectives To investigate emotional distress related to T2DM according to demographic, clinical, psychological, metabolic and anthropometric characteristics.

Methods Eighty-two in- and outpatients of both sexes (<65 years) with endocrinologist-diagnosed T2DM, duration ≥ 5 years, treated with either oral therapy, insulin or both, were included in this cross-sectional study. The Beck Depression Inventory (BDI) was employed for assessment of severity of depressive symptoms. The Mini Mental State Examination (MMSE) was used for assessment of cognitive status. The Problem Areas in Diabetes (PAID) (subscale related to emotional problems associated with T2DM) was applied for assessment of emotional distress. Clinical characteristics of the illness were obtained from medical records. Laboratory and anthropometric measures (Body mass index, Waist circumference) were also performed. The level of significance in statistical analyses (Student's *t*-test, Pearson's correlation) was $P=0.05$.

Results The PAID (emotional distress) subscore was significantly higher in patients with psychiatric heredity ($P=0.028$) in relation to these without (Student's *t*-test). Considerable positive correlation between PAID subscore and BDI score ($r=0.588$) ($P=0.000$), and negative correlation between PAID subscore and MMSE score ($r=-0.201$) ($P=0.050$) were also found (Pearson's correlation).

Conclusions Psychological factors: psychiatric heredity, higher intensity of depression and poor cognitive functioning were significantly associated with emotional distress related to the illness in patients with type 2 diabetes mellitus.

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

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EW0626

Clinico-pathological profile evaluation in patients affected by chronic inflammatory bowel diseases

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Introduction Inflammatory bowel diseases (IBDs) have high social impact. Aetiology is still unknown, however multifactorial genesis is surely implicated. We tried to correlate IBDs and psychological distress through evaluated psychometrical instruments and subsequently to relate subjective influences with gastroenteric clinical manifestation, defining new critical elements on which IBD are based.

Methods In our study, we included 57 participants, selected according to their diagnosis, between those attending our gastrointestinal ambulatory: 26 had Chron's disease, while 31 had ulcerative colitis. 78 people without gastroenteric or psychiatric disorder were also included in the study as control group. Psychometric questionnaires were administered to evaluate anxiety and depressive symptoms, quality of live, self-efficacy and resilience (Fig. 1).

Results Levels of anxiety and depression were higher in patients with IBDs than in the control group. STAI-Y highlighted higher state anxiety and trait anxiety levels in first group. HADS showed higher scores in ill patients, as well as CD-RISC showed a more impaired resilience. EQ-VAS, PGWBI and GSE revealed significant differences in health status, psychological wellness and self-efficacy between the two groups.

Conclusions IBDs seem related to psychological diseases. Affected patients have higher anxiety and depression levels than general population as well as lower self-efficacy and resilience. Those elements being strictly linked to physical discomfort contributes to develop a loop in which patients get caught. Creating a model of integrated cooperation between gastroenterologist and psychiatrist during treatment of patients with IBDs seems fundamental to grant at once all the professional figures each patient needs for better care.

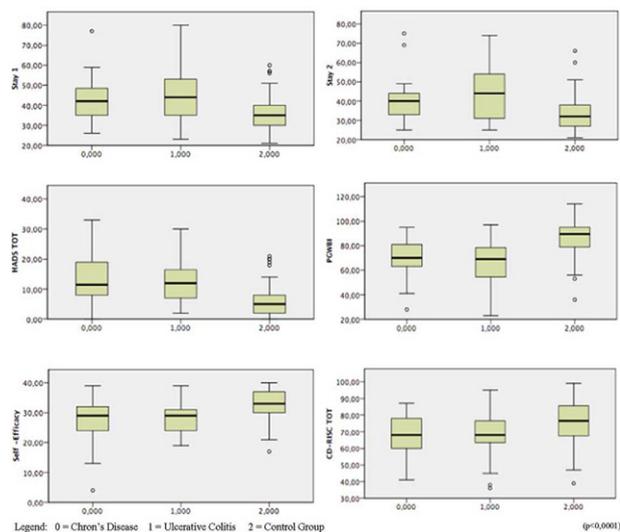


Fig. 1

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EW0627

Differences in care intensity held by a consultation-liaison service in a general hospital among patients suffering from different somatic illnesses



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Background There are differences in psychiatric comorbidity and perceived diagnosing and psychological supporting needs depending on professionals, units, programs, awareness, and diagnoses.

Objectives This investigation explores possible differences in psychiatric comorbidity, in care intensity and in care priorities by a psychiatric-psychosomatic consultation-liaison service among main physical disease groups.

Methods Three-year survey ($n = 1,862$ individuals) about all elective referrals from 16 different units in a middle-sized general hospital with 520 beds and 34,000 treated patients per annum. Five clinical and six care variables have been selected from the collected data by means of basic documentation of CLS. Chi-square-tests and ANOVA including Scheffé post-hoc test as well as multivariate regression analyses with robust regression coefficients were performed.

Results The sample consisting of 55% women is on average 61 years old, 79% showing current and 35% psychiatric comorbidity prior to hospitalisations. Average GAF amounted to 67.2 (SD = 20.5) and ECOG to 1.22 (SD = 1.38). Psychosomatic disorders (F4) amounted to 38%, mood disorders (F3) to 19% and mental organic disorders (F0) to 11% of psychiatric disorders. Each patient received on average 2.11 (SD = 2.63) contacts and 105 minutes (SD = 144) of treatment time, 59% psychopharmacological and 32% psychotherapeutic interventions. Men and older people receive less, but comorbid patients independently of age and gender more intensive psychological support. There are hardly differences according to physical diseases.

Discussion Cancer patients show less psychiatric comorbidity, but more psychotherapeutic interventions. Patients suffering from psychiatric comorbidity received more intensive care and more post-discharge recommendations. Patients treated because of chronic pain received much more interventions and treatment time.

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

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EW0628

A study of anxiety and depression in Vitiligo patients: New challenges to treat



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Introduction Vitiligo, a dermatological problem, affects a person's emotional and psychological well being, having major consequences on patient's life. Most of the patients of vitiligo report embarrassment, helpless and low self esteem.

Aims To study socio-demographic profile and psychiatric comorbidities and their correlation with site of lesion in vitiligo patients.

Methods and material 100 vitiligo patients and 100 subjects as control group who were well enough to complete the assessment were assessed with a semi-structured self designed Proforma, Hospital Anxiety Depression Scale (HADS) to obtain the relevant information. Data so obtained were tabulated, analyzed and conclusions were drawn using suitable statistics (i.e. Chi²).

Results 79% of vitiligo patients were between age 13 to 45 years, 67% were males, 33% were females patients in study group. In comparison to healthy controls, the psychiatric morbidity was found to be significantly higher in the vitiligo group (62% v/s 25%). 37%, 18%, and 7% vitiligo patients suffered from Mixed anxiety and depressive disorder, Depressive disorder and Generalized anxiety disorder respectively. Incidence of psychiatric morbidity was higher in patients who had lesions more on exposed body areas.

Conclusions Vitiligo affected marital, sex life and intimacy. This generates psychological distress and disrupts the social relationship and creates a vicious stress-vitiligo cycle. Among vitiligo cases, psychiatric morbidity was found more frequent in young participants and higher in patients having lesions on exposed body areas.

Keywords Vitiligo; Psychiatric morbidity; Anxiety; Depression; Stress

Disclosure of interest The author has not supplied his/her declaration of competing interest.

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e-Poster Walk: Depression - part 3 and obsessive-compulsive disorder

EW0629

The effects of brain stimulation with direct electrical current in the treatment of resistant obsessive-compulsive disorders

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Introduction Direct brain stimulation with electrical currents is an effective treatment for depression and considering is an effective supplementary treatment of resistant obsessive-compulsive disorder.

Aim Assess the effects of brain stimulation with direct electrical current in the treatment of resistant obsessive-compulsive disorders.

Methods The present study is a paired clinical trial conducted in a group of 42 patients diagnosed with treatment resistant obsessive-compulsive disorder in the province of Rasht. Direct brain stimulation with electrical current was performed according to the protocol throughout the 15 treatment sessions. The effectiveness of the first, fifth, tenth and fifteenth session(s) of treatment were evaluated based on the Yale-Brown Obsessive Compulsive Scale (Y-BOCS) and results were analyzed using Repeated Measure ANOVA, Spearman Correlation and Pearson Correlation software SPSS version 22.

Results All 42 participants stayed throughout the study. Mean age of patients was 10.14 ± 29.10 . Mean test scores of Yale-Brown Obsessive Compulsive Scale in the first, fifth, tenth and fifteenth session of treatment was 6.78 ± 28.4 , 4.58 ± 22.8 , 6.3 ± 16.4 and 5.37 ± 10.8 , respectively which is significantly lower (P -value = 0.00, $F = 80.12$). No significant correlation was observed between the participant's age, sex, education level, marital status and employment status and in any of the test scores of Yale-Brown Obsessive Compulsive Scale in the first, fifth, tenth and fifteenth session of treatment (P -value > 0.05).

Conclusion In order to attain a sustainable long term effects of the proposed treatment, it is recommended that patients be reminded on their next schedule of treatment.

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

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EW0630

Who did it? Exploring gaze agency in obsessive-compulsive (OC) checkers

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Introduction Clinically, OC-checkers often report staring compulsions and “lack of action completion” sensations, which have been linked to self-agency alterations. Belayachi and Van der Linden (2009) theoretically proposed that “abnormal” checkers self-agency could be due to an over-reliability on environmental cues and to a tendency to specify actions in a procedural and inflexible way, conceiving them as “low-level” agents. Currently, no studies have experimentally address this issue.

Objectives To investigate self-agency in OC-checkers subtype, measuring gaze agency (the ability to understand that we can cause events through our eye movements) and taking into account both agency beliefs and agency feelings.

Methods 13 OC-checkers and 13 healthy controls underwent two tasks. “Discovery” task, a completely novel task used to examine causal learning abilities. Subjects watched bouncing balls on a computer screen with the aim of discovering the cause of concurrently presented acoustical beeps. “Detection” task, a two-alternative forced choice task that required subjects to tell whether or not the beeps were generated by their own eye movements.

Results Checkers exhibit:

- lower performance scores and confidence ratings when they have to self-attribute the beep cause, but not eye behavioral differences, during discovery task;

- lower confidence ratings, but a level of accuracy similar to that of controls, during detection task.

Conclusions Checkers do not show an altered self-agency per se, but what we have called a “doubtful” self-agency: indeed, we argue that agency beliefs alterations found during Discovery task can be due to pathological doubt, rather than to altered agency feelings.

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

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EW0631

Paroxetine concentrations in obsessive-compulsive disorder: Support for a therapeutic interval

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Introduction Previous studies of concentrations of serotonin reuptake inhibitors (SRIs) versus therapeutic efficacy have yielded

inconsistent results. Even if the relationships between the individual's serotonergic system and the clinical symptoms of obsessive-compulsive disorder (OCD) are poorly understood, the SRIs are consistently effective in OCD. However, studies on SRI concentrations in OCD treatment are rare.

Objectives/aims To identify possible links between paroxetine concentrations and anti-obsessive response.

Methods In a randomised, double-blind trial, comparing clomipramine, paroxetine and placebo in OCD treatment, serum paroxetine levels were measured after 1 week and after 4 weeks of treatment in 18 patients. Anti-obsessive response was assessed with Yale-Brown obsessive compulsive scale (Y-BOCS) and patients' global evaluation (PGE), after 12 weeks of treatment.

Results Serum paroxetine concentrations after 4 weeks suggested a therapeutic interval between 50 and 240 nmol/L (13–63 ng/mL). The mean Y-BOCS decrease was 54% inside versus 7% outside this interval ($t=3.96$; $P=0.0011$).

Conclusions Paroxetine levels seemingly predicted clinical outcome. Studies with a greater number of patients are necessary in order to confirm this finding and to discern whether it is useful in clinical practice.

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

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EW0632

Augmentation in profound, SRI-refractory OCD: Is aripiprazole superior to other dopamine blockers?

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Introduction OCD is a common disorder, affecting 1% of the population and usually responds to treatment with serotonin reuptake inhibitors (SRIs) or exposure and response prevention (ERP) and to augmentation with antipsychotics. However, some patients fail to respond. The national inpatient unit for obsessive compulsive disorder (OCD) and body dysmorphic disorder (BDD) (i) is the only 24-hour staffed inpatient facility for OCD in the UK and treats patients with profound, treatment-refractory OCD. There is evidence of efficacy of aripiprazole in augmenting SRI in severe OCD (ii).

Objectives To compare the efficacy of aripiprazole versus other antipsychotics as SRI augmentation.

Methods One hundred and nine patients admitted to the unit between March 2006 and September 2011 and discharged on an antipsychotic and an SRI were included. The Yale-Brown obsessive compulsive scale (YBOCS) was administered at admission and at discharge. Data were analysed using SPSS version 23 using analysis of variance (ANOVA). Two groups were compared: those receiving SRI + aripiprazole versus those receiving SRI + another antipsychotic.

Results sixty-two patients received SRI with aripiprazole and 47 SRIs with another antipsychotic. Overall, patients showed improvement, with an average YBOCS reduction of 11.7 (33% reduction). Patients taking aripiprazole improved by an average of 13 (36% reduction, $P<0.05$).

Conclusions Patients of the national unit with severe, treatment refractory OCD treated with aripiprazole augmentation showed a greater improvement than those on other antipsychotics. Further research into aripiprazole in OCD is warranted.

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

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EW0633

Duration of untreated illness and outcome of obsessive-compulsive disorder: A naturalistic follow-up study



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Duration of untreated illness (DUI) is a predictor of outcome in psychotic and affective disorders. Data available on DUI and its relationship with outcome in obsessive-compulsive disorder (OCD) suggest an association between longer DUI and poorer treatment response. The present study investigated socio-demographic and clinical predictors of DUI and its association with long-term outcome in OCD patients. Eighty-three OCD outpatients were treated with serotonin reuptake inhibitors (SRIs) and prospectively followed-up for 3 years. Baseline information was collected on demographic and clinical characteristics using standard assessments. Each patient was assessed through the structured clinical interview for DSM-IV axis I disorders (SCID-I), the structured clinical interview for DSM-IV axis II personality disorders (SCID-II), the Yale-Brown obsessive-compulsive scale (Y-BOCS) and the 17-item Hamilton rating scale for depression (HDRS). The DUI was explored by interviewing patients, family caregivers and clinicians. OCD subjects had a mean DUI of 7.3 (5.8) years. A younger age at onset and a greater severity of OCD symptoms at baseline were associated with a longer DUI. The DUI of patients with a “good outcome” was shorter than that of patients with a “poor outcome”. Logistic regression analysis revealed indeed a possible association between longer DUI and “poor outcome”. In the logistic multi-variable model, the association of DUI with treatment outcome held true whilst controlling for socio-demographic and clinical variables.

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

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EW0634

Prevalence and clinical correlates of sensory phenomena in obsessive compulsive disorder



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Introduction A substantial number of patients suffering from obsessive compulsive disorder (OCD) report a subjective distressing experience prior to the repetitive behavior, known as sensory phenomena (SP).

Objectives Need to systematically evaluate SP and the clinical correlates in OCD.

Aims Assess prevalence of SP and clinical correlates in OCD.

Methods Subjects ($n=71$) fulfilling the criteria for DSM-IV-TR OCD were recruited consecutively from a specialty OCD clinic in Southern India and were assessed using the Yale Brown obsessive and compulsive scale (YBOCS), dimensional Yale-Brown obsessive compulsive scale (D-YBOCS) and the University of São Paulo Sensory Phenomena Scale (USP-SPS).

Results The prevalence of the SP was found to be 50.7%. Prevalence of SP is significantly greater in the patients with early age of onset ($P=0.47$). In subtypes of SP, Tactile was 12.7%, “just right” for look was 26.8%, “just right” for sound was 9.9%, “just right” for feeling was 16.9%, feeling of incompleteness leading to repetitive behavior was 22.5%, “energy release” sensation leading to repetitive behavior was 4.2% and “urge only” leading

to repetitive behavior was 11.3%. SP was found to have significant correlation with symmetry/ordering/arranging/counting dimension ($P=0.003$). Significant positive correlation existed between SP severity and the severity of the compulsions ($P=0.02$).

Conclusion Considering its high prevalence in OCD, it might be useful to incorporate SP assessment during the routine clinical assessment of OCD. It might warrant a place in the phenomenological and nosological description of OCD. Additionally, the neurobiological correlates of SP need to be explored.

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

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EW0635

Deep brain stimulation and anterior capsulotomy: The question of autonomy



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Introduction In carefully selected treatment-refractory patients with obsessive compulsive disorder (OCD), deep brain stimulation (DBS) or anterior capsulotomy (AC) might be considered as a possible treatment. However, the direct intervention in the brain can raise questions about autonomy. Do patients still feel like they are in control of their actions when their behavior is changed by a surgical intervention?

Objective/aims To examine in both AC and DBS patients whether these intervention influenced perception of autonomy. We aimed to discover any differences in these perceptions when comparing AC and DBS patients.

Methods We conducted semi-structured interviews with AC and DBS patients. Interviews were recorded digitally and transcribed verbatim. We analyzed interviews in an iterative process based on grounded theory principles.

Results We interviewed 10 DBS patients and 6 AC patients. Sense of agency (the awareness that one is the author of his/her own actions) did not seem to be diminished by AC or DBS. However, especially DBS patients are aware of their dependency on a device for their well-being. Another important theme is authenticity (in how far patients perceive their actions and thoughts as matching their self-concept). Feelings of authenticity can be disturbed especially in cases of induced hypomania (for DBS) or apathy (for AC). OCD itself also has an impact on autonomy as patients describe a lack of freedom due to their disorder.

Conclusion Despite extensive changes in emotions, behavior and even personal identity after DBS or AC surgery, perceived autonomy was not greatly altered in these OCD patients.

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EW0636

Is there a relationship between morbid obesity and depression?

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Introduction A considerable proportion of patients with morbid obesity require treatment with antidepressants.

Objectives The aim of this study is to determine the incidence of patients who are in antidepressant treatment and identify risk factors for the need of this treatment in patients with morbid obesity.

Materials and methods Retrospective cohort study of 292 patients with morbid obesity who underwent bariatric surgery at Hospital del Mar from January 2010 to November 2015. The incidence of antidepressant treatment was analyzed, and also its possible relationship with the following variables: age, sex, BMI, tobacco smoking, alcohol consumption and age of onset of obesity. Chi² test for categorical variables and Student *t*-test for quantitative variables were applied. Afterwards, a multivariate analysis was performed using logistic regression.

Results The mean age is 43.1 years. Most of the patients (76.4%) are women. Seventy-seven patients (26.4%) are receiving treatment with antidepressants. There is a statistically significant relationship between age and the need of treatment with antidepressants ($P < 0.001$). This relationship is still present when the variables are analyzed using logistic regression ($P < 0.005$, OR 1.049). We have not found any significant relationship with the rest of the variables.

Conclusions Despite the large number of patients in the study, there are limitations, such as being a retrospective study and not being adjusted for confounding factors. From all the variables that have been analyzed we have found that as the age of the patients increase, there is a higher number of patients that receive treatment with antidepressants.

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EW0637

Depressive disorder: Particularities of theory of mind

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Introduction "Theory of mind" represents the cognitive ability to attribute mental states as belonging to others and it's essential in any social interaction.

Objectives Our objective was to evaluate the capacity of emotion recognition in patients with recurrent depressive disorder.

Aims This study aimed to determine if theory of mind is influenced by psychotic features and the type of emotions distinguished.

Methods We analyzed a sample of 45 patients with a diagnosis of recurrent depressive disorder (WHO ICD10) that was divided to include 23 patients with at least one episode with psychotic symptoms, while the rest had no history of psychotic symptoms. The "Reading the mind in the eyes" test was applied in an outpatient setting, in remission. The data has been processed in SPSS.

Results The study found that 72.72% of patients without psychotic symptoms have a low capacity of emotion attribution, while 27.72% demonstrated a normal capacity ($P = 0.00252$). The majority with a history of psychotic depression (82.60%) showed a low capacity of emotion recognition, while 17.39% had normal abilities ($P = 0$). None of the patients showed a high capacity of emotion recognition. There was a significant difference in the frequency of negative emotions recognition by all patients (77.77%), while only a few managed to detect positive emotions (22.22%), regardless of psychotic symptom history.

Conclusions In itself, a history of recurrent depressive disorder is directly related to a reduced ability to correctly attribute emotions. Moreover, these patients are more likely to detect negative emotions rather than positive ones.

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

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EW0638

Male depression – actual a male specific disorder or potentially a new subtype of depression?

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Introduction Although depression is one of the most prevalent disorders around the world we know only little about the effect of factors like gender-related norms or personality-related aspects in the expression of depressive symptoms. Current findings of studies are heterogeneous and lead to the conclusion that depression is more prevalent in women as well as that they have a higher risk for depression. Women express more typical depressive symptoms while men offer more atypical symptoms like aggressiveness, irritability, alcohol misuse which is constituted as male depression (MD).

Objective Male and female patients with a diagnosis of depressive episode or recurrent depressive disorder (ICD-10) who are treated in in-patient or day clinic setting of two psychiatric institutions in Lower Saxony and one psychiatric university hospital in Austria. Study period: November 2016 to November 2017. No limitations to further diagnosis, age or other factors.

Methods To analyze the expression of (a) typical depressive symptoms as well as causes of and factors of influence in diverse types of depression different questionnaires and quantitative methods will be used.

Aims Investigate gender-specific differences in the expression of symptoms in male and female patients with a depressive disorder. Focus: whether symptoms of MD are more prevalent for depressive men than women. Furthermore, causes and factors of (a)typical depressive symptoms should be analyzed.

Results First results will be presented.

Conclusion The results of the study should lead to the conclusion whether there exist any gender-specific differences in the expression of depressive symptoms and what they might be caused by.

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

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EW0639

Burnout and occupational accident

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Introduction Burn out mainly occurs among healthcare employees. This professional category is exposed to a large load of emotional disturbance.

Objectives The aim of this work was to study the levels of burnout syndrome in caregivers who were victims to occupational accident.

Methods This cross-sectional study was conducted during 2014–2015 in the occupational medicine department. The target population consisted of the healthcare employees who reported their exposure to occupational accident. A semi-structured self-reported questionnaire including the Maslach questionnaire was used to collect information. Data were analyzed using SPSS-20.

Results One hundred and sixty health professionals returned the questionnaire (58% women, mean age 31.9 years old). Occupational accidents occurred mostly in the morning (62.5%). Among the healthcare providers, 112 health professionals (70%) had had sharp injuries. Burn out was found among 23.1% of the studied population. It was defined by its three domains: a high emotional exhaustion (46.9%), high depersonalization with low personal accomplishment (36.3%) and high depersonalization without low personal accomplishment (34.4%). Professionals with less years in the function ($P=0.031$) and technicians ($P=0.028$) were more affected by Burnout. A significant relationship was found between traumatic accidents ($P=0.012$), needle stick injuries ($P=0.009$) and burnout.

Conclusion The prevalence of burnout is high among health professionals which can increase the risk of occupational accidents and its subsequent risks. It seems that holding workshops and increasing healthcare givers' awareness and skills to face these risks can be effective in mitigating them.

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

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EW0640

Cognitive dysfunction in depression. Is it well detected?



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Introduction Major depression cognitive impairments lasts in remission periods, have an impact on treatment outcome and hamper psychosocial functioning. Thus, its accurate detection and specific treatment has become a crucial step.

Objectives In order to assess objective cognitive functioning (OCF), a neuropsychological battery was administered. For subjective cognitive functioning (SCF), cognitive perception was evaluated by clinicians and patients.

Aims To determine the concordance between OCF and SCF.

Methods One hundred and two patients were grouped according to Hamilton Depressive Rating Scale (HDRS–17): 18 remitters ($RE < 7$), 40 partly remitters (PR, 7–18) and 44 acutely depressed ($AD > 18$). OCF was computed combining T-scores of digit symbol substitution test (WAIS-IV) with two RAVLT subtests (learning and memory). SCF was assessed with a CGI adaptation for cognitive disturbances severity.

Results The OFC was 41.21(8.49) for all patients and 45.54(6.8), 41.93(6.8) and 38.7 (9.7) for RE, PR, and AD, respectively. Psychiatrist and patients' SCF had a poor agreement ($\alpha=0.518$), with Cronbach's alpha for RE, PR and AD of -0.607 , 0.518 and 0.404 . Concordance between OCF and SCF was calculated for all patients (psychiatrist, $r = -0.317$, $P=0.002$; patient, $r = -0.310$, $P=0.002$,

for RE ($r = -0.535$, $P=0.022$; $r = 0.395$, $P=0.105$) for PR ($r = -0.013$, $P=0.94$; $r = -0.328$, $P=0.045$) and for AD ($r = -0.252$, $P=0.122$; $r = -0.333$, $P=0.033$). Patients rated their SCF as more impaired than did clinicians.

Conclusions Concordance between clinicians and patients regarding SCF is very poor, worsening in AD group and being null in remission. This study also points out that CF is best detected by patients in acute episodes and by psychiatrists when patients are in clinical remission.

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

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EW0641

Predictors of functioning in major depression



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Introduction Life functioning difficulties are a relevant but undervalued consequence of major depression. Mood symptoms and cognitive deficits have a significant, and somehow independent, impact on them. Therefore, cognitive difficulties should be considered a potential target to improve patients' functioning.

Aims To examine the degree in which objective and subjective cognition explain functional outcome.

Objectives To assess objective cognitive function (CF) with a neuropsychological battery and to measure subjective CF using measures of cognitive perception.

Methods Ninety-nine patients with depression were assessed by age, sex and level of schooling. Depressive symptoms severity was measured by Hamilton Depression Rating Scale (HDRS-17). Objective CF consisted in the following cognitive domains: memory, attention, executive functioning and processing speed. Subjective CF was assessed with Perceived Deficit Questionnaire-Depression (PDQ-D). Functioning Assessment Short Test (FAST) was used to evaluate life functioning, excluding the cognitive domain. All the listed measures were included in a multiple regression analysis with FAST scores as dependent variable.

Results The regression model was significant ($F_{1,98}=67.484$, $P < 0.001$) with an R of 0.825. The variables showing statistical power included (from higher to lower β -coefficient) HDRS-17 ($\beta = 0.545$, $t = 8.453$, $P < 0.001$), PDQ-D ($\beta = 0.383$, $t = 6.047$, $P < 0.001$) and DSST ($\beta = -0.123$, $t = -1.998$, $P = 0.049$).

Conclusions The severity of depressive symptoms is the variable that best explains life functioning. Surprisingly, the second factor hindering it is the patients' perception of their cognition. Current findings highlight the importance of correcting cognitive bias in order to improve functionality. However, results have to be taken cautiously as mood symptoms could partly explain the bias.

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EW0642

Phenomenology of religious obsessive – compulsive disorder



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Introduction The occurrence of religious symptoms in obsessive compulsive disorder OCD patients ranges from 0% up to 93%. Although, frequent and influential nature of these symptoms, the explanations of its complexity and phenomenology are deficient in the literature.

Objectives Determine the most frequent OC religious symptoms among OCD patients. Assess relation between the frequent symptoms of religious OCD and depression.

Methods Cross-sectional study was conducted among 115 consented patients diagnosed as OCD according to DSM-IV. Patients were recruited in one year from Psychiatric clinics, Zagazig University, Egypt. Psychiatric interview and psychometric assessment using Beck Depression Inventory (BDI) and OC religious symptom scale [1] were done.

Results The majority of patients (57.4%) had various religious OC symptoms. About 44% had doubts in religion in general (e.g. existence of God) and 11.3% had Blasphemous ideas. More than one third reported doubts about performing prayers and ablution perfectly; 34.8% repeatedly claimed they forgot to declare intention to pray, 36.5% had doubts about violating their ablution and 29.6% were skeptical about doing all ablution duties. Moreover, 23.5% reported slow or repeated readings in prayers, 25.2% had suspicions of breaking their fasting. A strong correlation between religious OC symptoms and total score of OC symptoms scale was confirmed. Most of our patients showed positive correlation between degree of depression and total score OC symptoms scale.

Conclusions Muslim patient present with specific phenomenology of religious OC symptoms. These symptoms are very frequent and negatively influencing their mood.

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

Reference

[1] Abohendy W, Moemen D. Obsessive compulsive religious symptom scale: Egyptian association of psychologists. 2006;16(3):469–518.

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EW0643

Human neuropeptide gene – new target in depression?

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Introduction Neuropeptide (NP, kallikrein 8, KLK8)—a kallikrein gene-related (KLK) endopeptidase—plays a key role in neuroplasticity processes. Neuropeptide expression takes places both extracellularly and inside neurons within the area of the hippocampus. Various forms of electrophysiological stimulation (kindling, LTP, stress) increase neuropeptide expression within the hippocampus and in many other regions of the brain (e.g. neocortex, amygdala). Neuropeptide is mainly engaged in the early stage of LTP and in the process of synaptogenesis. Social cognition deficits (difficulties with identification, naming and analysing experienced emotional states) in the group of people suffering from depression have been described in scientific papers published in recent years. They are considered the core features of major depressive disorders.

Aims The aim of this study is to link the human neuropeptide gene (hNP) expression with the ability of the examined subjects to use nonverbal communication in social interactions.

Methods 120 individuals meeting the diagnostic criteria for a recurrent depressive disorders (rDE) were qualified to participate in the study. The Emotional Intelligence Scale–Faces task and two subtests from The Right Hemisphere Language Battery (RHLB) were used in the study.

Results Significant interrelations between expression on the mRNA level for the hNP gene and the variables used to assess social competences were confirmed. Results of the statistical analysis make it possible to confirm an inversely proportional correlation between the analysed variables.

Conclusions Increased hNP expression is associated with a reduction of interpersonal abilities in the people affected by depression.

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EW0644

The impact of residual symptoms on relapse and quality of life among Thai depressive patients



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Introduction Residual symptoms of depressive disorder are major predictors of relapse of depression and lower quality of life. This study aims to investigate the prevalence of residual symptoms, relapse rates and quality of life among Thai patients with depressive disorders.

Methods Hamilton Rating Scale for Depression (HAM-D) and EQ-5D were used to measure the symptoms of depression and quality of life, respectively. Prevalence of residual symptoms of depression was collected. Regression analysis was administered to predict relapse and patients' quality of life at the 6 months post-baseline.

Results Two hundred and twenty-four depressive disorder patients were recruited. Most of patients (93.3%) had at least one residual symptom, and the most common residual symptom was anxiety symptoms (76.3%; 95% CI, 0.71 to 0.82). After 3 months post-baseline, 114 patients (50.9%) were in remission and within 6 months, 44 of them (38.6%) relapsed. Regression analysis showed

that residual insomnia symptoms were significantly associated with these relapse cases (OR=5.290, 95% CI, 1.42 to 19.76). Regarding quality of life, residual core mood and insomnia significantly predicted the EQ5D scores at 6 months post-baseline ($B = -2.670$, 95% CI, -181 to -0.027 , and $B = -3.109$, 95% CI, -172 to -0.038 , respectively).

Discussion Residual symptoms are common in patients receiving treatment for depressive disorder and were found to be associated with relapses and quality of life. Clinicians need to be aware of these residual symptoms when carrying out follow-up treatment in patients with depressive disorders, so that prompt action can be taken to mitigate the risk of relapse.

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

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EW0645

Antidepressant therapy is followed by normalization of serum albumin conformation in patients with melancholic depression



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Objectives Discovery of biomarkers for evaluation of efficacy of psychopharmacotherapy is important task.

Aim To study parameters characteristic for albumin binding sited in melancholic depression (MD) using fluorescent laser spectroscopy in range of 30–50 picoseconds.

Methods 22 patients with MD (dep) (F33.1 and 2) were investigated in dynamics of antidepressant therapy (venlafaxine: 75–150 mg/daily) for 30 days. Control group (con) consists of 54 volunteers. Decay of fluorescence amplitude (A) of fluorescent probe K-35 from serum albumin was measured using laser. Earlier, we revealed 3 binding sites in albumin with amplitudes A_1 , A_2 and A_3 with decay time of 1, 3 and 9 nanoseconds, respectively.

Results There was revealed significant decrease of amplitude A_1 dep, normalized on mean value of A_1 for controls ($A_{1\text{ dep}}/A_{1\text{ con}}$), for patients with MD after treatment with venlafaxine. In this case, $A_{1\text{ dep}}$ values decreased and were equal to A_1 values of controls ($P < 0.01$): $A_{1\text{ dep}}/A_{1\text{ con}}$ before treatment–1.23 and after 30 days of therapy–0.97 relative units; for controls this value was–1.00 relative units. The same type of normalization was observed for amplitudes A_2 and A_3 of melancholic patients. There were revealed significant changes of A_3/A_1 ratio that points out on conformational changes of serum albumin molecule in dynamics of venlafaxine therapy.

Conclusion We have registered unidirectional changes in albumin molecule in patients with MD. Investigated parameters can serve as potential biomarkers for evaluation of efficacy of psychopharmacotherapy.

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

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EW0646

Usage of selective serotonin-noradrenalin reuptake inhibitors in treatment of depressive disorders



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Objectives Relevance of current investigation is conditioned by the high prevalence of depression in population and tendency of increased rate of relapses.

Aim To study efficacy of selective serotonin-noradrenalin reuptake inhibitor–milnacipran in treatment of depressive disorders.

Methods There were investigated 22 patients. Patient's state was defined as depressive episode (F32.1) and recurrent depressive disorder (F33.1). Mean age–33 years, duration of disease–from 2 weeks to 18 years, duration of current depressive episode–5.3 months. Mean point according to HAM-D scale before treatment was 24.0. Patients were investigated in dynamics of antidepressant therapy (milnacipran–50–150 mg/daily) for 4–5 weeks.

Results Efficacy of treatment with milnacipran was 82% (18 responders, 4 nonresponders). In responder's group decrease of depressive symptoms was started after 1 week of treatment and practical reduction of all these symptoms was observed after 4–5 weeks of therapy (points of HAM-D scale–0.81). Patients of this group receive milnacipran as supportive therapy at least for 3 months after signing out of clinic. During 1 year after signing out of clinic, there were no signs of aggravation of patient's state. 2 patients independently discontinued to take the medicine; there were aggravation of state and they were hospitalized in psychiatric clinic.

Conclusion Milnacipran is effective in treatment of depressive disorders, ensured effective reduction of depressive symptoms. Its therapeutic effect is realized rather quickly. Milnacipran can be recommended as antidepressant of choice for prophylaxis of depressive disorders.

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

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EW0647

The choice of anesthetics and the effect on the Hamilton depression rating scale in therapy resistant depression



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Introduction The Dutch guideline ECT does not favor any anesthetic drug during electroconvulsive therapy. Although there are differences in seizure duration which may influence the effect of ECT, ethomidate, methohexital and propofol are "equal". The influence of switching anesthetics during ECT is unknown. The reason for switching anesthetics is insufficient improvement in depressive symptomatology which is based on clinical picture. The Hamilton is a multiple item questionnaire which can give an indication of depression and which can evaluate recovery.

Objectives Does the choice of anesthetics or switching anesthetics influence the effect of ECT on the Hamilton depression rating scale?

Aims To determine whether the choice of anesthetic drugs in the case of switching influences the effect on the Hamilton depression rating scale.

Methods We collected data of patients who received ECT for therapy resistant depression over the past five years. Choice of anesthetics, eventually switch and the score on the HDRS before and after ECT were included. The data was statistical analyzed.

Results 50 patients received ECT during past 5 years. ECT gives an improvement on the HDRS in all cases, whether there was a switch or not. Switching from methohexital to etomidate when shock duration is less than 21 seconds gives a significant difference in improvement on the HDRS (BI 1.288 to 13.538) compared to patients who did not switch.

Conclusions There are no significant differences on HDRS effect between the different anesthetics. Switching from methohexital to etomidate gives a significant improvement on HDRS compared with no switch.

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

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EW0648

Intrinsic functional connectivity of cortico-basal ganglia-thalamo-cortical circuitry underlying psychomotor retardation in major depressive disorder

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Introduction Psychomotor retardation (PMR) in depression is analogous to the hypokinesia in Parkinson's disease, which is associated with the unbalanced direct and indirect pathways of cortico-basal ganglia-thalamo-cortical (CBTC) circuitry. This study hypothesized PMR in major depressive disorder (MDD) should be associated with the hyperactivity of CBTC indirect pathways.

Objectives To substantiate the hypothesis that the PMR symptom of MDD might attribute to the hyperactivity of the cortico-basal ganglia-thalamo-cortical indirect pathway which could inhibit psychomotor performance.

Methods We investigated the intrinsic striato-subthalamic nucleus (STN)-thalamic functional connectivity (FC), three pivotal hubs of the indirect pathway, in 30 MDD patients with PMR (PMR group) and well matched 30 patients without PMR (NPMR group) at baseline, and 11 patients of each group at follow-up who remitted after antidepressant treatment.

Results The results showed increased STN-striatum FC of PMR group at baseline and no more discrepancy at follow-up, and significant correlation between PMR severity and thalamo-STN FC.

Conclusions Our findings suggested the increased STN-striatum FC should be considered as a state biomarker to distinguish MDD patients with PMR from patients without PMR at acute period, and thalamo-STN FC could be identified as the predictor of the PMR severity for MDD patients.

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

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e-Poster Walk: Ethics and psychiatry/Philosophy and psychiatry/Others-Part 1

EW0649

Is an isolation room harmful to patients with schizophrenia?: A biochemical study of salivary amylase

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Introduction Some patients with acute phase schizophrenia are too agitated to receive treatment in a normal hospital room. They must be isolated for the treatment. Although the stay in an isolation room seems harmful to patients, no study detailing the stress response to isolation with objective measures has been conducted.

Method Nine patients with schizophrenia or schizoaffective disorder were recruited (mean age = 52 years, male = 3, schizophrenic = 7). At the time of evaluation, they were staying in an isolation room. To evaluate stress response to the environment, the level of salivary amylase was tested when the patients were either in the isolation room (T1) or out of the isolation room (T2). T2 was defined as one hour after the room's door was opened. The data were analyzed by the Wilcoxon rank-sum test.

Result There is a significant difference between the median (range) levels of salivary amylase at T1 and T2 (19 [2–146] vs 44 [9–178], respectively, $P = 0.021$).

Discussion The data demonstrate that the stress response at T2 was stronger than that at T1, which suggests that the isolation room environment is less stressful to the patient compared to being outside the room. An environment that has many potential stimuli, such as the presence of other patients and a television in the lobby, may be harmful to patients with acute phase schizophrenia. Therefore, although the isolation room is apparently harmful, it could, in fact, have a positive effect on patients.

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EW0650

Outcomes of involuntary hospital admission. Satisfaction with treatment and the effect of involuntary admissions on patients

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Introduction Involuntary hospitalization in those presumed to be mentally ill has been a common practice. Although some patients are hospitalized for aggression, two-thirds of the patients are hospitalized because of the threat they pose to themselves. Although these patients require risk assessment and evaluation for possible presence of mental illness, the question is how much these patients will benefit from involuntary admission and what the long-term outcome would be.

Method All patients admitted involuntarily to the psychiatric ward in Kingston, Canada, and psychiatrists involved in their care were interviewed to see whether they think the involuntary admission was helpful. All patients were asked to fill-out MacArthur AES to assess their satisfaction with hospitalization.

Results Although psychiatrists frequently reported that the admission was justified, only 29 out of 81 patients reported being



explained to why they had been admitted involuntarily. Also, there was a significant difference in AES scores between those who were and were not given an explanation for admission. In addition, psychiatrists more often reported that the involuntary admission worsened the therapeutic relationship which was significantly associated with involuntary admission that was not explained to patients.

Discussion The results of our study shows that patients admitted involuntarily often feel disappointed with staff and mental health system. It could lead to feeling of hopelessness, frustration and low self-esteem. If explained, some patients who present with risk to self might accept voluntary admissions, that will improve therapeutic alliance with psychiatrists and increase satisfaction from hospitalization. Result of this study could improve the decision making process for involuntary admissions.

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

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EW0651

Genetic counselling in patients with bipolar disorder—ethical challenges

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Background Genetic counselling in psychiatric patients is almost always a challenge on multiple levels of communication, because the mental health specialist is situated between the need to validate the freedom of procreation, and the duty to inform patients about the risk of transmitting their disease to off-springs. Bipolar disorder (BPD) is reputed to be one of the most heritable psychiatric disorder, a factor that complicate even more the ethical situation.

Objectives To assess how psychiatrists and psychologists conducted genetic counseling for patients with BPD and the challenges that mental health professionals consider important when they need to make this type of counseling.

Methods Standardized interviewing of 15 psychiatrists and psychologists who experienced during their clinical practice aspects of genetic counseling in patients with BPD.

Results The most commonly reported problems related to the genetic counseling in bipolar patients were: lack of reliable data on family history (53.3%), amplification of patient stigmatization (46.6%), controversies in the literature on the assessment of the disease risk (40%), difficulties in maintaining a nondirective attitude (33.3%), lack of genetic counseling follow-up (33.3%), disproportionate interest from the partner without mental disorder, when compared to patients, in terms of aspects of genetic counseling (26.6%), alteration of the therapeutic relationship and patients interest in treatment (26.6%).

Conclusions Genetic counseling is a challenge for mental health professionals, who must cope with the lack of reliable data on the pathogenesis of BPD, negative reactions from the patients' partners, patient disinterest or hostility and possible negative effects on the therapeutic relationship.

Disclosure of interest The presenting author was speaker for Astra Zeneca, Bristol Myers Squibb, CSC Pharmaceuticals, Eli Lilly, Janssen Cilag, Lundbeck, Organon, Pfizer, Servier, Sanofi Aventis and participated in clinical research funded by Janssen Cilag, Astra Zeneca, Eli Lilly, Sanofi Aventis, Schering Plough, Organon, Bioline Rx, Forenap, Wyeth, Otsuka Pharmaceuticals, Dainippon Sumitomo, Servier.

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EW0652

Psychology feminine holiness

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Feminine holiness is a subject as complex as it is interesting—not least because of the very definition of the term—, in many occasions extraordinary and many others bitter, which has sparked interest throughout history, especially after the progress made on modernity.

Objective The main objective is less to show whether there is a psychiatric, infectious, neurological or any other form of pathological disorder linked to the behaviour of female saints, rather to evaluate all the psychological and social aspects that result in holiness as a mental state being largely a female attribute.

Material and methods For this, we have tested from birth to death, in what is possible, the lives of sixty religious women, through biographies and autobiographies since they were servants, pious or holy according to ecclesiastical terminology. This set was unavoidable to select twelve cases, which are set out exhaustively in this study.

Results and discussion Limiting ourselves to a purely psychiatric view, we can show the presence of psychopathology associated with exceptional states of consciousness, as would be ecstatic and mystical experience itself, present in most cases. We also found common psychological profiles, out of the sixty biographies and autobiographies of religious women analyzed: e.g. pain is used as a means of atonement and a way of removing the guilt of sin. We rule out major psychiatric disorders in the Santas we have analyzed. The behaviors they presented, even sometimes excessive, cannot be included in any of the current major psychiatric disorders.

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EW0653

Mental illness is an inevitable consequence of the singular diversity of human beings

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Nowadays, cosmopolitan populations increasingly applaud the broad physical, ethnic, racial, and cultural diversity of human beings. So long as we behave within sanctioned norms. This presentation will focus upon the above paradox: In contrast to delighting in physical, ethnic and cultural expressions of human diversity, present-day cosmopolitan societies increasingly call for conformity in behavioral and experiential realms. For example, at meetings such as this, we can freely express and celebrate racial, ethnic, and culturally differences, but we must communicate—within remarkably narrow ranges—cordiality, spontaneity, agreeableness, respectful disagreement and tact. And if we cannot?? We propose that the phenomenon of mental illness arises as a consequence of the phenomenon of human diversity coming up against constraints and limitations in mental and behavioral realms. This presentation will focus upon evolutionary, genetic, biological, anthropological, historical and cultural aspects of the primary role that human diversity plays in mental illness. We will discuss the adaptive origins and strengths associated with the extraordinary diversity of humans (and our pets/domestic animals) as well accompanying vulnerabilities. For example, diversity of skin pigmentation has enabled humans to extend across the globe. A consequence however, is enhanced vulnerability to skin cancer for some with fair skin and



vitamin D deficiency for others with dark skin. Psychological diversities can be viewed analogously. The thesis that mental illness is an inevitable consequence of the singular diversity of humanity will be exemplified by disorders such as ADHD, melancholia, schizophrenia and sociopathy.

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EW0654

Probability analysis of compassion: Enhancing compassionate care in psychiatry through mirror neurons

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Introduction The probability that psychiatric care becomes compassionate is higher when individual subjects, groups or organizations utilize mirror neurons to attune with the emotional world of their clients.

Objectives To create an algorithm for compassionate care in mental health by attunement of mirror neurons.

Aims To predict the probability of the occurrence of sympathetic care in mental health.

Methods Naturalistic observation of health care organizations identified the major nodes–agents of the organizational–neural network leading to a compassionate care (events A): individual, group, organization and society. Negative influences on compassionate care are (events B) subjective and collective acts.

Results The probability that compassionate care occurs as a result of a single mediator's action was only 0.167 (16%). The probability that compassion results from training mirror neurons were as follows: Multiple event probability formula:

– probability of event A that occurs $P(A) = 0.667$ (66%) [positive subject + group + organization + society];

– probability of event B that occurs $P(B) = 0.333$ [negative individual and group];

– probability that both the events occur $P(A \cap B) = P(A) \times P(B) = 0.222$ [inhibitory influence];

– probability that either of event occurs $P(A \cup B) = P(A) + P(B) - P(A \cap B) = 0.778$.

Conclusions The probability of organizational compassion (PA) is high when all the agents interact. As compassion is reinforced by mirror neurons, a reduction in the number of people involved in compassionate care also means the final outcome is less likely to appear.

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EW0655

Exact psychiatry: Six axioms

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Psychiatry is a clinical technological practice where the rational fundamentals, methods and knowledge “corpus” have a scientific nature. The science philosopher Mario Bunge proposes that philosophy, as well as science, may tend to be exact. Philosophy of science is the rational setting where any scientific discipline can ascribe sense to its theoretical models and factual sentences. Axiomatization is the method to exactify a discipline. By axiomatization, we can exactify psychiatry as “medicine of the soma”, therefore avoiding fallacies in the theoretical models we use.



Objective To describe six axioms for the definition of “exact psychiatry” as “medicine of the soma”. Six axioms will be defined and explained. They are ordered attending to hierarchical and historical priority:

–axiom of the cultural universal of social cohesion: since the antiquity all cultures have cultural universals which promote social cohesion;

–axiom of healing as a form of “isonomia”: health-related cultural constructs are related with help receiving due to body vulnerability. It appears with Hippocratic medicine;

–axiom of nosological realism: diseases really exist. They are biological regularities that accelerate death. It appears in the 17th century;

–axiom of illness subjectivity: the personal impact of disease is subjective. There exist diseases in patients. It appears in the 20th century;

–axiom of the unification of neuroscience: psychiatry and neurology have the same ontological reference, brain diseases. It consolidates in the 21st century;

–axiom of clinical phenomenology as the epistemological specificity of psychiatry: clinical phenomenology characterizes “soma” as the referring of psychiatry. The future.

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EW0656

Evaluation of a nonsmoking program in psychiatric clinic

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Introduction The work evaluates the nonsmoking program successful experience, carried out between the years of 2008 and 2015 in a psychiatric clinic in the city of Rio de Janeiro, Rio de Janeiro, Brazil.

Objectives The program has as objectives to evaluate the treatment of tobacco dependence in patients with disorders for the use of substances and other psychiatric disorders and the experience of transforming the therapeutic space of the clinic in a tobacco-free environment, considering that the use of tobacco is responsible for a large number of avoidable deaths and other aggravations to health.

Methods The program achieved the objectives, assessing the promotion of the tobacco abstinence in a large number of patients, through the utilization of pharmacological treatment, cognitive behavioral psychotherapy, occupational therapy, art therapy and moderate physical activity.

Results In a 12-month period, after carrying out the program, 48% of the assessed patients kept in tobacco abstinence.

Conclusions The study showed the percentage of patients who were discharged on tobacco abstinence and the percentage of those who kept abstemious after 12 months, demonstrating that the nonsmoking program is an efficient tool in the tobacco dependence treatment and can be used over a psychiatric hospitalization with promising results.

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EW0657

Akathisia: Prevalence and risk factors in patients with psychosis and bipolar disorder

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Introduction Akathisia is probably the most common and one of the most distressing of the movement disorders associated with antipsychotic drugs. Little is known about its prevalence and its risk factors in real-world psychotic and bipolar patients to date.

Objectives The main objective of this study was to determine the prevalence of akathisia and to determine the risk factors and the treatments associated with it in a sample of Tunisian patients with schizophrenia, schizoaffective or bipolar disorder.

Methods Seventy-four patients with schizophrenia, schizoaffective or bipolar disorder were included and assessed with a validated scale: the Barnes Akathisia scale (BAS). Ongoing psychotropic treatments were recorded.

Results The global prevalence of akathisia (as defined by a score ≥ 2 on the global akathisia subscale of the BAS) was 20.5%. Akathisia was significantly more common in patients with schizophrenia or schizoaffective disorder than in patients with Bipolar disorder (27.5% vs 9.4%; $P=0.049$). However, the prevalence of akathisia did not differ according to sex, age, the illness duration, the presence of a comorbid anxiety disorder, the number of antipsychotics used, the type of the used antipsychotic (first vs second-generation), the antipsychotic chlorpromazine-equivalent total dosage, the use of benzodiazepines or anticholinergics, or the reported drug compliance.

Conclusions Akathisia seems to be more common in some psychiatric disorders than in others such as schizophrenia or schizoaffective disorder. Longitudinal studies would be required to draw any firm conclusions concerning the factors involved in the emergence of akathisia.

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EW0658

The relationship between parenting stress and parenting styles with coping strategies in adolescents: The moderating roles of emotional regulation and mindfulness

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Object The aim of this study was to investigate the moderating role of emotional regulation and mindfulness in the relationship between parenting stress and styles with coping strategies.

Methods The method in this study is correlation. Statistical population consists of all adolescents in 2016, from among which 400 individuals were selected in a multi-stage cluster sampling method from different areas of Tehran and completed Adolescent Coping Scales, Parenting Stress Index, Baumrind parenting styles Inventory, emotional regulation checklist of kids and adolescents and of kids' and adolescents' mindfulness measurement. The data were analyzed using multivariate regression and Pearson correlation in SPSS-22.

Finding The results showed the mindfulness and emotional regulation play a moderating role in the relationship between parenting stress and coping strategies ($P>0.0001$) as well as the relationship between parenting styles and coping strategies ($P>0.0001$).

Conclusion Despite the poor parenting stress and parenting styles, if the adolescents have emotion regulation and mindfulness skills can reduce the negative effects of inappropriate parenting.



Keywords Parenting stress; Coping strategies; Parenting style; Emotional regulation; Mindfulness

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EW0659

From Hampstead to Norwich: Ritual violence or coaching?

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Introduction Video-recorded disclosures of two siblings emerged describing ritual violence activities in a Hampstead “cult” including human sacrifice murder. The UK court processes judged that the mother “coached” the children to make false allegations. In parallel, Marie Black, Jason Adams and Michael Roger were found guilty of child sexual abuse purely based on historical accounts of five children.

Objectives The presentation outlines two cases that illustrate the “unbelievable” nature of organized child abuse and what aspects make court rulings “unsafe”.

Aims The presentation aims to compare the Hampstead where the videos were watched by 4 million individuals world-wide with the little that is known about the “Norwich Three” case due to court reporting restrictions.

Methods Materials posted on websites, books and videos were reviewed alongside discussions with whistle-blowers, relatives and friends of people involved.

Results The disclosures in the Hampstead case were very extreme but similar accounts can be found in books by Sara Scott (UK) and De Camp (US). Those accused of sexual abuse claim that the children have been coached by their mother to make these allegations—the view that the judge adopted. In the Norfolk case, 7 of the 10 defendants were cleared of child sexual abuse allegations but three individuals were found guilty. It remains unclear what the basis was for the conviction as the disclosures could have been classed as the result of “coaching”.

Conclusions Anyone operating in forensic settings should familiarise themselves with the “hall of mirrors” that cases involving child sexual abuse routinely constitute.

Disclosure of interest The author has not supplied his declaration of competing interest.

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EW0660

Preliminary study for the Italian validation of the screen for cognitive impairment in psychiatry (SCIP)

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Introduction The screen for cognitive impairment in psychiatry (SCIP) is a brief, accessible scale designed for detecting cognitive deficits in psychiatric disorders.

Objectives The objective of this study is to test the SCIP's validity as a cognitive test by comparison with standard neuropsychological scale using the Pearson's correlation.

Aims Test the convergent and discriminant validity of the SCIP within the Italian SCIP validation project.

Methods Patients between 18 and 65 years who are in a stable phase of the disease, diagnosed with schizophrenia, schizoaffective

disorder or bipolar I disorder were enrolled in this study, from the community mental health department of Ferrara.

Results The tests were administered to 110 patients (mean age: $45 \pm 11,4$) and to 86 controls (mean age: $35 \pm 12,6$) of both sex. SCIP presents high correlation with the R-BANS total score ($P < 0.01$) and the subscales (verbal learning test-immediate, working memory, verbal fluency test, verbal learning test-delayed, processing speed test, $P < 0.01$). There are significant differences ($P < 0.01$) in all SCIP dimensions between patient and control group (Table 1).

Conclusions Our analysis confirm the results of the English, French and Spanish version of the SCIP regarding convergent and discriminant validity. The SCIP represents a valid, simple and brief screening tool for the cognitive evaluation of patients with schizophrenia-spectrum disorders.

Table 1

SCIP subscales	Neuropsychological battery test(s)	Domains	r
VLT-I	RBANS	Immediate Memory	0,64*
WMT	RBANS	Attention	0,32*
	TMT A	Time for task	0,27*
	TMT B	Time for task	0,34*
	WCST	Perseverative errors	0,31*
VFT	RBANS	Language	0,50*
VLT-D	RBANS	Delayed Memory	0,52*
PST	RBANS	Visuospatial/Constructional	0,00
	RBANS	Attention	0,26*
	TMT A	Time for task	-0,47*
	TMT B	Time for task	-0,44*
	WCST	Perseverative errors	0,28*
Total score	RBANS		0,51*

VLT-I: verbal learning test-immediate; WMT: working memory test; VFT: verbal fluency test; VLT-D: verbal learning test-delayed; PST: processing speed test; R-BANS: repeatable battery for the assessment of neuropsychological status; TMT: trail making test; WCST: Wisconsin card sorting test. $P < 0.01$.

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

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EW0661

Effects of switching antipsychotics in 80 outpatients: A descriptive analysis from a mental health community

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Introduction In the general practice, psychiatrists widely prescribe antipsychotics for several conditions as schizophrenia, bipolar disorder and behavioral disorders among others.

Aim and objectives The aim of this study is to describe the clinical and sociodemographic features of typical patients receiving antipsychotics and their effects after switching to long-acting treatment.

Methods A descriptive analysis of 80 outpatients collected from a mental health clinic in Santander (Spain) was performed. All patients were taking antipsychotics at baseline, both oral and intramuscular, and were switched to a different long-acting antipsychotic drug.

Results At baseline, 24 patients were taking oral medication and 56 intramuscular. There were 37 females and 43 males. There were no gender differences in the final treatment, but Palmitate Paliperidone (71.3%) was the most prescribed drug, followed by intramuscular risperidone (16.3%) and long-acting aripiprazole (11.3%). We found gender differences regarding cannabis ($P = 0.002$), alcohol ($P = 0.004$) and tobacco ($P = 0.043$) consumption, being their use more common in males. In regard to diagnosis, schizophrenia was predominant in both gender groups, whereas

delusional and behavioral disorders were more frequent in females. There were no significant differences in the reason of switching, but the inefficacy was more common in males and the side effects in females. At the switching, females were significantly older than males ($P = 0.003$). We found significant differences before and after switching regarding the number of admissions, emergency visits and length of stay.

Conclusions Antipsychotic benefits are individual and unpredictable. When switching, some other different factors should be taking in account, not only regarding medication.

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

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EW0662

Association between smartphone addiction proneness and poor sleep quality in Korean university students

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Background The number of Korean smartphone users exceeded 40 million in 2015, in which roughly 1 in 5 university students were expected to be addicted to their smartphone. Of importance is that smartphone addiction negatively affects physical and mental well-being and health. Sleep problems associated with smartphone is also a serious public concern; but the evidence is lacking. The aim of this study is to investigate the association between smartphone addiction proneness and sleep problems in Korean university students.

Methods We conducted an online-survey which received responses from 608 university students. All participants completed questionnaires on the Korean smartphone addiction scale (K-SAS), the Pittsburgh Sleep Quality Index (PSQI), and personal characteristics. Based on the scores of the K-SAS, university students were classified into two groups—the addiction proneness group and the normal-user group.

Results The addiction proneness groups had a higher PSQI score than the normal-user group (7.5 vs. 6.7, P -value < 0.0001). After adjustment for potential covariates (i.e., age, income, and smoking), PSQI scores was significantly increased in the addiction proneness groups (Beta coefficient = 0.69; 95% CI: 0.29 ~ 1.09). The risk of sleep problems was more increased in the addiction proneness groups (odds ratio = 1.99; 95% CI: 1.33 ~ 2.98) than the normal-user groups.

Conclusion We found that the smartphone addiction proneness was associated with sleep problems in university students. Although our findings are further confirmed by elucidating causal relationships between smartphone uses and sleep habits, smartphone addiction proneness may be a risk factor for poor sleep quality.

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

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EW0663

Methylphenidate challenge followed by therapeutic drug monitoring in adults with attention deficit/hyperactivity disorder: Clinical effects and its predictors



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Introduction Attention deficit/hyperactivity disorder (ADHD) affects 5–6% of adults. Methylphenidate challenge is used to test functions such as concentration. Therapeutic drug monitoring (TDM) identifies optimal drug ranges in plasma.

Objectives/Aims We aimed to: assess the clinical impact of the drug challenge in adults with ADHD; analyze the relationship with the drug plasma levels after the challenge; identify predictors of the challenge's clinical impact.

Methods In 2015–2016, we recruited 45 consecutive adult DSM-5 ADHD outpatients (mean age \pm SD = 35.3 \pm 2.1 years; females = 64.4%) at the Bolzano hospital department of psychiatry. Before and after administration of methylphenidate 10 mg, we measured concentration, impulsivity, tension, and general well-being with a VAS and an interview. After two hours, TDM was performed. Deltas were calculated for pre-/post-challenge measures. Correlations were measured with Pearson's *r*/point-biserial coefficient. A generalized linear mixed model estimated the size of association between tension/general well-being improvement and patient characteristics.

Results After the challenge, the mean improvement \pm SD was 24 \pm 22 for concentration, 17 \pm 23 for impulsivity, 21 \pm 28 for tension, 16 \pm 24 for general well-being. The mean TDM \pm SD was 4.6 \pm 0.5 ng/mL. A negative correlation between TDM, tension ($P=0.009$), and general well-being ($P=0.028$) after the challenge emerged: higher drug plasma levels relate to less tension and greater general well-being. At the GLMM the main predictor for tension/general well-being improvement was psychopharmacological treatment ($P=0.011/P=0.05$, respectively). Older age and difficult tasks prevented improvement.

Conclusions Methylphenidate challenge had a positive effect on all patients' performance. TDM values were lower than literature ones, although the latter are usually obtained after the administration of methylphenidate 20 mg.

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

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EW0665

Sensitivity and specificity of the Italian version of the bipolar spectrum diagnostic scale. Different scores in distinct populations with unipolar depression

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Introduction To date, the proposition of recurrence as a subclinical bipolar disorder feature has not received adequate testing.

Objectives/Aims We used the Italian version of the bipolar spectrum diagnostic scale (BSDS), a self-rated questionnaire of bipolar risk, in a sample of patients with mood disorders to test its specificity and sensitivity in identifying cases and discriminating between high risk for bipolar disorder major depressive patients (HRU) and low risk (LRU) adopting as a high recurrence cut-off five or more lifetime major depressive episodes.

Methods We included 115 patients with DSM-5 bipolar disorder (69 type I, 41 type II, and 5 NOS) and 58 with major depressive disorder (29 HRU and 29 LRU, based on the recurrence criterion). Patients filled-out the Italian version of the BSDS, which is currently undergoing a validation process.

Results The BSDS, adopting a threshold of 14, had 84% sensitivity and 76% specificity. HRU, as predicted, scored on the BSDS intermediate between LRU and bipolar disorder. Clinical characteristics of HRU were more similar to bipolar disorder than to LRU; HRU, like bipolar disorder patients, had more lifetime hospitalizations, higher suicidal ideation and attempt numbers, and higher rates of family history of suicide.

Conclusions The BSDS showed satisfactory sensitivity and sensitivity. Splitting the unipolar sample into HRU and LRU, on the basis of the at least 5 lifetime major depressive episodes criterion, yielded distinct unipolar subpopulations that differ on outcome measures and BSDS scores.

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

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EW0666

Aggression and violence towards healthcare workers in a psychiatric service in Italy. A retrospective questionnaire-based survey

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Introduction Violence at work is a major concern in healthcare services. Prevention programs have been implemented, albeit being scarce in Italy.

Objectives or Aims The Bolzano psychiatric department adopted a de-escalation model developed by the Institut-für-Professionelles-Deeskalations-Management (ProDeMa®). It includes evaluation, prevention, and practical training aimed at preventing/reducing patients' aggressive behavior toward healthcare workers.



Methods In 2015, health professionals were interviewed by using a ProDeMa[®] 11-item questionnaire that assessed the type and frequency of endured patients' aggressive behavior, as well as the conditions capable of producing or preventing it. One-way ANOVA with Tukey post-hoc test was used for comparisons.

Results A total of 165/211 (78%) surveyed workers (mean age \pm DE = 44.9 \pm 7.7; females = 64.6%) completed the questionnaire, of whom 21% employed at the inpatients unit (INP), 37% at the outpatients unit (OUTP), 42% at the rehabilitation facility (REHAB). The one-year number of verbal aggressions (VA) was 9766, with INP (mean \pm SD = 15.2 \pm 29.6) vs. OUTP (mean \pm SD = 6.2 \pm 30.6) vs. REHAB (mean \pm SD = 8.4 \pm 26.1). The one-year number of physical aggressions (PA) was 1502, with INP (mean \pm SD = 3.3 \pm 12.2) vs. OUTP (mean \pm SD = 0.1 \pm 0.5) vs. REHAB (mean \pm SD = 0.1 \pm 0.7). The one-year number of injuries (IN) was 200, with INP (mean \pm SD = 0.5 \pm 1.9) vs. OUTP (mean \pm SD = 0.1 \pm 0.5) vs. REHAB (mean \pm SD = 0.1 \pm 0.2). ANOVA showed significant differences in terms of mean verbal/physical aggression and injuries among the three workplaces (P -values = 0.000), with post-hoc Tukey test showing a significant difference of INP vs. REHAB and OUTP. The most frequent risk factors identified by the staff for precipitating aggression included rigid rules (15.1%) and inadequate communication (9.1%).

Conclusions The three types of violence are common in all facilities of our Department.

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

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EW0667

A crossroad in ADHD – adult-onset ADHD



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Introduction Attention-deficit/hyperactivity disorder (ADHD) is a common disorder characterized by inattention or hyperactivity–impulsivity, or both. For a long time, ADHD was thought of as a disorder of children which would sometimes persist into adulthood. DSM 5 uses as a criterion that several symptoms have to be present prior to age 12 years.

Objectives To discuss the findings of 3 recent cohorts that show the onset of ADHD in adulthood.

Methods A review of selected articles of interest using PubMed database.

Results 3 large, longitudinal, population studies from Brazil, New Zealand (NZ) and the United Kingdom (UK) show that we are at a crossroads in our understanding of ADHD. In each study, the prevalence of adult-onset ADHD (Brazil, 10.3%; UK, 5.5%; and NZ, 2.7%) was much larger than the prevalence of childhood-onset adult ADHD (UK, 2.6%; Brazil, 1.5%; and NZ, 0.3%). They all propose different conclusions that would result in a paradigmatic shift in ADHD: in Brazil, that child and adult ADHD are “distinct syndromes”; in the UK, “that adult ADHD is more complex than a straightforward continuation of the childhood disorder” and in NZ, that adult ADHD is “not a neurodevelopmental disorder”. Faraone et al., in an editorial in *JAMA Psychiatry*, propose that these findings might correlate to subthreshold child ADHD before it emerges as adolescent- or adult-onset ADHD.

Conclusions It's an exciting time in ADHD research. These new data work as an incentive to study adult-onset ADHD and how it emerges. Future research will shape our understanding of adult ADHD.

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

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EW0668

The Chinese version of the brief assessment of cognition in schizophrenia: Data of a large-scale Mandarin-speaking population



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Objective The brief assessment of cognition in schizophrenia (BACS) is a cognitive assessment tool used to measure the broad aspects of cognition that are most frequently impaired in patients with schizophrenia. This study aims to develop the normative data of the Chinese version of the BACS among the Mandarin-speaking population.

Methods This cross-sectional study included 382 healthy participants (age range: 19–79 years; mean age: 48.0 \pm 16.7 years, 47.6% male) in Taiwan, who were evaluated with the BACS. Means and standard deviations of subtests and composite scores were arranged by age group and gender. The Z-scores calculated based on the U.S. norms were compared to our scores based on the norms established in the present study.

Results The raw scores of all the BACS tests (verbal memory, digit sequencing, token motor test, verbal fluency, symbol coding, and Tower of London) were negatively correlated with participants' age. Females were superior to males in verbal memory, but inferior to them in executive function. Furthermore, applying the U.S. norms of the BACS to determine the performance of the Chinese BACS results in bias with regard to verbal memory, token motor test, verbal fluency, symbol coding, Tower of London, and composite score.

Conclusions These findings demonstrate that directly applying Western cognitive norms to a Mandarin-speaking population can cause biased interpretations. The results of the current study can be an important reference for clinical settings and research related to cognitive assessments in Mandarin-speaking Chinese populations.

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

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e-Poster Walk: Mental health care; Mental health policies and migration and mental health of immigrants

EW0669

Dissemination of DBT for borderline personality disorder in Egypt, facts and challenges



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Background DBT proved to be effective in reducing suicidal behavior, non-suicidal self-injury, psychiatric hospitalization, treatment dropout, substance use, anger, and depression and improving social and global functioning in Borderline personality disorder. As a step towards increasing utilization of evidence based treatments in the Egyptian healthcare system, the team at Alexandria university started a comprehensive DBT program.

Aim To describe the implementation and dissemination experience of DBT in Egypt.

Methods The implementation of DBT is examined quantitatively. Numbers were calculated retrospectively from the records at the implementation start in December 2013 and after 3 years in September 2016.

Results Number of therapists increased from one team of 2 therapists and one observer to 16 therapists organized in 3 teams plus 4 observers. The initial team, 7 psychiatrists and 2 clinical psychologists, could host and attend the first DBT Intensive Training in the middle east in 2014. DBT intensive training is the official training model developed by Dr. Linehan. We started with 8 clients one group for adults in Alexandria at 2013, increasing to 150 clients in 12 groups for adults, adolescent and SUD patients in 2016 with an average increase of 18.75 folds. The team participated and presented about DBT in 23 local and regional scientific meetings and hosted two workshops in collaboration with BehavioralTech, the official training institute.

Conclusions Although the DBT implementation in Egypt represented a great challenge, results are showing a promising increase in the number of trained therapists and participating clients.

Keywords Dissemination; DBT; Egypt; Borderline personality disorder

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

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EW0670

Physical examination of psychiatric patients who presented at emergency department in a tertiary care hospital in Sultanate of Oman



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Objective To examine the completeness of physical assessment of patients presenting with psychiatric problems to the emergency department (ED).

Methods This was observational study based on a retrospective review of the medical records of patients who attended the ED of Sultan Qaboos university hospital and referred to the on-duty psychiatrist for assessment over a 12-month period. All patients aged 16 years and above, who presented to the ED with a psychiatric complaint were included in the study. A data collection sheet was designed to gather each patient's demographic data such as age and gender, past psychiatric history, nature of the presenting complaints, thoroughness of physical assessment, medications prescribed by the ED doctor prior to psychiatric assessment, and whether the patient was discharged, admitted to a psychiatry.

Results A total of 202 patients met the inclusion criteria. The mean age of the patients was 34.2 years. Females represented 56% of the sample. The majority of the study group (60.4%) were patients with a documented past psychiatric history. Physical examination was conducted in the ED for 61.4% of the patients, while vital signs were recorded for 68.8% of them. Approximately, 31% of the patients required injectable psychotropic medications as tranquilizers in the ED. Patients with an isolated psychiatric complaint coupled with a documented past psychiatric history were more likely to be referred to the on-call psychiatrist without a physical examination by the ED doctors.

Conclusion In our institution, not all patients with psychiatric presentations had a complete physical examination by the ED doctors.

Disclosure of interest The author has not supplied his declaration of competing interest.

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EW0671

National child developmental and mental health disorders screening policy in Thailand



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Background Developmental disorders and mental health problems result in less optimal outcomes in children. Although awareness among the public had been improving, there was paucity of early identification frameworks, care pathways as well as the process of monitoring and evaluation in Thailand.

Objective To develop appropriate National child mental health policy in Thailand.

Aim To promote developmental and mental health outcomes of children.

Method Current child development and mental health research as well as policy development were reviewed. The framework of development together with major mental health disorders screening and intervention among children has been studied and established as a major policy in Thailand since 2014. The National developmental screening has been implemented in children aged 9, 18, 30 and 42 months. District level hospitals have been coached to facilitate Health promotion schools to screen and provide early intervention for grade 1 students with mental health problems. Annual data has been collected and analyzed to reflect the milestones of child development and mental health prevention-promotion policy in Thailand.

Result The coverage of National developmental screening ranges from 70–80% of children. About 20% of preschoolers are at risk of language delay while nearly 20% of grade 1 children are at risk of emotional, behavioral and learning problems. Parental awareness is the major challenge for those with limited financial resources.

Conclusion Investments in early childhood development are needed. The pathways to develop the appropriate intervention requires further collaboration among stakeholders.

Disclosure of interest The author has not supplied his declaration of competing interest.

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EW0672

A RCT of a staff training intervention to promote quality of care in long-term residential facilities—the PromQual study



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Introduction The shift of hospital-based to community-based mental health care, introduced the need to assess and promote quality of residential services.

Objectives This RCT aimed at assessing the effectiveness of a staff training intervention to improve quality of care in residential facilities.

Methods Twenty-three units with at least 12-hour on-site staff support per day in Portugal were assessed with the quality instrument for rehabilitative care (QuIRC) filled online by the manager. A random sample of service users were interviewed using standardised measures of autonomy, experiences of care, quality of life, and the time user diary (TUD) for level of activity. The intervention group units ($n = 12$) received workshops and a four-week hands-on training of the staff versus TAU in the control group ($n = 11$). All units and users were reassessed at 8-months. The staff knowledge gained during the workshops was assessed using pre- post-test. Generalized linear mixed effects models were used.

Results The residential units were mainly in the community ($n = 17$, 73.9%), and had QuIRC mean scores above 50% in the following dimensions : living environment, self-management and autonomy, social inclusion, and human rights. Service users' level of activity (TUD) at 8-months did not differ between intervention and control groups. At 8 months, all QuIRC dimensions scored higher in the Intervention group, without reaching statistical significance. Pre- post-tests comparison showed a significant increase in the knowledge acquired by the staff.

Conclusions The intervention had impact on the staff's knowledge without reaching significant change of users' activity and quality of care of the units.

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

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EW0673

Differences in symptom expression between Vietnamese and German patients utilizing a psychiatric outpatient service using the PHQ

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Objective Despite a large body of work on somatic symptom presentation among people of Asian descent, research has shown heterogeneous results. Examining symptom presentation in clinically and ethnically well-characterized populations constitutes a first step towards better understanding differing patterns symptom of presentation. This is the first larger study aiming to compare Vietnamese and German psychiatric outpatients regarding symptom presentation.

Methods 110 Vietnamese and 109 German patients seeking psychiatric treatment at two outpatient clinic services in Berlin were asked to complete the patient health questionnaire (PHQ). Comparisons of Vietnamese and German patients were conducted using independent *t*-tests. The somatic symptom module (PHQ-15), the depression module (PHQ-9) and the original PHQ-modules examining anxiety and psychosocial stress levels were compared for both groups using multivariate analysis. Categorical variables were evaluated using Chi² analysis. Cronbach's alpha was calculated separately for both groups and all PHQ modules.

Results Vietnamese patients endorsed significantly higher levels of somatic symptoms overall and on individual somatic items, such as pain-related disturbances. Yet, German and Vietnamese patients did not differ in terms of depression severity. Vietnamese patients with fewer German language skills showed a significantly higher tendency for somatization. While German patients showed higher total scores on the anxiety- and stress-modules of the PHQ, this difference was not statistically significant. Vietnamese and German patients showed comparable Cronbach's alpha for all subscales.

Conclusion As data was collected from both groups upon the first visit to an outpatient clinic, the symptoms reported could be reflective of culture related symptom awareness when feeling discomfort in the context of mental illness.

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

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EW0674

Development and investigating the effectiveness of an integrated school-based program for changing attitude toward substance abuse based on philosophy for children components and emotional intelligence

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Background Substance abuse in the youth is one of the major problems of any society. The research purpose was the development of a program for changing female adolescents' attitude toward substance abuse and evaluating its effectiveness.

Methods To develop the treatment, important variables influencing in shaping attitudes toward substance abuse were selected. Afterwards, structural equation modeling approach was conducted for examining the relationship among variables (emotional intelligence, critical thinking, caring thinking and reasoning) and identifying significant paths and variables. Based on these variables, a program developed for changing students' attitudes. To evaluate effectiveness of programs a pretest-post test design with the control group was used. Random sampling was carried out for selecting 26 students attending senior high schools in district 2 of Tehran. Then, sample randomly assigned in experimental and control groups. Experimental group exposed to philosophy for children intervention in the form of community of inquiry. Control group didn't receive the intervention. The data were collected from Nazari's questionnaire for attitude toward substance abuse.

Results ANCOVA revealed that based on a composite score of attitude toward substance abuse (adjusting pretest effect), there is a significant difference between two groups at 0.99 significance level (partial = 0.329, $P < 0.001$, = 11.28).

Conclusions It is recommended that the school based program should be used for developing and strengthen the students' attitude based on exploring itself, rather than simply giving awareness about substance abuse. In this treatment, rather than highlighting accumulating knowledge, put emphasis on, thinking, decision-making, and management of emotions.

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

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EW0675

Medical assistance in dying: The Canadian experience

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Canada is in the midst of implementing new and rapidly evolving policies on medical assistance in dying (MAID). Following the landmark Canadian Supreme Court *Carter v. Canada* ruling in February 2015, the former prohibition against physician-assisted death was deemed to violate the Canadian Charter of Rights and Freedoms. The Court provided until 2016 for development of national legislation and policies that allowed for physician-assisted dying in cases of "grievous and irremediable" illness and "intolerable suffering". This session will review shifting public, societal and medical concepts regarding assisted dying and the Canadian experience



to date, including evolving local and national policies that have been developed to allow medical assistance in dying in certain circumstances. We will also review work of the Canadian psychiatric association task force on medical assistance in dying (presented by the Task Force Chair), with a focus on challenges and issues relevant to mental health and mental illness.

Disclosure of interest The author has not supplied his declaration of competing interest.

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EW0676

Beyond the crisis: Ongoing psychiatric treatment and service utilization after initial symptom stabilization following first-episode psychosis for adolescents

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Introduction The importance of timely identification and treatment of psychosis are increasingly the focus of early interventions, with research targeting the initial high-risk period in the months following first-episode hospitalization. However, ongoing psychiatric treatment and service utilization after the symptoms have been stabilized over the initial years following first-episode has received less research attention.

Objectives To model the variables predicting continued service utilization with psychiatrists for adolescents following their first-episode psychosis; examine associated temporal patterns in continued psychiatric service utilization.

Methods This study utilized a cohort design to assess adolescents (age 14.4 ± 2.5 years) discharged following their index hospitalization for first-episode psychosis. Bivariate analyses were conducted on predictor variables associated with psychiatric service utilization. All significant predictor variables were included in a logistic regression model.

Results Variables that were significantly associated with psychiatric service utilization included: diagnosis with a schizophrenia spectrum disorder rather than major mood disorder with psychotic features (OR = 24.0; $P = 0.02$), a first degree relative with depression (OR = 0.12; $P = 0.05$), and months since last psychiatric inpatient discharge (OR = 0.92; $P = 0.02$). Further examination of time since last hospitalization found that all adolescents continued service utilization up to 18 months post-discharge.

Conclusions Key findings highlight the importance of early diagnosis, that a first degree relative with depression may negatively influence the adolescent's ongoing service utilization, and that 18 months post-discharge may a critical time to review current treatment strategies and collaborate with youth and families to ensure that services continue to meet their needs.

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

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EW0677

Opinions of professionals and family members about the National mental health law regulating involuntary commitment of psychiatric patients: An international comparative study in 10 countries

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Introduction Previous research illustrated that the laws regulating involuntary placement and treatment of persons with mental health problems are very diverse across countries; procedures for involuntary commitment and stakeholders involved in the initiation and decision making vary across countries; most laws include criteria of danger/risk, which take various forms in EU Member States' legal frameworks, while the need for treatment in the best interests of the patient is sufficient to detain individuals in other countries, etc.

Objectives This study will compare the opinions of professionals and family members about the operation of the National mental health law regulating forcibly admission and treatment of psychiatric patients in ten countries: Ireland, Iceland, UK, Romania, Slovenia, Denmark, Sweden, Germany, Norway and India.

Aims To gain insights into stakeholders' satisfaction with the operation of their national legislation and to compare the effectiveness and acceptability of different legislative processes across countries. Such scientific findings are needed in order to improve and harmonize legal practices, and to enhance fundamental rights protection of persons with mental health problems, which eventually could result in a lower rate of compulsory admissions.

Methods A short anonymous questionnaire consisting of 9 items was developed, using the online software Survey Monkey. It was distributed to representative samples via e-mail to psychiatrists, general practitioners, acute and community mental health nurses, tribunal members, guards and family members in each collaborating country. The levels of agreement/disagreement were measured on a Likert- scale.

Results/Conclusions The study's results and conclusions will be presented at the conference.

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

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EW0678

PALOMA project – developing National mental health policies for refugees

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Introduction Earlier researches have established that migrants with refugee background have increased risk for variety of mental health problems due to often traumatic reasons for leaving their home country, hazardous journey and post-migration adversity. The challenge is that mental health work with refugees is not systematically organized in Finland. PALOMA (developing National mental health policies for refugees 2016–2018) project was launched to answer these challenges. The project is carried out through the combined effort of National institute for health and welfare, The Finnish association for mental health, Helsinki and Kuopio university hospitals, and the municipality of Hämeenlinna. PALOMA



Project is founded by the Asylum, migration and integration fund (AMIF).

Objectives PALOMA project focuses on exploring existing good practices and weaknesses in mental health services in use for refugees. The objectives of the project are to develop a national model for effective mental health services for refugees and implement it nationwide in Finland.

Aims The aim of PALOMA Project is to develop a national model for effective mental health services for refugees in Finland.

Methods PALOMA Project includes three phases: data collection (interviews, literature review, seminars), building the model in expert groups and implementing the model.

Results As a result of PALOMA Project, there will be guidelines for professionals working in different levels of administration with refugees in Finland.

Conclusion Refugees' mental health and wellbeing will be improved as a result of better prevention, recognition and appropriate care of mental health problems.

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

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EW0679

Investigation of internet dependent and depressive symptoms among secondary school students

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Introduction Internet use and depression is a significant problem regardless of social status and in almost all age groups. Internet addiction in adolescents is considered to be the most important risk groups.

Objectives This study was conducted to determine correlation of Internet addiction and depressive symptoms among secondary school students.

Method This research was conducted at two secondary public schools in İstanbul during 2015–2016 academic year. Ethics committee approval and permission was obtained from the Directorate of National Education Institutions. The population of the study was 2121 students. The sample group was 1312 students who completely filled in measuring instruments. The measuring instruments consisted of a personal information form, Internet Dependency Scale (IDS) and Children's Depression Inventory (CDI). The data were analyzed with the descriptive statistical analysis and Pearson correlation test.

Results The average of students' age was 12.44 ± 1.20 . 50.2% of the sample were women. 53.8% of the sample spent 1–2 hours per day in Internet. Mean IDS point was 38.942 ± 12.90 and mean CDI point was 12.52 ± 7.13 . According to the IDS cutpoint; 80.9% of students were normal users, 18.4% of them were high-risk users and 0.6% of them were Internet dependents. According to the CDI cutpoint, 16.8% of the students had depressive symptoms. A statistically significant moderate correlation was found between mean scores of CDI and IDS ($r=0.414$; $P<0.01$).

Conclusions There is a relation between Internet dependent and depressive symptoms. This finding supports the outcomes of previously performed studies.

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

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EW0680

Satisfaction with psychiatric in-patient care across 11 countries: Final report of the IDEA-study (inpatient discharge: experiences and analysis)

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Introduction Satisfaction of patients with in-patient care is a relatively rare focus of research in mental health.

Objectives The IDEA-study (inpatient discharge: experiences and analysis) was initiated to shed the light on the issue internationally.

Aim The IDEA project aimed to:

- develop a collaborative network of young psychiatrists;
- use this network to explore satisfaction of people treated in psychiatric in-patient facilities in a range of high-, middle- and low-income countries.

Methods Study was conducted in 25 hospitals across 11 countries. We measured satisfaction with in-patient care using the 5-item study-specific questionnaire. Individual and institution level correlates of "low satisfaction" were examined by comparisons of binary and multivariate associations in multilevel regression models.

Results A final study sample consisted of 673 participants. Total satisfaction scores were highly skewed towards positive responses. After taking clustering into account, the only independent correlates of low satisfaction were schizophrenia diagnosis and low psychiatrist to patient ratio.

Conclusion We could successfully establish a collaborative network of early career psychiatrists from different parts of the world and collect data in regards to the study aims. The positive skew of satisfaction scores need to be carefully considered in the context of literature and study limitations. In particular, we suggest further studies on patients' satisfaction to pay more attention to treatment expectations formed by the previous experience of treatment, service-related knowledge, stigma and patients' disempowerment, power imbalance.

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

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EW0681

Burnout as a form of mental health problem among nurses in the Philippines

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Introduction Nurses are among the health professionals that are confronted with burnout due to workload demands. The dominance of females in the profession reinforce the prevailing notion that the caring professions such as nursing are relegated to women. This gives the study its gender perspective.

Objectives To determine the interaction between situational, factors, role stressors, hazard exposure and personal factors in the largest tertiary hospital in the Philippines.



Methods This was a cross-sectional study, which aimed to determine the interaction between situational, factors, role stressors, hazard exposure and personal factors among 246 nurses consisting most of females (78.5%) from the different wards and units in the Philippines General Hospital (PGH).

Results Almost half (49.6%) of the respondents reported being ill due to work in the past year, and 56.1% missed work because of an illness. Correlation statistics using the Spearman's rho showed organizational role stressors was most significant in burnout among nurses in the Philippine's largest tertiary hospital. Organizational role stressors consisted of ten dimensions, namely:

- inter-role distance (IRD);
- role stagnation (RS);
- role expectation conflict (REC);
- role erosion (RE);
- role overload (RO);
- role isolation (RI);
- personal inadequacy (PI);
- self-role distance (SRD);
- role ambiguity;
- resource inadequacy (RIIn).

Conclusion The contribution of the study is in advancing new concepts in the already existing framework of burnout, and thus, can assist nurses and hospital administration on how to control this problem.

Keywords Burnout; Organizational role stressors; Hazard exposures; Situational factors; Nurses

Disclosure of interest The author has not supplied his declaration of competing interest.

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EW0682

Collaborative care for treating common mental disorders in the community. Developing a clinical pathway for early intervention in Southeast Tuscany

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Introduction Common mental disorders (CMD) have a 12-month prevalence over 7% in the Italian population. Only 16.9% of people are treated by the health services, despite the high cost in disability and loss of productivity.

Objectives To improve access to low-intensity CBT (LI-CBT) treatments in primary care.

Aims To organize a clinical pathway in which general practitioners (GPs) identify the early signs of CMD and promote a collaborative care with a team of mental health practitioners (MHPs).

Methods A small team of MHPs outlined and implemented, in collaboration with a group of 9 GPs, a clinical pathway to treat CMD in stepped care. Guided self-help was the first and main intervention. Group and individual CBT were offered—when needed—as a second and third step. If the user opted for drug treatment, a psychiatrist conducted one or two sections of consultation to the GP. The MHP team was fully integrated within the community mental health center (CMHC). PHQ-9 and GAD-7 were rated at each appointment.

Results With a mean of 5,3 appointments, 90 persons were treated in 1 year. 68% reached recovery (both PHQ-9 and GAD-7 < 10), a result in line with the best performing English Clinical commissioning groups in the IAPT project.



Conclusions A small multi-professional team of MHP can build with GPs a simple clinical pathway able to reach high standards of care with relatively small resources offering LI-CBT integrated with drug treatment and high intensity care.

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

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EW0683

Barriers for unaccompanied refugee minors in accessing mental health care: Is it the therapy or the therapist?

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Introduction Refugee children, particularly unaccompanied refugee minors, present with disproportionately high prevalence of mental health and emotional difficulties. However, the mental health service access and treatment engagement of this vulnerable group has been consistently shown to be poorer than the general population. Despite of this, so far there hasn't been much research to explore the possible underlying reasons or barriers for these young people to access mental health service in their host countries.

Aims and objectives This research aims to understand unaccompanied refugee children's barriers to access and utilize mental health services. To explore any potential characteristics in the service provision that can be linked with the observed poor treatment engagement and service access is also an objective of this study.

Methods The study was conducted by using semi-structured interviews with 15 unaccompanied asylum seeking minors and their carers to elicit their views, perceptions and beliefs based on their experience of receiving treatment from a specialist mental health service in the UK.

Results The interview transcripts were analysed using thematic analysis. The main findings were categorised into two broad themes, the participants' perceptions of the intervention received, and perception of the professionals involved. The different elements and pertinent issues within these two broad areas were discussed.

Conclusions Findings will help stimulate further exploratory research gaining better understanding of the barriers for these young people to access treatment, and contribute in developing innovative services that are more efficient in engaging this vulnerable group and suitable to meet their specific needs.

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

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EW0684

Time spent in retirement, health and well-being

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Introduction From a life-span developmental perspective, retirement can be considered a life event that entails a complex



psychological challenge, including leaving one's professional life and organizing/enjoying the newly available free time. The literature about retirement identifies different stages and patterns of transition/adaptation associated with time spent in retirement.

Objectives To analyze the association between time spent in retirement and subjective measures of mental health, depressive symptomatology, loneliness and satisfaction with life.

Methods Quantitative cross-sectional study with 641 participants ($M=74,86$). The instruments included: sociodemographic questionnaire; mental health inventory (MHI-5); geriatric depression scale (GDS); UCLA loneliness scale; satisfaction with life scale (SWLS).

Results Statistically significant differences in all the health and well-being variables addressed were found between subgroups of time spent in retirement (MHI-5: $P=0.001$; GDS: $P<0.001$; UCLA: $P=0.038$; SWLS: $P=0.022$). Mental health and satisfaction with life increases in the first year after retirement, but during the second year, they decrease to the levels found in pre-retirement. Loneliness and depressive symptomatology follow an inverted pattern. With the passing of years, loneliness and depression tend to increase; mental health and satisfaction with life tend to decrease.

Conclusions The results provide support to the hypotheses of honeymoon and disenchantment phases in the recently retired and to the existence of different patterns of transition/adaptation associated with time spent in retirement. They also highlight the relevance of devising intervention strategies that enable individuals to maintain the satisfaction levels with life and mental health achieved during the first phase of retirement.

Keywords Retirement; Mental health; Well-being

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

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EW0685

MINDing the gap: Service users' perspectives of the differences in mental health care between statutory and non-statutory organisations

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Introduction In the UK, almost 50% of illness diagnosed among working age adults is mental distress, depression and chronic anxiety being the two most prevalent illnesses. However, only 24% of those diagnosed receive appropriate interventions within the National Health Service (NHS). In light of this, third sector organisations, such as MIND, are left to fill the gap in providing therapeutic care. This paper reports on an evaluative study of what Mind offers as opposed to statutory services from a service user perspective.

Aim An exploration of the differences in mental health care between statutory and non-statutory organisations.

Objectives To identify how service users experienced MIND's counselling service. To establish the benefits and disadvantages of mental health care within statutory and non-statutory services. To identify the impact of mental health care from non-statutory services.

Method This qualitative research project, adopted a case study approach. Using one to one narrative interviews, data from 12 participants, five males and seven females were collected. Following transcription, each narrative was analysed individually, with thematic analysis being used across all 12 interviews.

Results Six themes were identified; mindful of the gap; easing like Sunday morning; magic moments; love is in the air; lighting up a future and changing the status quo.

Conclusion Mind plays a significant role in enabling those with psychological problems to move towards building a better future.



Findings suggest statutory services can learn important lessons from non-statutory organisations not least how best to provide cohesive, collaborative and compassionate mental health care for those in distress.

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EW0686

Acculturation strategies and severity of depression among Vietnamese migrants

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Aims Migration with its long-term changes and the resulting task to adjust to the new environment has been associated with an increased risk for mental health problems. This study aims to gain further insight on the relationship between the four acculturation strategies (integration, assimilation, separation, marginalization) and severity of depression.

Methods A total of $n=79$ first generation Vietnamese outpatients from a psychiatric outpatient clinic for Vietnamese migrants in Germany were investigated regarding self-reported depressive symptoms (patient health questionnaire-9) and acculturation (Stephenson multigroup acculturation scale; SMAS).

Results Patients with an integration acculturation strategy reported lower severity of depression compared to marginalized patients, who reported the highest severity of depression.

Conclusion The results implicate that the integration of both the mainstream society and the ethnic society might serve as a resource, whereas the rejection of both societies might increase the risk of depression.

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

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EW0687

Relationship between migration-stressors and self-reported symptoms of depression in an outpatient sample of Vietnamese migrants in Germany

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Introduction Vietnamese migrants under the influence of migration-related stressors (MRS) represent a vulnerable group within the mental health care system in Germany.

Aims First study examining the relationship between the quantity of experienced MRS and the severity of self-reported symptoms of depression in a Vietnamese outpatient-sample.

Methods 137 first-generation Vietnamese migrants diagnosed with depression were asked to complete the BDI-II and 24 questions about stressful experiences related to the migration process. Linear regression models were performed to examine the influence of the MRS-quantity on BDI-II total score and on BDI-II subscales (Buckley et al., 2001).

Results A higher number of experienced MRS was found to be related to a higher BDI-II total score, as well as to a higher score on the cognitive subscale in particular. Regarding the cognitive



depression-dimension the BDI-II items pessimism, past failure, guilt feelings, punishment feelings and suicidal thoughts were positively related to the MRS-quantity.

Discussion and conclusion A dose-response-relationship was found, with a higher number of MRS being related to a higher severity level of self-reported depressiveness as well as to a higher level of cognitive depression-symptoms in particular. The increase in suicidal ideations in the light of MRS-exposure is in line with findings from other migrant populations. Therapeutic interventions may focus (more) on depressive cognitions as a result of recurring MRS-experiences. Special attention should be placed on suicidal thoughts being boosted by MRS.

Keywords Migration related stressors; Depression; BDI-II; Vietnamese migrants; Suicidality

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

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EW0688

Impact of socioeconomic position and distance on mental health care utilization by incident users of antidepressants. A Danish nationwide follow-up study



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Introduction Equal access to health care treatment is a highly prioritized goal in most OECD countries. Timely access has become a priority too; in Denmark now with a 4-week deadline from referral to diagnosis. When mental health services become more centralized and allocation of patients to treatment further away from home become more common, it could have a negative impact on the goal of equal access.

Objective To determine the impact of socioeconomic position (SEP) and distance to provider on outpatient mental health care utilization among incident users of antidepressants.

Method A nationwide, Danish, register based, follow-up study on frequencies of contacts to out-patient psychiatric services, psychologist consultations supported by public funding and therapeutic talks by general practice.

Preliminary results Outpatient-psychiatric services were reached more often by patients in low SEP measured by income, but their frequencies of visits were less. Contacts to psychologists were less than half for patients in low SEP and less frequent too. Mental health service by GP showed low SEP associated with low contact. No difference in use of emergency or inpatient psychiatric services was found. Distance to provider showed interaction with SEP and contact to psychologist and frequencies of contact to outpatient psychiatrists. When distance increased by 5 km, contact to psychologist fell by 11% among lowest income group and frequencies of visits to outpatient psychiatrist fell by 5%.

Preliminary conclusion Lower SEP is associated with lower mental health care utilization. Increased distance to provider increases inequity in mental health service utilization.

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

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EW0689

Prevalence and associated risk factors of psychotic symptoms in homeless people in France



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Introduction Homeless people are more likely to have higher prevalence of psychotic disorders than general population. However, we know less about the prevalence of psychotic symptoms in this group.

Objectives To estimate the lifetime and current prevalence of psychotic symptoms and their correlates among homeless people living in the Paris metropolitan area.

Methods We analysed data from 839 homeless randomly selected for the “Samenta” survey that studied mental health and addiction problems in this population. The mini-international neuropsychiatric interview was used to assess psychotic symptoms. Separate multivariate logistic regression analyses were conducted to estimate the associations of sociodemographic characteristics (age, gender, education level and migrant status), early life experiences (sexual abuse, physical and psychological violence, substance use) and psychiatric disorders.

Results The lifetime prevalence of psychotic symptoms was 35.4% (95% CI=28.1–43.5) and the prevalence of current symptoms was 14.0% (95% CI=9.8–19.6) with no significant difference between migrant and native groups, after exclusion of subjects with a diagnosis of psychotic disorder (n = 145). In multi-adjusted models, childhood sexual abuse was associated with an increased risk of lifetime or current psychotic symptoms (OR > 4, P < 0.05). Early life psychological violence was strongly associated with the risk of lifetime psychotic symptoms in natives (OR = 6.33; 95% CI = 2.10–19.0), whereas alcohol misuse in adolescence was related to lifetime or current psychotic symptoms in migrants (OR = 3.34; 95% CI = 1.20–9.37).

Conclusion Homeless people are at higher risk of psychotic symptoms compared to the general population in France. Our findings are consistent with the hypothesis that childhood abuse is an important risk factor of the psychosis continuum.

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

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EW0690

The Italian admission experience survey: A factor analytic study on a sample of 156 acutely hospitalized psychiatric patients



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Introduction The admission experience survey (AES) is a reliable tool for measuring perceived coercion in mental hospital

admission. We developed the Italian AES through translation back-translation and administered it to acutely hospitalized psychiatric patients.

Objectives/Aims To verify psychometric characteristics of the Italian AES. To Examine the AES factor structure.

Methods $n = 156$ acutely hospitalized patients (48% women, 69% voluntary) were recruited in two university hospitals in Rome (Umberto I Policlinic, Sant'Andrea Hospital) and were administered the Italian AES. We conducted a principal component analysis (PCA) with equamax rotation.

Results Socio-demographic and clinical characteristics of the sample are reported in Table 1. The Italian AES had good internal consistency (Cronbach's $\alpha = 0.90$); Guttman split-half reliability coefficient was 0.90. AES total score significantly differed between voluntary and involuntary patients (5.08 ± 4.1 vs. 8.1 ± 4.9 , $P < 0.05$). PCA disclosed a three-factor solution explaining 59.3 of the variance. Significant correlations emerged between AES total score and clinical variables (Table 2). Pearson's correlation coefficient disclosed a significant correlation between perceived coercion and psychiatric symptoms severity (BPRS total score).

Conclusions The Italian version of AES and proposed new factor structure proved reliable.

Table 1

Age, years, M (SD)	40.5 (12.7)
Women	48%
Education, years, M (SD)	12.1 (4.0)
Disease duration, years, M (SD)	12.1 (9.4)
Diagnosis	
Schizophrenia spectrum disorders	35.9%
Bipolar disorders	35.3%
Depressive disorders	19.2%
Others	9.6%
Number of previous psychiatric hospitalizations, M (SD)	1.4 (2.9)
Number of previous involuntarily psychiatric hospitalization, M (SD)	0.7 (2.6)
MMSE total score, M (SD)	25.6 (2.7)
BPRS total score, M (SD)	54.2 (13.0)

Table 2

Admission Experience Survey items	Perceived Coercion (Cronbach's alpha = 0.84)	External pressure (Cronbach's alpha = 0.79)	Choice expression (Cronbach's alpha = 0.71)
7. It was my idea to come into the hospital	0.78		
15. I had more influence than anyone else on whether I came into the hospital	0.73		
4. I chose to come into the hospital	0.69		
1. I felt free to do what I wanted about coming into the hospital	0.63		
13. My opinion about coming into the hospital didn't matter	0.60		
14. I had lot of control over whether I went into the hospital	0.59		
2. People tried to force me to come into the hospital	0.46	0.51	
11. they said they would make me come into the hospital	0.50		
10. I was threatened with commitment		0.86	
6. Someone threatened me to get me to come into the hospital		0.79	
8. Someone physically tried to make me come into the hospital		0.63	
12. No one tried to force me to come into the hospital	0.46	0.53	
5. I got to say what I wanted about coming into the hospital			0.75
3. I had enough of a chance to say whether I wanted to come into the hospital			0.67
9. No one seemed to want to know whether I wanted to come into the hospital			0.60

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EW0691

Sexual dysfunctions and treatment compliance in individuals with psychotic disorder

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Introduction Sexual dysfunctions are more common in individuals with psychotic disorders and has a major impact on both quality of life and compliance.

Objectives The purpose of this study is to investigate whether a relationship between sexual dysfunction and level of treatment compliance in individuals with psychotic disorders.

Methods The sample group of the study consisted of 173 in-patients who agreed to participate were selected by random sampling method. The permission was obtained from the hospital's ethics committee. In this study, to assess the sexual functionality Golombok-Rust inventory of sexual satisfaction male and female form and to assess the treatment compliance; medical treatment compliance rate scale is used.

Results When sexual problems and treatment compliance compared to gender, subscales of satisfaction ($t = 4.423$, $P = 0.000$), avoidance ($t = 3.348$, $P = 0.001$), touch ($t = 2.165$, $P = 0.032$) and overall total ($t = 4.015$, $P = 0.000$), although a statistically significant difference was found, there were no differences in treatment compliance. Additionally, there is no relation between sexual problems and treatment compliance in men. It is also found that there is a weak negative statistical relation amongst treatment compliance and communication ($r = -0.244$, $P = 0.027$), avoidance ($r = -0.270$, $P = 0.014$), anorgasmia ($r = -0.253$, $P = 0.022$) and overall total ($r = -0.249$, $P = 0.024$) in women. According to these findings while sexual problems increase, treatment compliance decreases.

Conclusions The level of compliance to the treatment and subscales of sexual problems; satisfaction, avoidance, and touch mean scores differ from each other. There was a weak negative correlation in between Women's compliance and sexual problems.

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

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EW0692

Post-traumatic stress disorder screening among Syrian war victims

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Introduction War in Syria and related refugee crisis has caught worldwide attention for the past few years. The war is still continuing by the time of the writing of this abstract. War is one of the reasons of posttraumatic stress disorder (PTSD). Syrian people experience many traumatic events like witnessing death, torture and rape.

Aims The aim of this research is to screen for PTSD among Syrian war victims.

Methods A total of 150 (women = 52, men = 98) war victims between 18–65 years, inhabiting a Syrian camp near the Turkish border were screened with trauma response checklist for PTSD between March 11 and April 11 2015.

Results Significant amount of the interviewed participants were found to show symptoms of PTSD. Seventy-six percent ($n = 114$) of the participants had experienced a traumatic event. In total, 80.6% ($n = 121$) were experiencing distress. Seventy-eight percent ($n = 117$) had avoidance. Eighty-four percent ($n = 126$) had negative

interfering thoughts. Eighty-eight percent ($n = 132$) were experiencing trauma associated disturbance. Answers from 78.6% ($n = 118$) of the participants indicated that they should be further referred to a specialist. The findings were not affected by gender or age.

Conclusion We have found that most of the participants showed signs of PTSD. Our findings highlight the psychological impact of war on Syrian people. A definite diagnosis of PTSD can be made with detailed psychiatric examination, however given the amount of victims and available staff a brief screening instrument may help identify potential cases to be further evaluated. PTSD has life-long consequences and trauma can be passed through generations. International support for war victims should include psychological support and interventions.

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

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EW0693

Program for the use of antipsychotics with metabolic monitoring in North Carolina medicaid children



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Introduction Children are at greater risk than adults for weight gain and metabolic disorders including hyperlipidemia and diabetes with newer antipsychotics. A web-based safety-monitoring program using a prior documentation model required submission of patient safety data (prior documentation) for insurance coverage at the pharmacy point of sale. This program launched in April of 2011, covering all NC Medicaid and Health Choice recipients under age 18. Clinical monitoring parameters and interactive educational features were developed with pediatric psychiatric experts and key mental health stakeholder groups.

Objectives Using a four-year run in period and a full 9 months of post implementation claims data, evaluate the rates of antipsychotic prescribing and safety monitoring before and after the implementation of the A + KIDS program.

Results Implementation of this program was associated with a consistent monthly decrease in overall antipsychotic use and increases in patient monitoring of glucose and lipid (Figure. 1, Table 1).

Conclusions The prior documentation registry was effective in decreasing antipsychotic use and increasing safety monitoring. The impact of changing to more traditional prior authorization on the same clinical endpoints is currently under evaluation.

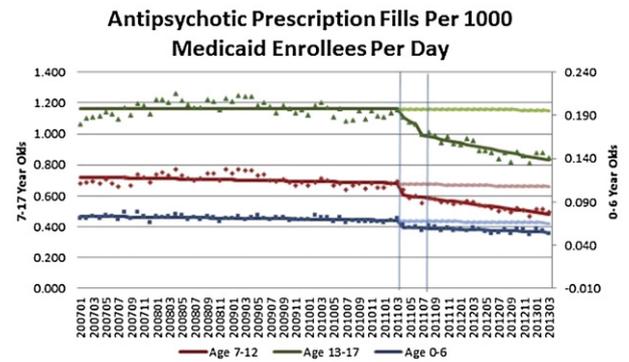


Fig. 1 A+KIDS Population Antipsychotic Prescription Fills per 1000 Medicaid Enrollees Per Day

Table 1 Percent of A+KIDS Patients on an Antipsychotic with Metabolic Monitoring Recorded in Claims.

Year Ending	Glucose Screening Percent	Cholesterol Screening Percent
June 2010	52%	27%
June 2011	55%	32%
June 2012	60%	41%

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

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e-Poster Walk: Neuroimaging and neuroscience in psychiatry

EW0694

Effort-based reward task, a behavioral measure to study negative symptoms in schizophrenia



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Negative symptoms in schizophrenia, and specifically amotivation/apathy, have been correlated with impaired general functioning. Its neurobiological basis are thought to rely on an aberrant reward system. To study the association of reward deficits and negative symptoms, 25 schizophrenia patients and 35 controls underwent a new reward behavioral task. Briefly, patients had to choose a level of effort (1 to 3), each one corresponding to a progressively increasing number of required button presses and 3 different probabilities to win an economic reward. We compared the chosen effort between groups and correlated this output with the score of the Brief negative symptoms scale in the group of patients. Patients chose less effort than controls but without reaching significance level (mean patients effort: 2.49 vs controls: 2.76, $P = 0.064$). A negative correlation was found between BNSS score and effort chosen for the maximum reward corrected by sex ($t: -0.021, P = 0.045$). When the group of patients was split according to negative symptoms score, patients with more negative symptoms (BNSS score > 23) chose significantly less effort than patients

with less negative symptoms and controls (Fig. 1). Our reward task correlates well with negative symptoms. Thus, it could offer a behavioral measure of negative symptoms. It could be a good instrument to study the neurobiological basis of negative symptoms using functional techniques.

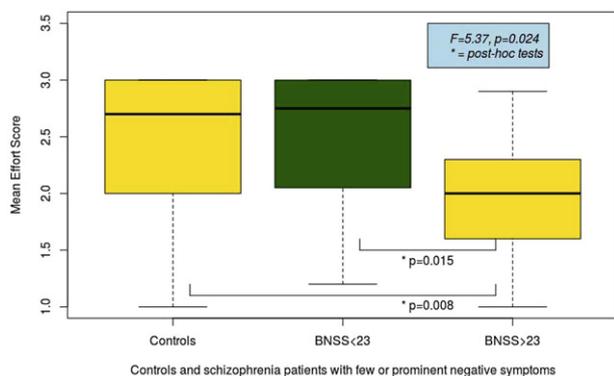


Fig. 1 Reward task output in controls and schizophrenia patients

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

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EW0695

Brain connectivity in patients with schizophrenia related to psychological stress



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Introduction It is commonly accepted that in most patients with schizophrenia external factors act on genetic predisposition to produce active psychotic symptoms. In fact, we showed that patients with schizophrenia have an abnormal brain activation and peripheral autonomic response to psychological stress. We sought to characterize the brain connectivity networks of such response in schizophrenia.

Methods We studied the pattern of brain connectivity in relation to mental arithmetic stress paradigm in 21 patients and 21 healthy subjects aged 18 to 50 years, using 3T-fMRI. A period of 6 minutes of resting state acquisition (PRE) were followed by a block design with three 1-minute CONTROL task (one digit sum), 1-minute STRESS task (two digit subtraction) and 1-minute rest after task (POST). Pairwise Pearson correlations were calculated between 90 regions of interest. Data were analyzed with MATLAB and SPSS software.

Results Patients with schizophrenia showed a lower connectivity network between fronto-temporal limbic areas compared with control subjects during control and stress task. Moreover, we observed a great variability of link density during resting state in patients but not in controls, and it diminishes in response to task.

Conclusions Patients present abnormalities in networks related to stress response showing an alteration in fronto-temporal connectivity, and a poor and random modulation of these networks at rest. Current and previous findings suggest abnormal fronto-temporal connectivity that ultimately would lead to psychotic symptoms emergency in response to an environmental stressor and, even, could be related to hypervigilance and misattribution feeding into the paranoid cognition characteristic of patients with schizophrenia.

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

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EW0696

Non-verbal learning disorder: Neuropsychological profile and neural correlates. A structural magnetic resonance imaging study



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Non-verbal learning disorder (NVLD) is a neurological condition which is considered to be a learning disability. It is characterised by a specific dysfunction in motor, visuospatial and social skills in patients with a normal intellect and development of language. Warning signs in school are poor psychomotor coordination, arithmetic skills and drawing activities. Social judgment and social problem solving are also typically impaired. Furthermore, these patients seem to have increasing risk of emotional disorders. Most of imaging studies and current theories suggest that a dysfunction of white matter in the right hemisphere could be the cause. However, there is a lack of consensus among experts regarding whether NVLD exists and what could be the underlying causes for NVLD symptoms. The aim of this paper is to clarify the neural correlates underlying the cognitive functioning of these patients. With this objective, we analyzed a sample of brains of children with and without NVLD. We used the structural MRI technique and the voxel-based morphometry analysis. The diagnosis of the children were based on neuropsychological data. The present study suggests that not only white matter of the right hemisphere is dysfunctional in these patients. Some other gray matter areas such as precuneus (superior parietal lobule) may also be affected in NVLD.

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

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EW0697

Apathy in depression: An arterial spin labeling study



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Introduction Apathy is usually defined as a lack of goal-directed behavior. Although it is observed in about 30% of depressed patients, neurovascular mechanisms underpinning apathy remain little-known.

Objectives The main objective of this study was to compare the cerebral perfusion of apathetic depressed patients with non-apathetic depressed patients by arterial spin labeling (ASL), a quantitative and non-invasive perfusion magnetic resonance imaging (MRI) technique. The secondary objectives were to study their clinical profile and their correlation with cerebral perfusion data.

Methods This study was conducted from a cohort of depressed patients in Rennes, France. Eighty-three depressed patients were included, of whom 22 were apathetic (AES \geq 42), 61 non-apathetic (AES < 42). Everyone got a clinical evaluation with scale screenings, especially for apathy (AES), anxiety (STAI) and anhedonia (SHAPS) as well as a cerebral MRI, including a pseudo-continuous ASL sequence.

Results Apathetic depressed patients were significantly less anxious and less anhedonic. Apathetic perfused better than non-apathetic in the inferior frontal gyrus ($P=0.022$). We found a significant positive relationship between apathy and perfusion of the left frontal inferior gyrus ($P=0.05$, $r=0.21$). State-anxiety was positively correlated with perfusion of the cingulate cortex, the insula and the left amygdala. Anhedonia was positively correlated with the perfusion of the ventromedial prefrontal cortex, the cingulate cortex and the insula.

Conclusions We have shown that the clinical and perfusional profiles of apathetic depressed and non-apathetic differ. This study suggests the existence of two distinct neurobiological networks for depressed patients; one involving motivational networks for apathetic patients, and another one involving emotional networks for more anhedonic patients.

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

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EW0698

Brain anatomy of symptom stratification in schizophrenia:

A voxel based morphometry study

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Introduction Although some magnetic resonance imaging (MRI) studies have investigated the existence of a relationship between clinical severity and neuroanatomical alterations in patients with schizophrenia (SCZ), the biological signature associated with illness severity in schizophrenia is still uncertain.

Objectives This study aims to investigate structural brain abnormalities in SCZ with particular regards to the identification of potential deficits associated to the severity of illness.

Methods 1.5 T MRI data were acquired for 61 subjects with SCZ and 59 matched healthy controls (HC). The patient group was divided in two subgroups based on clinical severity, one composed by 34 mild-to-moderately ill patients and the other one by 27 severely ill patients, and compared with matched HC.

Results The whole group of patients with SCZ had significantly reduced gray matter (GM) volumes in left inferior and middle temporal gyrus compared to HC ($P<0.05$, pFWE corrected). Furthermore, compared to HC, patients with mild-to-moderate illness showed decreased GM volumes in inferior temporal gyrus ($P<0.05$, pFWE corrected) whereas those with severe illness had reduced right cerebellum ($P<0.05$, cFWE corrected). No differences were observed between the two subgroups of patients.

Conclusions Our results showed significant GM volume reductions in left inferior and middle temporal gyrus in patients with SCZ compared to matched HC, confirming the role of this region in the pathophysiology of SCZ. Furthermore, we identified specific cerebellar gray matter volume reductions in patients with severe illness, which may contribute to stratify patients with SCZ according to their clinical phenotype expression, ultimately helping in guiding targeted therapeutic/rehabilitation interventions.

imately helping in guiding targeted therapeutic/rehabilitation interventions.

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

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EW0699

Neural functional correlates of empathic face processing: An activation likelihood estimation (ALE) meta-analysis of fMRI studies

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Introduction Empathy is evolutionary preserved in social organisms and emotional face processing is one of its measures. Systems possibly active during empathic processing include perspective-taking, basic emotional contagion “mirroring” and “theory of mind” systems.

Objectives fMRI studies help clarifying neural correlates of empathic face processing; ALE meta-analysing fMRI studies allows identification of brain area activation/deactivation during empathy.

Aims To identify brain areas most consistently involved in empathy.

Methods We carried ALE meta-analysis of original studies focusing on cerebral activations during empathic face processing tasks and reporting data on Talairach or MNI space coordinates, converting the former in the latter. An 11-April-2016 PubMed search, using as keywords terms like empathy combined with functional magnetic resonance imaging (fMRI), produced 124 records of which 23 were finally included (568 participants, 247 males and 321 females; mean age 32.2 years). We followed the PRISMA statement. Whole-brain data were meta-analysed; significance was set at $P=0.0001$, uncorrected.

Results ALE meta-analysis of data from 21 experiments (totalling 527 foci) on empathic face processing during experimental task conditions showed that emotional vs. neutral/control conditions significantly correlated with activations of left anterior cingulate cortex (BA 32), right precentral gyrus (BA 6), left amygdala, right superior frontal gyrus (BA 9), left middle occipital gyrus (BA 37), right insula (BA 13), left putamen, and left posterior cingulate cortex (BA 31).

Conclusions Empathy is a complex process correlating with activation of different brain areas, which have been involved in emotional cue processing, self-other/same-different discrimination, perspective-taking, mirror neuron activation, emotional arousal and decision-making.

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

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EW0700

Altered functional connectivity in default mode network in Internet gaming disorder with childhood ADHD



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Objective Internet gaming disorder (IGD) is a type of behavioral addiction characterized by abnormal executive control, leading to loss of control over excessive gaming. Attention deficit and hyperactivity disorder (ADHD) is one of the most common comorbid disorders in IGD, involving delayed development of the executive control system, which could predispose individuals to gaming addiction. We investigated the influence of childhood ADHD on neural network features of IGD.

Methods Resting-state functional magnetic resonance imaging analysis was performed on 44 young, male IGD subjects with and without childhood ADHD and 19 age-matched, healthy male controls. Posterior cingulate cortex (PCC)-seeded connectivity was evaluated to assess abnormalities in default mode network (DMN) connectivity, which is associated with deficits in executive control.

Results IGD subjects without childhood ADHD showed expanded functional connectivity (FC) between DMN-related regions (PCC, medial prefrontal cortex, thalamus) compared with controls. These subjects also exhibited expanded FC between the PCC and brain regions implicated in salience processing (anterior insula, orbitofrontal cortex) compared with IGD subjects with childhood ADHD. IGD subjects with childhood ADHD showed expanded FC between the PCC and cerebellum (crus II), a region involved in executive control. The strength of connectivity between the PCC and cerebellum (crus II) was positively correlated with self-reporting scales reflecting impulsiveness.

Conclusion Individuals with IGD showed altered PCC-based FC, the characteristics of which might be dependent upon history of childhood ADHD. Our findings suggest that altered neural networks for executive control in ADHD would be a predisposition for developing IGD.

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

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EW0701

A new model as an early life manipulation: Fake mother



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Introduction Early life stressful events cause long-term neural changes that are associated with psychiatric disorders.

Objective Early life manipulations focus on commonly the impact of remaining separate from the mother in a specific period of time. The maternal odor is required for pups to approach the mother for nursing. What happens when there is a mother that smell like a real mother but does not take care her own pups?

Aim To investigate the fake mother effects on adult rat's behavioral changes, NMDAR2B protein level changes in prefrontal cortex and hippocampus.

Methods Wistar rats were used. Fake mother (n:13), early handling (n:12), maternal separation (n:14) and control (n:12) were the study groups. A fake mother is an object that smells like a real dam. When the real mother is separated from own pups fake mother stays with the pups for an hour. Manipulations were made during the postnatal first 14 days. Behavioral tests (social interaction test, elevated plus maze, novel object recognition test) were made between postnatal 62 and 78 days. NMDAR2B protein levels in prefrontal cortex and hippocampus were evaluated by using ELISA at postnatal 78 days.

Results In social interaction test, fake mother group exhibited less social behavior and more aggressive behavior than the other groups. Their long-term memory functions were the lowest. NMDAR2B protein levels in the hippocampus increased in rats that exposed to early stressful life events.

Conclusion These results support that being raised by fake mother increases aggressive behavior and decrease social behavior in adulthood.

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

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EW0702

Neural correlates of behavioral inhibition in healthy people and in patients with borderline personality disorder and ADHD



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Introduction Deficits in behavioral inhibition leading to impulsivity occur frequently in many otherwise different psychiatric diseases, mainly ADHD and borderline personality disorder (BPD). However, the research is complicated by using of different tests and their parameters. Further, the role of frontoparietal network in behavioral inhibition has been questioned recently.

Objectives The aims of our studies were:

- to present the influence of differences in inhibition tasks parameters;
- to describe neural correlates of behavioral inhibition in healthy people;
- to compare them with BPD and ADHD patients.

Methods We implemented two different variants of Go/NoGo Task, one designed for behavioral research and the second for neuroimaging. Thirty healthy participants (37% of women, age range 15 to 33 years) underwent behavioral and fMRI measurement. Further, groups of patients with BPD, ADHD and their healthy controls underwent the Go/NoGo Task under both fMRI and EEG.

Results The results show differences in behavioral performance based on different task parameters. The fMRI results in healthy people show specific activation patterns within the frontoparietal network associated with inhibition trials (mainly inferior frontal gyrus, insula, cingulate gyrus, SMA, inferior parietal lobule). Further, we present differences between patients with BPD, ADHD and controls in BOLD signal and ERPs.

Conclusions Go/NoGo Task design substantially influences the subjects' behavioral performance. Our results with methodologically upgraded Go/NoGo Task design provide support for the inhibition frontoparietal brain network and its different activations in BPD and ADHD patients. The research was supported by Ministry of Health of the Czech Republic, grant nr. 15-30062A.

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

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EW0703

The squeezing snake, a psychiatric presentation of epilepsy: A case report

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Introduction Epilepsy is considered a complex neurological disorder with a great variety of clinical presentations that can resemble psychiatric disorders.

Objectives Disclose an unusual clinical case with psychiatric symptoms as the presentation of epilepsy.

Methods Psychiatric assessments and retrospective review of the clinical file and literature research.

Results A 40-years-old Romanian woman presented to the psychiatry outpatient service with a history of persistent depressive mood and disturbed sleep for the past 3 years, complaining of a feeling that she described as “a snake squeezing around her body, starting in her left leg and spreading to the rest of her body up to the neck” associated with a sense of pins and needles, occurring during night time. She attended general practice, neurosurgery and psychiatry appointments. Her medical history included “gastritis” and lower left leg fracture and a pituitary microadenoma revealed in brain CT-scan. Blood work, including endocrine tests and brain-MRI were normal. Her symptoms initially led to diagnosis of: anxiety, somatization, Ekbom syndrome and depression. She was treated with antidepressives, antipsychotics and anxiolytics, without response. After careful reconstruction of the clinical history and further analyses of her complaints, the diagnosis of focal sensory jacksonian seizure was made. Levetiracetam introduction led to symptomatic remission.

Conclusion Epilepsy includes a variety of neuropsychiatric symptoms. This case illustrates that epileptic patients may experience non-convulsive seizures that might be mistaken as primary psychiatric disorders. Neurologists and psychiatrists must be aware of this varied presentation while obtaining the medical history in order to investigate and manage this patient effectively.

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

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EW0704

A case of neurosyphilis in a patient presenting with bipolar mixed episode suggestive symptoms

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Introduction Syphilis is a sexually transmitted disease caused by *Treponema pallidum*. Early invasion of the central nervous system might occur early in the course of the disease. Clinical manifestations may include acute meningeal syphilis, meningovascular syphilis, parietic neurosyphilis and tabetic neurosyphilis. Psychiatric symptoms are often the presenting symptoms of this illness and the correct diagnosis involves both a high degree of suspicion and adequate diagnostic tests.

Objectives The authors report a case of a patient, with no previous history of mental illness, initially admitted in a psychiatric unit with a clinical picture suggestive of a mixed bipolar disorder episode who has been diagnosed with neurosyphilis a year after.

Methods Review of clinical records and complementary exams.
Results By the first admission, the patient presented with depressed and irritable mood, emotional lability, aggressiveness, grandiose and racing thoughts. Upon discharge, he was diagnosed with bipolar disorder and referred to ambulatory unit. The following year he starts presenting cognitive deficits and a progressive loss of autonomy in daily living activities, being referred to neurology evaluation. A year after the first admission, he is admitted in a neurology unit and diagnosed with neurosyphilis.

Conclusions Current prevalence of symptomatic neurosyphilis in Western Europe is unknown. Atypical cases presenting with heterogeneous psychiatric and neurologic symptoms, with no previous history of mental illness, should raise a high index of clinical suspicion, since consequences for the patient's health might be severe if not properly diagnosed and treated.

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

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EW0705

Reduced left frontal GABA in ultra-high risk of psychosis patients. 1H MRS study

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Introduction Some previous findings indicate participation disturbance of balance between excitatory (GABA) and inhibitory (Glu) neurotransmitters in pathogenesis of schizophrenia. The aim of this study was to evaluate GABA and GLX levels in the brain of medicated UHR subjects.

Objectives Twenty-one (18–25 years, mean = 19.4, SD = 3.5) right-handed medicated UHR men and 26 (18–25 years, mean = 19.8, SD = 2.2) mentally healthy volunteers participated in this study. The patients were included in the UHR group in accordance with criteria of prodromal states.

Methods 1H MRS (MEGA-PRESS pulse sequence [Mescher, NMR Biomed 1998;11:266]) was used for GABA and GLX detection. Volumes of interest in size of 30 × 30 × 30 mm were placed in the left and right frontal lobes in the areas of the anterior cingulate cortex (ACC) (Fig. 1).

Results The main effects on the GABA/Cr ($t[45] = 4.17, P < 0.01$) (Fig. 2A) and GABA/GLX ($t[45] = 2.84, P < 0.01$) (Fig. 2B), were found in the left ACC ($t[45] = 4.17, P < 0.01$), with the patients having lower GABA/Cr and GABA/GLX ratios as compared to the control group. Also significant negative correlation ($r = -0.49, P = 0.04$) between GABA/Cr in the right ACC and the current daily dosage of antipsychotic medication in CPZ-Eq was found (Fig. 3).

Conclusion This study reveals for the first time a significant reduction of (GABA) (25%) and GABA/GLX ratio (20%) in left AC of UHR subjects. According to (de la Fuente-Sandoval, Int J Neuropsychopharmacol 2015;19[3]) and association of (GABA) with daily dosage of medication found, this reduction may be caused by the antipsychotic treatment.

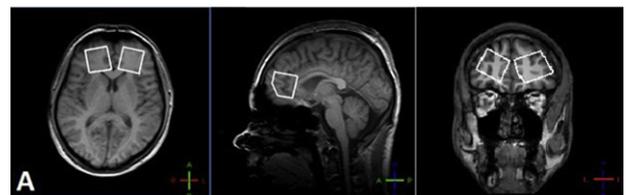


Fig. 1 1H MRS VOI localizations.

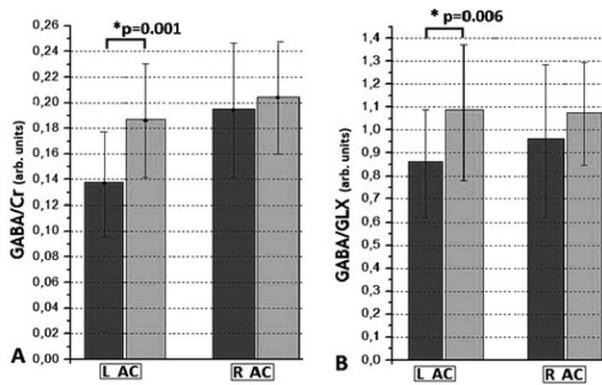


Fig. 2 Reduced GABA (A) and GABA/GLX (B) in the left ACC.

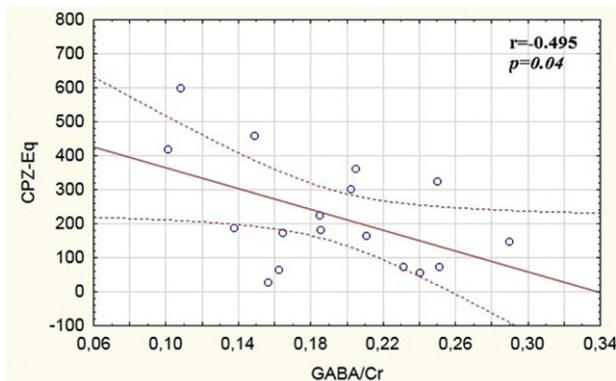


Fig. 3 Association between GABA/Cr and treatment.

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

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EW0706

Connectivity differences between bipolar disorder, unipolar depression and schizophrenia

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Introduction Diffusion tensor imaging (DTI) is used frequently to explore white matter tract morphology and connectivity in psychiatric disorders. Connectivity alterations were previously reported for bipolar disorder, unipolar depression and schizophrenia. However, there is limited data on how these disorders differ from one another in terms of connectivity.

Aims In this study, we aimed to explore connectivity differences between these disorders.

Methods We analyzed DTI data of 37 patients with schizophrenia, 41 patients with bipolar disorder and 46 patients with unipolar depression. Group analyses were performed for schizophrenia versus bipolar and bipolar versus unipolar contrasts with using age as a covariate.

Results Threshold corrected results showed that connectivity at internal capsule and corpus callosum were most distinctive between groups. For corpus callosum (splenium), unipolar group showed the highest connectivity and schizophrenia group showed the lowest connectivity (Fig. 1). For internal capsule, schizophrenia group had the highest connectivity and unipolar group had the

lowest connectivity (Fig. 2). Bipolar group had intermediate values for both tracts.

Conclusions These results indicate that connectivity analysis may be helpful for differentiating psychiatric disorders.

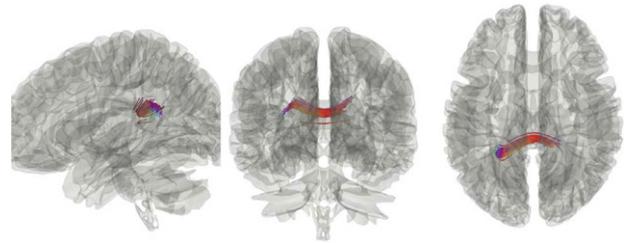


Fig. 1

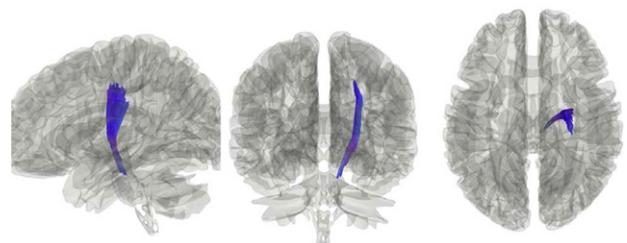


Fig. 2

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

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EW0707

Time-frequency analysis of EEG recorded during unconscious expectation of angry vs. neutral faces in patients with major depression and healthy controls

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Introduction The knowledge on brain mechanisms of psychopathology can be very useful for the diagnosis and treatment of patients.

Objectives Patients with major depressive disorder (MDD) show attention bias to the negative emotional stimuli. Automatic (unconscious) emotional processing in such patients may become a prospective biomarker for depression.

Aims We aimed at studying the EEG-correlates of unconscious expectation of angry human faces in MDD patients compared to healthy controls.

Methods 128-channel EEG was recorded in MDD (23 females and 7 males) and in healthy volunteers (22 females and 8 males) while they categorized pictures as humans or animals. Half of the pictures were neutral and half were showing the faces of angry humans or animals. The pictures were preceded by cues (one for each category), which meaning was not explained to the participants. We



performed the wavelet analysis on EEG recorded during the face expectation period: 1000–2000 ms from the cue onset.

Results We found the emotional modulation (EM) in EEG rhythms during the expectation of angry vs. neutral faces in both groups. Statistical comparison of the spectral power using 2×2 factorial design showed that the EM differences ($P < 0.05$) between the groups were in the left parietal locations in 9 Hz and in 16–18 Hz, in the right parietal locations in 27–28 Hz, and in the right frontal area in 30–31 Hz.

Conclusions The unconscious expectation of angry vs. neutral faces resulted in EM differences between the MDD and healthy controls in the right frontal and bilateral parietal areas mostly in beta and gamma ranges.

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

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EW0708

Brain pathway differences between Parkinson's disease patients with and without depressive symptoms

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Introduction Depression occurs frequently in patients suffering from Parkinson's disease (PD). However, the neural basis of depression in PD remains unclear. Diffusion magnetic resonance imaging (DMRI) connectometry is based on the spin distribution function (SDF), which quantifies the density of diffusing water.

Aim The aim of this study was to assess the microstructural changes in the brain connectivity of PD patients with and without depressive symptoms.

Methods DMRI was used to assess microstructural abnormalities in the brains of 16 PD patients with depressive symptoms compared to 11 PD patients without depressive symptoms. Data used in the preparation of this paper were obtained from the Parkinson's progression markers initiative (PPMI) database (<http://www.ppmi-info.org/data/>). This dataset was acquired on a 3-Tesla scanner (Siemens), producing 64 DWI at $b = 1000 \text{ s/mm}^2$ and one b_0 image. Diffusion MRI data were corrected for subject motion, eddy current distortions, and susceptibility artefacts due to magnetic field inhomogeneity. DMRI connectometry was conducted in a total of 27 patients using percentage measurement.

Results PD Patients with depressive symptoms showed decreased anisotropy ($FDR < 0.05$) in the fornix bilaterally, left inferior longitudinal fasciculus (ILF) and corticospinal tract bilaterally compared to PD patients without depressive symptoms.

Conclusions Lesser WM integrity of the left ILF fibers, which connect visual face recognition areas to the amygdala and hippocampus, seems to be associated with depressive symptoms in PD patients. Our study supports the hypothesis that neurodegenerative processes in projections from the somatosensory, cingulate, and insular cortices may be related to depression in PD.

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

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EW0709

Meta-analysis of aberrant brain activity in psychopathy

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Introduction Psychopathy is characterized by superficial charm, untruthfulness, lack of remorse, antisocial behavior, egocentricity as well as poverty in major affective reactions. This clinical profile has been empirically conceptualized and validated. Recent brain imaging studies suggest abnormal brain activity underlying psychopathic behavior. However, no reliable pattern of altered neural activity has been disclosed so far.

Objective To identify consistent changes of brain activity in psychopaths and to investigate whether these could explain known psychopathology.

Methods First, we used activation likelihood estimation to meta-analyze brain activation changes in psychopaths across 28 functional magnetic resonance imaging studies reporting 753 foci from 155 analyses ($P < 0.05$, corrected). Second, we functionally characterized the ensuing regions employing meta-data of a large-scale neuroimaging database ($P < 0.05$, corrected).

Results Psychopathy was consistently associated with decreased brain activity in the right amygdala, the dorsomedial prefrontal cortex (DMPFC), and bilaterally in the lateral prefrontal cortex (LPFC). Consistently increased activity was observed bilaterally in the fronto-insular cortex (FIC) (Fig. 1). Moreover, we found that the physiological functional role of the candidate regions related to social cognition (DMFPC), cognitive speech and semantic processing (left FIC/LPFC), emotional and cognitive reward processing (right amygdala/FIC) as well as somesthesia and executive functions (RLPFC).

Conclusion Psychopathy is characterized by abnormal brain activity of bilateral prefrontal cortices and the right amygdala, which mediate psychological functions known to be impaired in psychopaths. Hence, aberrant neural activity can account for pertinent psychopathology in psychopathy.

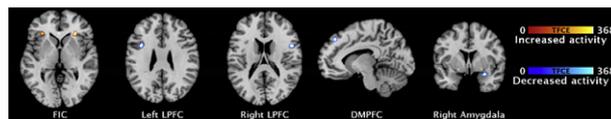


Fig. 1

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

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EW0710

Cannabis use decreases prefrontal glutamate levels in early psychosis

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Recent evidences have consistently reported lower glutamate (Glu) levels in various brain regions, including the medial prefrontal cortex (mPFC), in chronic schizophrenia but findings in the early (EP) or in the prodromal phase of the disorder are equivocal. Although regular cannabis use has been associated with an increased risk of subsequent psychosis and with a perturbed Glu signalling, to date, the critical question of whether or not Glu abnormalities exist in EP and are related to cannabis use remains unanswered. Magnetic resonance spectroscopy was used to measure [Glu_{mPFC}] of 35 EP subjects (18 of whom were regular cannabis users) and 33 healthy controls (HC). For correlative analysis, neuropsychological performances were scored by a comprehensive cognitive battery. [Glu_{mPFC}] was lower in EP users comparing to both HC and EP non-users ($P=0.001$ and $P=0.01$, respectively), while no differences were observed between HC and EP non-users. In EP users Glu declined with age ($r=-0.46$; $P=0.04$) but this relationship was not observed in non-users. Among neuropsychological profiles, working memory was the only domain that differentiates patients depending on their cannabis use, with users having poorer performances. In summary, our research revealed that cannabis use in EP is associated with Glu decreased levels, which are normally not seen in the early phase of the disorder. This finding is in line with previous ¹H-MRS studies in cannabis users without a psychotic disorder and sheds light for the role of cannabis use in the progression of the disease.

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

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EW0711

Molecular targets of the ethanol and original anticonvulsant in the treatment of alcohol dependence

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Objective Chronic exposure to alcohol causes neuroadaptive changes in the brain, which leads to the recurrence of the disease. Promising in this area is to find new safe and effective pharmacological agents acting on molecular targets of influence of alcohol in the CNS.

Methods Experiments were performed on male rats Wistar and male mice (CBAx57Bl/6)F1.U. Experimental animals were formed alcohol dependence, based on long-term use of alcohol solution. Animals in a state of alcohol dependence were injected original anticonvulsant meta-chloro-benzhydryl-urea. We evaluated parameters orienting-exploratory behavior and emotional reactivity of the animals in the test "open field", the cellular and humoral immune response. Properties of benzodiazepine receptors of

the brain examined radioreceptor method using selective ligands [³H]flunitrazepam and [³H]Ro5-4864.

Results Chronic exposure to ethanol resulted in a significant change in the parameters of the experimental animal behavior and emotional reactivity in the test "open field", observed suppression of immune response (~40%), and increase in the number of receptors on 54.8–59.4% associated with reduced receptor affinity. Administration of meta-chloro-benzhydryl-urea led to the abandonment of the use of ethanol, recorded a correction of the above immunological and behavioral disorders due to alcohol intoxication. Properties of benzodiazepine receptors in the brain of experimental animals receiving the drug at a dose of 100 mg/kg for 14 days, indicators affinity and receptor density were close to the values in the control group.

Conclusions Anticonvulsant has a modulating effect on the functional activity of the nervous and immune systems, reduces compulsive craving for alcohol.

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

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EW0712

Serotonergic modulation of cognition: An acute challenge

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Abstract Serotonin is well known to affect the multifaceted construct of impulsivity. Lowering brain serotonin levels is shown to increase impulsive choice in delay-discounting tasks (1) but improves response inhibition in stop-signal paradigms. (2) Administration of the antidepressant citalopram in healthy people increases tendency to perform go choices in a Go/No-Go task independent of outcome valence (3). It is rather unclear thought how serotonergic neurotransmission affects several aspects of cognition. We administered a single dose of 20mg escitalopram, a selective serotonin reuptake inhibitor, to 66 healthy participants, aged 18–45 years old, in a double-blind, randomized, placebo-controlled, parallel-groups study. Acute escitalopram administration had a beneficial effect on inhibitory control with reduced stop-signal reaction time observed in the treatment group. Participants made significantly more errors in a probabilistic learning task and had lower accuracy during the discrimination stage in an instrumental learning task thus indicating a learning impairment. More errors in the CANTAB intra-extra dimensional set shift task were also observed in the escitalopram-treated group. Our findings following acute administration of a clinically relevant dose of escitalopram show a dissociate role for serotonin in modulating cognition mediated by a potentially differential modulation of fronto-striatal loops.

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

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EW0713

Microstructural and metabolic disorders in CC of juvenile schizophrenia patients

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Introduction The aim of the study was to analyze the microstructural and metabolic features of the corpus callosum in recently onset schizophrenia.

Objectives 13 young (17–28 years old) male patients with recently onset schizophrenia (F20, ICD-10) and 15 sex and age matched mentally healthy subjects were examined.

Methods 3 T Philips Achieva scanner with 8-channel SENSE coil was used. DTI was conducted with EPI SENSE (TR=9431 ms; TE=70 ms). The values of diffusion coefficient (ADC), fractional anisotropy (FA), radial (RD) and parallel (PD) diffusivity were calculated using workstation Philips EBWS 2.6.3.4. Spectroscopic voxel (2 × 1 × 1 cm) was placed consequently in the corpus callosum genu and splenium. PRESS (TR/TE = 1500/40) was used.

Results In patients, increased ADC ($P=0.02$) and RD ($P=0.008$), decreased FA ($P=0.008$) and NAA ($P=0.03$) were found in the corpus callosum genu. No intergroup differences by PD, Cho, Cr, Glx were found in this area. Also, no statistically significant intergroup differences were observed for the DTI and MRS characteristics of the corpus callosum splenium.

Conclusions It has been shown that RD increase is associated with demyelination process. So, an increase of RD in the present study could reflect demyelination in CC genu. Cells membranes abnormalities should lead to an increase of Cho which was not found. NAA reduction could be caused by reduction of axonal integrity. The latter process is considered to precede demyelination and not to be accompanied by PD rise. Thus, the present study revealed axonal integrity reduction and low demyelination in the genu of the corpus callosum in the early stages of schizophrenia.

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

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EW0714

Frontal cortex myo-inositol is associated with sleep and depression in adolescents : A proton magnetic resonance spectroscopy study

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Aim This study used proton magnetic resonance spectroscopy (¹H MRS) to evaluate neurochemistry of the frontal cortex in adolescents with symptoms of sleep and depression.

Methods 19 non-medicated adolescent boys (mean age 16.0 y; $n=9$ clinical cases with depression/sleep symptoms and $n=10$ healthy controls) underwent ¹H MRS at 3T. MR spectra were acquired from the anterior cingulate cortex (ACC), the dorsolateral prefrontal cortex, and frontal white matter. Concentrations of N-acetyl aspartate, total creatine, choline-containing compounds, total glutamine plus glutamate, and myo-inositol (mI) were compared between the two subgroups and correlated with sleep and clinical measures in the total sample. Sleep was assessed with self-report questionnaires and ambulatory polysomnography recordings.

Results Concentrations of mI were lower in both frontal cortical regions among the depressed adolescents as compared to healthy controls. No statistically significant differences in other metabolite concentrations were observed between the subgroups. Frontal cortex mI concentrations correlated negatively with depression severity, subjective daytime sleepiness, insomnia symptoms, and the level of anxiety, and positively with total sleep time and overall psychosocial functioning. The correlations between mI in the ACC and total sleep time as well as daytime sleepiness remained statistically significant when depression severity was controlled in the analyses.

Conclusion Lower frontal cortex mI may indicate a disturbed second messenger system. Frontal cortical mI may thus be linked to the pathophysiology of depression and concomitant sleep symptoms among maturing adolescents. Short sleep and daytime sleepiness may be associated with frontal cortex mI independently from depression.

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

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EW0715

What make suicide depressions different from non-suicide ones: A diffusion tensor imaging study

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Introduction Depression is a common psychiatric disorder affecting many people globally, and the worst outcome is suicide. But its neurobiology is hardly understood.

Objectives To use DTI to characterize abnormalities of white matter (WM) integrity in major depressive disorder patients with suicide attempts or suicidal ideation.

Aims Present study aimed to give a more complete profile for the association of cerebral WM abnormalities with suicidal behavior in major depressive disorder patients by quantifying the suicidal ideation and behavior severity.

Methods Thirteen depressive patients with suicide attempts (SA), 14 depressive patients with suicidal ideation but no suicide attempts (SI), 13 depressive patients without suicidal ideation or suicide attempts (NSD) and 40 healthy controls (HC) received MRI scans on a 3 T magnet. Whole brain voxel-based analysis of FA based on DTI was performed among the four groups using a threshold of $P < 0.05$ with FWE correction. FA values were extracted by Marsbar software to quantify the changes.

Results The four groups had significant differences of FA in the left splenium of corpus callosum (peak $Z=5.36$ at $-14, -36, 22$). Quantify comparison revealed that SA had significant decreased FA value than SI, NSD, and HC. There was no significant difference among the other three groups, although there was a trend that SI and NSD had lower FA values than HC in this region.

Conclusions Depression and suicide are associated with microstructure abnormalities of the white matter and patients with suicide attempts may have severe cerebral alteration.

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

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e-Poster Walk: Others - part 2

EW0716

Audit of patients with intellectual disabilities accessing a specialist neuropsychiatry service for epilepsy management



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Introduction Epilepsy is a frequent co-morbidity in patients with intellectual disabilities, some of whom require specialist services. The National Institute for Health and Care Excellence (NICE) has recommended that there should be equity of access to high quality of care regardless of the existence of a diagnosis of intellectual disability.

Objectives To observe current practice with regards to NICE guidelines for epilepsy care in patients with intellectual disability.

Aims To identify the level of compliance with NICE guidelines and provide evidence which may inform care planning processes.

Methods A retrospective review of the electronic and paper-based records of a total sample of intellectually disabled patients who accessed a specialist neuropsychiatry service for the management of epilepsy during a six-month period was carried out.

Results The records of 21 patients whose ages ranged from 20 to 58 years were audited. The waiting period ranged from 4 weeks to 46 weeks. There was evidence of Carer involvement in the management of 100% of the patients and seizure improvement since referral was documented in 66%. Non-medication treatment was offered in 67% of cases. Evidence of special considerations in view of patient's intellectual disability was recorded in 24%, best interest considerations in 24% and capacity assessment in 19%.

Conclusions There is a significant improvement in the symptoms of 66% of patients in this audit. However there is room for improvement and a more specific plan for patients with intellectual disabilities should facilitate this.

Disclosure of interest The author has not supplied his/her declaration of competing interest.

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EW0717

Prevalence of ADHD symptoms among adults in the general population in Finland



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Introduction Earlier considered a disorder affecting only children, today worldwide adult ADHD prevalence is estimated at 2.5%. The core symptoms; inattention, hyperactivity and impulsivity, often persevere impacting many fields of life.

Objectives To estimate the prevalence of ADHD symptoms in the general Finnish adult population.

Methods We started with a population based and randomly drawn sample of 3000 adults, aged 18–44 years. When contacted, participants were provided three alternative ways to participate (online, letter, telephone interview). Using the adult ADHD rating scale (ASRS) screener all participants ($n=748$) were categorized into groups: possibly symptomatic (≥ 4 points), controls (≤ 2 points) and undefined (3 points). Fifty-seven possibly symptomatic consented to further evaluation by a telephone interview, together with two age- and gender matched controls each.

Results Using the results from the ASRS screener, we calculated a 10.96% prevalence. Analysis of the complete ASRS resulted in a 5.08% and the recommended two-step evaluation in a 3.34% prevalence, out of whom two thirds considered being moderately or severely impaired by the symptoms.

Conclusions This study suggests that a large number of adults in the general population are negatively affected by ADHD symptoms, almost all unrecognized by health care professionals. As ADHD is a burden for the patient, his family and the society, adult ADHD deserves greater attention in the future.

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

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EW0718

Health-related quality of life and work productivity of adults with ADHD: A UK web-based survey



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Introduction European data on health-related quality of life (HRQoL) in adults with attention deficit/hyperactivity disorder (ADHD) in the general population is sparse.

Aims and objectives To report HRQoL in UK adults with ADHD.

Methods UK residents aged 18–55 years with a diagnosis of adult ADHD completed an online, cross-sectional survey including questions on disease history, the EuroQoL Five Dimensions questionnaire with five-levels (EQ-5D-5L) and the Work productivity and activity impairment questionnaire: general health (WPAI:GH). ADHD symptom severity was assessed by telephone using ADHD rating scale version IV with adult prompts (ADHD-RS-IV).

Results The survey was completed by 233 participants (65.2% women; 77.3% white British), mean age 32.6 years (standard deviation [SD] 9.5), mean ADHD-RS-IV total score 43.46 (SD 7.88). Their mean EQ-5D-5L utility score of 0.74 (SD 0.21) was lower than the UK population norm of 0.86 (SD 0.23). [1] WPAI:GH scores indicated that health problems resulted in impairments of 32.04% in work productivity and 45.79% in regular daily activities. Regression analyses adjusting for gender, age and co-morbidities demonstrated associations between EQ-5D-5L utility scores and gender (men had lower scores, $P < 0.001$), work impairment due to health problems (increasing impairment was associated with lower scores, $P = 0.005$) and age (for each additional year of age, scores decreased by 0.007, $P = 0.010$).

Conclusions These results highlight the impact on health utility, work productivity and regular daily activities, and add to the description of the disease burden of adult ADHD in the UK.

This study was funded by Shire Development LLC.

Disclosure of interest Kings College London research support account for Asherson received honoraria for consultancy to Shire, Eli-Lilly and Novartis educational/research awards from Shire, Lilly, Novartis, Vifor Pharma, GW Pharma and QbTech speaker at sponsored events for Shire, Lilly and Novartis.

Reference

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EW0719

Referrals and outcomes of assessment for compulsory admission under the mental health act 1983 in Norfolk, England



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Introduction A significant number of people are not detained in hospital following assessment under the Mental Health Act 1983 (MHA) for possible detention. However, since amendments in 2007, some studies show an increase in total patient detentions. There is currently a lack of published research describing both outcomes and their affecting variables.

Objectives To determine rates, outcomes and affecting variables of MHA assessments in Norfolk, 2001–2011.

Methods This observational study involved data collection from all 11,509 referrals for detention assessment under the MHA. Data was collected by Norfolk Social Services from 2001–2011 including age, gender and marital status.

Results Following assessment, 6903 (60.0%) were admitted; of those, 1157 (16.8%) were voluntary and 5746 (83.2%) were detained; 4606 (40%) were not admitted. Admission rates for males (50.4%) and females (49.5%) were similar. Detention rates increased with age: 37.6% of <18s; 47.1% of 18–64s and 61.4% of 65+. A greater proportion of married (57.5%) and widowed patients (58.2%) were detained, compared with patients who were single (48%). Accommodation status showed 52% of those living with other were detained versus 43.9% of those with no fixed abode.

Conclusions The finding that a higher proportion of married than single people, and of those living with others versus living alone, were detained following assessment is unexpected but significant and needs further investigation.

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

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EW0720

Dissociative symptoms are associated with neurocognitive dysfunction in patients with MDD



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Introduction It is widely reported that persons with major depressive disorder (MDD) show impaired performance on cognitive functioning, including frontotemporally mediated cognitive functions. The presence of cognitive dysfunction among patients with dissociative symptoms in trauma-related disorders may contribute to poorer treatment outcomes. Patients with major depressive disorder (MDD) frequently report dissociative symptoms. Here we investigate association of dissociative symptoms and neurocognitive dysfunction in patients with depression. We predicted that higher levels of dissociative symptoms among persons with MDD would be associated with lower scores on objective measures of frontotemporally mediated neurocognitive functions.

Methods Patients who met DSM-V diagnostic criteria for a primary diagnosis of recurrent MDD were recruited. The Hamilton Rating Scale for Depression (HAM-D) was administered to assess the severity of depressive symptoms. To assess dissociative symptoms participants completed the Multiscale Dissociation Inventory (MDI). Two groups of patients were selected and matched. One group consisted of 13 patients having MDD and dissociative symptoms and second group consisted of 12 patients having MDD only. To measure frontotemporally mediated cognitive functioning following tests were administered: Color Trails Test; Wisconsin Card Sorting Test; Conners' Continuous Performance Test (CPT). To examine group differences on clinical and neuropsychological scores, two-tailed independent samples *t*-tests was performed.

Results Group comparisons of performance on neuropsychological tests showed that participants with depression and dissociative symptoms performed worse on Color Trails Test Part 2 completion time, a measure of mental flexibility and processing speed. MDI depersonalization scores were correlated with measures of processing speed, mental flexibility and sustained attention. Specifically, Color Trails Test Part 2 scores were negatively correlated with depersonalization symptoms, where lower scores indicate slower completion time. Depersonalization symptoms on the MDI were also related to the CPT Hit Reaction Time Interstimulus Interval Change (a measure of vigilance), such that higher levels of depersonalization were related to better performance in a less active environment.

Conclusions Our results suggest that dissociation is related to specific subtle impairments in neurocognitive functioning. Dissociative symptoms should ideally be assessed before treatment, as they may influence MDD treatment response. The findings point towards the need to further examine the impact of dissociation on functioning in patients with depression.

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

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EW0721

Factors influencing the rate of incidents in a United Kingdom high secure psychiatric hospital: Weekend, ward round and diagnostic effect?



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Introduction Broadmoor is a high secure psychiatric hospital divided into personality disorder (PD) and mental illness (MI) pathways. Whenever an incident occurs, it should be recorded. To better understand which factors influence the rate of incidents, such as diagnosis or intervention by medical and psychological staff, we examined the difference in the number of incidents recorded on weekdays versus weekends, ward round (WR) versus non-WR days and the PD versus MI pathways.

Method All incidents recorded over a one-year period (3.11.2014–2.11.2015) were examined. Extraneous incidents were excluded, leaving subgroups of “aggressive” (physical and verbal) and “physical” (excluding verbal) incidents which were analysed. Data were adjusted for the difference in number of beds in each pathway.

Results Of the 2369 incident reports included, more were recorded per day on weekdays than weekends, with little difference on WR versus non-WR days. The rates of both types of incidents were similar on both PD and MI admission wards, although the rate of “physical” incidents was 2.6 times higher and “aggressive” incidents 3.3 times higher in PD compared to MI rehabilitation wards.

Conclusion The findings suggest the presence of medical and psychological staff during the week, and possibly the requirements

they place on patients, may increase the rate of incidents within the hospital. Despite comparable rates on admission, MI rehabilitation wards have far fewer incidents than PD rehab wards, which may reflect the more intractable nature of PD versus MI. More work is required to confirm these findings.

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

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EW0722

An analysis of emergency leaves of absence from a United Kingdom high secure psychiatric hospital with a view to identifying ways to reduce their number

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Introduction Emergency leaves of absence (ELOAs) from high secure psychiatric care are both costly and increase the risk posed to staff, patients and the general public. ELOAs were analysed to identify whether greater on-site physical health provision could reduce their number, and quantify the potential financial saving to the trust to do so.

Method All ELOAs from Broadmoor hospital between 15.5.15–14.11.15 were assessed by a team of psychiatrists and a GP to identify whether they were “avoidable”, “unavoidable” or “potentially avoidable” if measures were taken. For the “potentially avoidable” group, we then calculated the staffing cost of these LoAs to help ascertain whether these measures would be cost effective.

Results There were 30 ELOAs during the period assessed, costing £79,240 (Table 1). The table also shows which additional on-site services or training may have prevented these ELOAs, and the cost saving to the trust if they had.

Conclusions The number of ELOAs from the hospital could be reduced by increased on-site physical health provision and training. This would improve the quality of care patients receive, as well as reducing both the cost to the trust and the risk posed to staff, patients and the general public. We must also consider the large potential cost and risks associated with a patient absconding from an ELOA.

Table 1

	Percentage of total ELOAs (30)	Cost in 6 months (£)
Avoidable	7% (2)	3,973
Unavoidable	40% (12)	49,044
Potentially avoidable	53% (16)	26,223
Of which	Preventing	Potential saving
Watchful waiting	10% (3)	14,307
Onsite x-ray	30% (9)	8,326
Wound care/suturing	7% (2)	2,603
Equipment	7% (2)	2,271

Table to show number of emergency leaves of absence (LoAs) felt to be preventable, and the measures and potential savings associated with doing so

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

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EW0723

The relationship between grief process and attachment styles in the cases with the treatment of complicated grief: A prospective study



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The attachment style is one of the significant factors affecting the grief process and complicated grief. This study aims to research the relation between the factors determining the sociodemographic features, the reactions of grief, the suicidal behaviour and the grief process on the patients who are followed and treated with the complicated grief diagnosis and the features of attachment. The study includes 45 patients directed to a therapy unit and meet the criteria of complicated grief diagnosis. 33 of those patients have completed their treatment. Sociodemographic and clinical data form applied to the patients at the beginning, to evaluate for comorbid psychiatric disorders structured clinical interview for DSM-IV axis I disorders, adult attachment style questionnaire (AASQ), grief scale, hamilton rating scale for depression (HDRS), suicide behaviors questionnaire (SBQ), suicide probability scale (SPS), experiences in close relationships inventory (ECRI) are applied on the participants and compared the results of the scales prior to and following the treatment. In the dimensional evaluation of attachment, ECRI avoidance score is high over the patients diagnosed with comorbid psychiatric disorders with complicated grief. During the first application of the treatment, while evaluating the attachment categorically, in the complicated grief patients attached with avoidance grief scale, behavioural base scale and SPS negative self base scale are higher compared to the group whose HDRS scores attached with secure. The results show that in complicated grief cases the avoidance attachment is both dimensionally and categorically related with the strength of grief reaction and additional psychiatric problems.

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EW0724

Cognitive disturbances and mood disorders in ischemic stroke

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Introduction Ischemic stroke is in increasing incidence, so that long term sequels are of great importance for management of quality of life and economics issues.

Objectives To determine risk factors associated with cognitive disturbances, after ischemic stroke.

Aims Assessment of social and medical risk factors in outcome of cognitive disturbances.

Methods During 6 months, 268 patients with antecedents of ischemic stroke and associated cognitive disturbances installed in first year after major stroke, were assessed in neurology department. We performed neuropsychological tests as mini mental state examination, sunderland clock test and beck depression inventory. Patients and caregivers were also assessed for quality of life. 53% were males, from urban areas (69%) and mean age was 72.2 years.

Results We found risk factors as hypertension (88%), dyslipidemia (63%), diabetes mellitus (22%), atrial fibrillation (11%), smoking (35%) and drinking (55%). According to DSM-5 criteria, 62.5% of our lot had major cognitive disorder and 37.5% had a minor one; most of the patients with major dysfunction had ischemia in left middle cerebral artery (31.71%) associated with language deficits and executive dysfunctions, and on the second place was the vertebro-basilar localization of stroke (29.86%). Ischemia in right middle cerebral artery was present only in 20.52% of the lot. 27%



of our patients developed depression, more in patients with major neurological deficits.

Conclusions Efforts must be done for primary prevention of stroke, early detection of risk factors and correct treatment, and for cessation of toxic habits. Treating associated depression may improve patients' quality of life and increase comfort for caregivers.

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

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EW0725

Inflammatory bowel disease symptoms and cognitive fusion's impact on psychological health: An 18-month prospective study

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Although inflammatory bowel disease (IBD) is known to be associated with lower psychological health, research regarding which specific symptoms may lead to psychological dysfunction in IBD patients is inexistent. Further, the role played by emotion regulation, including the maladaptive process of cognitive fusion, in IBD patients' psychological functioning is also scarcely explored in this population. The present study aimed at filling these research gaps. Two hundred and sixteen patients diagnosed with IBD filled self-report instruments on an online platform in three times. These waves of assessment occurred at baseline, and 9 and 18 months later. Results revealed that of the 10 measured IBD symptoms, only fatigue, bloody stools and abdominal distension at baseline were negatively associated patients' level of psychological health at Wave 3. Nevertheless, a hierarchical regression analysis demonstrated that none of these symptoms were significant predictors of psychological health measured 18 months later. When cognitive fusion at baseline was added to the model, it became the only significant predictor of psychological health at Wave 3, with an effect of -0.34 ($P < 0.001$). These findings suggest that it is not the experience of physical symptomatology that directly leads to lower psychological health in IBD patients, but rather the way patients deal with adverse internal experiences, i.e., the type of emotion regulation involved. This study reveals cognitive fusion as a harmful process for the determination of IBD patients' psychological functioning. Future studies should thus explore the meditational effect of cognitive fusion in the association between IBD symptomatology and decreased psychological health.

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EW0726

The presence of a subthreshold autism spectrum is associated with greater prevalence of mental disorders in parents of children with autism spectrum disorders

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Introduction Autism spectrum disorders (ASD) are highly heritable and first degree relatives (especially fathers) of autistic probands have been shown to often manifest a set of subthreshold

autistic features. It is not known, however, the clinical significance of this subthreshold autism spectrum.

Objectives – to evaluate the prevalence of a subthreshold autism spectrum respectively in fathers and mothers of children with ASD; – to describe clinical correlates of parents with and without a subthreshold autism spectrum respectively.

Methods 36 fathers and 39 mothers of preschoolers with ASD were administered the autism-spectrum quotient (AQ), the adult autism subthreshold spectrum (AdAS spectrum), the trauma and loss spectrum (TALS), the SCID-5 and the social and occupational functioning assessment scale (SOFAS).

Results Fathers and mothers did not differ for both AQ and AdAS spectrum total and subscale scores. Overall, 13 parents (17.3%) scored higher than 45 on the AdAS spectrum, as indicative of the presence of a subthreshold autism spectrum. This group showed greater prevalence of mood, anxiety and feeding/eating disorders, greater utilization of antidepressants and higher scores on the TALS and the SOFAS than the group scoring lower than 45 (all $P < 0.05$).

Conclusions Fathers and mothers of children with ASD show autistic traits in equal measure. The presence of a subthreshold autism spectrum is associated to greater prevalence of mood, anxiety and feeding/eating disorders, to greater susceptibility to traumatic events and to lower levels of functioning.

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

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EW0727

Developing a test to assess social cognition based on a real interaction

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Introduction Social cognition enables the processing of social information and is needed to adapt one's behaviour to the perceived social scene. Its assessment is a very controversial issue, tests currently available often use unhelpful stimuli from the ecological point of view.

Aims To develop a test based on genuine social stimuli—not on their representations—and to do so, a controlled social situation is created in which participants can be evaluated on their abilities to perceive and process such information.

Method A script was prepared, consisting of several interactions which are staged before the participants by two members of the research team. The sample comprises 50 subjects, being on average 22 years old (56% women), who took this test, the MSCEIT and the MASC.

Results The application showed no incidence, no one detected that it was a previously prepared situation and they were not upset when this fact was revealed. A final selection of 18 items obtained a reliability of 0.701. Multidimensional scaling, partly showed the subdomains taken into account. The correlation matrix confirms the validity of the instrument. ($r = 0,465$ alpha $< 0,001$ with MASC. $r = 0,106$ alpha $> 0,05$ with MSCEIT).

Conclusions The instrument is applicable and tolerated by participants being evaluated with it. It is feasible to use it as a test to assess social cognition. It is mid-high reliability allows its use for research purposes. The correlation matrix confirmed validity, showing a significant and moderate connection with MASC and no association with any of the scales of MSCEIT.



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EW0728

Comparison of self-stigma and quality of life in depressive disorder and schizophrenia – a cross-sectional study



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Background The views of one's self-stigma and quality of life in patients with schizophrenia and depressive disorders are significant subjective notions, both being proven to affect patient's functioning in life. The objective of this research was to find out the quality of life and self-stigma in connection with demographic factors and compare the two groups of patients in those variables. **Method** In a cross-sectional study, the outpatients with the schizophrenia spectrum disorders and depressive disorders completed the quality of life satisfaction and enjoyment questionnaire, the internalized stigma of mental illness scale and a demographic questionnaire during a routine psychiatric control. Furthermore, both patients and their psychiatrists evaluated the severity of the disorder by clinical global impression-severity scale.

Results The quality of life of patients with depression or schizophrenia spectrum disorders did not significantly differ between the two groups. In both groups, unemployment was perceived to be a significant factor decreasing the quality of life. Self-stigma was detected to be higher in patients with schizophrenia as compared to the depressive patients. A strong correlation was found between the two scales, meaning that those with higher levels of self-stigmatization were less prone to see their life as fulfilling and joyful.

Conclusions The present study shows that the degree of the internalized stigma can be an important aspect linked to the quality of life irrespective of the diagnostic category.

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

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EW0729

Birth order and psychiatric morbidity



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Objectives: – to determine the frequency of sociodemographic factors (birth order) among subjects attending a psychiatric clinic; – to establish psychiatric diagnosis of subjects; – to bring out dominating frequencies of birth orders of the patient in relation with related diagnosis.

Methodology This cross-sectional study was conducted at outpatient clinic of Liqueate university hospital Hyderabad during 1st January 2012 to 31st January 2012. One hundred consecutive subjects attending a psychiatric OPD with psychiatric symptoms, were assessed for the total siblings, birth order among siblings and their psychiatric diagnosis. The socio-demographic data was recorded through a designed semi-structured proforma, and diagnosis was

established by diagnostic and statistical manual-IV text revised criteria (DSM-IV TR).

Results The age range remained 9–60 years and numbers of siblings were in the range of 1–12 siblings and fourth birth order was found to be dominant in this study to have psychiatric morbidity (38%). While, frequency of first order birth was 18%. Generalized anxiety disorder and depressive (GAD) disorders were dominant diagnosis (55%), while GAD was more in the male gender. **Conclusion** This study shows that psychiatric morbidity was more common in the lower birth order. This study may be carried out at different centers of psychiatry for the better assessment of psychiatric morbidity.

Keywords Sociodemographic; Psychiatric disorders; Birth order

Disclosure of interest The author has not supplied his declaration of competing interest.

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EW0730

Cultivating the compassionate self against depression: An exploration of processes of change



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Introduction Compassion and self-compassion can be protective factors against mental health difficulties, in particular depression. The cultivation of the compassionate self, associated with a range of practices such as slow and deeper breathing, compassionate voice tones and facial expressions, and compassionate focusing, is central to compassion focused therapy (Gilbert, 2010). However, no study has examined the processes of change that mediate the impact of compassionate self-cultivation practices on depressive symptoms. **Aims** The aim of this study is to investigate the impact of a brief compassionate self training (CST) intervention on depressive symptoms, and explore the psychological processes that mediate the change at post intervention.

Methods Using a longitudinal design, participants (general population and college students) were randomly assigned to one of two conditions: Compassionate self training ($n=56$) and wait-list control ($n=37$). Participants in the CST condition were instructed to practice CST exercises for 15 minutes everyday or in moments of stress during two weeks. Self-report measures of depression, self-criticism, shame and compassion, were completed at pre and post in both conditions.

Results Results showed that, at post-intervention, participants in the CST condition decreased depression, self-criticism and shame, and increased self-compassion and openness to receive compassion from others. Mediation analyses revealed that changes in depression from pre to post intervention were mediated by decreases in self-criticism and shame, and increases in self-compassion and openness to the compassion from others.

Conclusions These findings support the efficacy of compassionate self training components on lessening depressive symptoms and promoting mental health.

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

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e-Poster Walk: Posttraumatic stress disorder; Women, gender and mental health

EW0731

The prevalence of post-traumatic stress disorder (PTSD) in Korean parents lost their children by the tragic sinking of ferry Sewol

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A South Korean passenger ferry, the Sewol, carrying 476 people, capsized and sank in 2014 resulting in 295 deaths and 9 missing. Most were high-school students on a school trip (246 deaths, 83.4%) and many parents who lost their children had suffered from a wide range of mental and physical health consequences. This research examines the extent and intensity of ongoing psychological distress and PTSD symptoms among the parents 2 years after the disaster. The 141 parents of the high-school victims agree with research participation were surveyed using a questionnaire on sociodemographic data. We conducted the structured clinical interview including PTSD and suicide assessment for them. Among the 141 subjects, 56.0% ($n=79$) meet the PTSD diagnostic criteria, suggesting that, after two full years, more than a half of them are still suffering from chronic psychological pains. This result is higher than any other PTSD study about indirect victims. In particular, 42.6% ($n=60$) reported suicidal ideation and 4.3% ($n=6$) actually attempted suicide but failed. These figures are on the order of 10 to 100 times higher than the national prevalence. This research is characterized by homogeneity of the subjects in that they were all the parents of young adolescent victims. After two years of traumatic experiences, more than a half of the interviewed parents who lost their children are still suffering from the PTSD. These findings suggest that post-disaster PTSD can be larger and last longer when the relationship was more intimate and the death of the victim was less expected.

Disclosure of interest The author has not supplied his declaration of competing interest.

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EW0732

The effect of the mental health improvement programs in firefighters

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Objectives The purpose of this study was to investigate the effectiveness of the mental health improvement programs in Korean firefighters through cooperation with the urban fire station. And we assessed the firefighter's degree of traumatic events and psychopathologies including depression, anxiety, suicidal ideation and insomnia.

Methods A mental health improvement program was provided to 502 firefighters working at Daegu, Gumi and Ulsan during 8-week period. The program included not only an evaluation and treatment of psychiatric symptoms through counseling but also a psychoeducation for mental health awareness. The validated Questionnaires to measure psychiatric symptoms were used; symptoms included depression, anxiety, suicidal thoughts and insomnia. Subjects were

divided to two groups; PTSD high-risk group and non-high risk group. Psychopathological levels were compared before and after the program.

Results PTSD high-risk group included 57 subjects (11.35%) and non-high risk group included 445 subjects (88.65%). Before the program, PTSD high-risk group showed higher depression, anxiety, insomnia scores statistically significant. Multiple logistic regression analysis with PTSD high-risk group as a dependent variable showed depression as a factor for firefighters to become PTSD high-risk group compared to those not depressed. Insomnia turned out to be another variant. The program resulted in significant decrease total scores of BDI and ISI for PTSD high-risk group.

Conclusions The results on this study showed that higher levels of depression and insomnia especially influenced the manifestation of PTSD in firefighters. The evaluation and management of psychopathologies including depression, insomnia with traumatic events for firefighters can be helpful.

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

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EW0733

Perinatal dissociation during premature childbirth: A comparative study

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Premature childbirth is sometimes perceived as a painful and traumatic experience, in which mothers can manifest dissociative symptoms. Our study aims to evaluate dissociative symptoms during premature childbirth compared with full-term delivery and to identify predictors of perinatal dissociation. We conducted a cross-sectional, descriptive and analytical study, including 97 mothers of premature infants who presented to the outpatient unit of neonatology at the UH Hedi Chaker of Sfax in Tunisia. For each mother, we collected sociodemographic and obstetric data. We used the peritraumatic dissociative experiences questionnaire (PDEQ) for screening dissociative symptoms during labor. We assessed severity of prematurity by the perinatal risk inventory (PERI). Responses were compared with a control group of 80 mothers of full-term infants. Average age of mothers was 30.2 years. Average gestational age was 32.82 weeks. Pregnancies were single (83.5%) or twins. 77.3% of mothers gave birth by caesarean section. Prematurity was unexpected by 56.7% of them. According to the PERI, 47.4% of newborns were considered as high-risk preterm infants ($PERI \geq 4$). The average score of PDEQ was 16. The prevalence of perinatal dissociation for this sample (20.6%) was significantly higher compared with the control group ($P=0.014$). It was also correlated to unexpected prematurity ($P<0.001$) and a PERI score ≥ 4 ($P=0.023$). Our results show that perinatal dissociation is more frequently occurring in preterm childbirth, especially when prematurity is severe and unexpected. Early interventions providing adequate information and support during delivery for mothers at risk of developing perinatal dissociation can alleviate such distress and prevent the development of subsequent post-traumatic stress disorder.

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

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EW0734

Gender differences in overgeneralized autobiographical memory in survivors of torture with posttraumatic stress disorder



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Introduction Persons suffering from PTSD show less episodic specificity in recalling autobiographical memories producing what is often referred to as “overgeneralized memories” as it is shown by scientific studies.

Objective In this research, we are focusing our attention on whether this phenomenon is the same for both men and women or it shows gender specificity.

Method The rehabilitation center for torture victims “Memoria” provided information about people who have recently experienced torture. Some of these victims of torture volunteered to participate in the current research. The participants were assessed with the Harvard trauma questionnaire in order to identify whether they suffer from PTSD or not. A sample of 40 torture survivors with PTSD was selected for the research—20 men and 20 women. The age range is between 20 and 45. On a computer screen, we presented the cue words with the task to recall a past event and time period (month or 5–20 years). The participants pressed a computer key indicating when an event had been recalled, and then, it was described in an audio recorder. The responses were scored 3 for a specific event, 2 a repeated over time event, 1 a general event, 0 none.

Results Both sexes revealed a significant correlation between specificity for autobiographical memories and episodic simulations, only in case of women this correlation is higher compared with men ($r=0.83$ $P<0.001$).

Conclusions Further research is needed in order to eliminate causalities and to extend the results on other populations.

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

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EW0735

Neuroeconomic approach to trauma related psychopathology: A version to ambiguous losses in PTSD



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Psychiatric symptoms typically cut across traditional diagnostic categories. In order to devise individually-tailored treatments, there is a need to identify the basic mechanisms that underlie these symptoms. Behavioral and neuro-economics methods provide a framework for studying these potential mechanisms. We utilized this framework to examine aspects of trauma-related symptomatology and its potential link to individual uncertainty attitudes. We distinguish between attitudes towards uncertain outcomes with known (“risk”) and unknown (“ambiguity”) probabilities, and between attitudes towards uncertain gains and uncertain losses. fMRI data were obtained from 57 combat veterans (30 with PTSD, and 27 without PTSD) who made choices involving risky and ambiguous options, which were used to estimate risk and ambiguity attitudes

in the gain and loss domains. Veterans with PTSD were more averse to ambiguity, but not risk, compared to veterans without PTSD, when making choices between possible losses, but not gains. The degree of aversion was associated with anxious arousal symptoms, as well as with the degree of combat exposure. A whole brain analysis indicated association between activation in specific brain areas implicated in decision-making and severity of PTSD. Moreover, ambiguity attitudes fully mediated the association between combat exposure and anxious arousal symptoms. These results provide a foundation for the causal association between ambiguity attitudes and trauma-related symptoms, as well as etiology of the neural underpinnings of these behavioral outcomes. Results demonstrate the potential of neuroeconomic and behavioral economic techniques for devising objective and incentive-compatible diagnostic tools, and investigating the etiology of psychiatric disorders.

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

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EW0736

Trauma and the unborn child: PTSD, major depression and relationship quality following late pregnancy loss



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Background and objective Late pregnancy loss (PL) is recognized as a very difficult life experience. Often, PL is regarded as a “feminine” trauma, experienced individually by the woman, thus neglecting the role of the parental dyad in coping with the loss. This study aimed to examine:

- the prevalence of PTSD and major depressive disorder (MDD) following late PL;
- the role of spousal relationship measures in vulnerability and resilience following PL.

Methods Participants were 100 women, ages 24–49 ($M=35.07$, $SD=5.28$), who have experienced late PL. The mean pregnancy week of loss was 27.29, with the average woman being 22 months post-loss. 84.6% experienced stillbirth. Participants completed self-report questionnaires assessing PTSD, MDD, dyadic adjustment and dyadic self-disclosure.

Results We have found high rates of both PTSD (32.7%) and MDD (53%) among women following late PL, as well as high PTSD-MDD comorbidity rates. Interestingly, a negative association was found between the number of previous pregnancy losses and the severity of MDD, perhaps indicating an inoculation process. Both PTSD and MDD were negatively associated with the levels of dyadic consensus, dyadic self-disclosure regarding guilt and shame, and dyadic affectional expression.

Conclusions Late PL entails a heavy burden of PTSD and MDD, presumably since mothers are already strongly attached to their unborn child. PL is often experienced by both expecting mother and father. Thus, the quality of the spousal relationship following PL is an important protective factor. Therefore, there is a pressing need for novel interventions in couples therapy following PL.

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

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EW0737

Impact of emotional and cognitive saliency on visual search in post-traumatic stress disorder



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Introduction Patients with post-traumatic stress disorder (PTSD) have shown disturbances in visual information treatment. However, most of studies demonstrated attentional bias towards emotional stimuli by using non-ecological paradigm. The paradigm of change blindness offers the possibility of studying sensitivity to the sudden interruption of visual information with ecological stimuli. **Objectives/Aims** To compare the explicit detection with the implicit detection by using respectively motor response and eye tracking in patients with PTSD and controls.

Methods Fifteen patients with PTSD and fifteen healthy controls had to detect changes in 96 scenes with (1) no change, (2) one neutral change or (3) one emotional pleasant or unpleasant change. We measured the participant's speed and accuracy in explicitly reporting the changes via motor responses, and their capacity to implicitly detect changes via eye movements.

Results The patients showed a trend towards slower explicit detection for the emotional change ($P=0.06$) and more specifically for unpleasant change ($P=0.054$). The two groups did not differ for implicit detection.

Conclusion Patients tend to explicitly detect more slowly emotional change (but not neutral), especially for unpleasant change. This could be the result of a lack of access to consciousness of the emotional information. The emotional visual information treatment in PTSD could require more attentional processes than the non-emotional visual information and then lead to a decrease of the available attentional resources for the explicit task.

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EW0738

Comparison of ten-years risk of fatal cardiovascular events calculated by heartscore in diabetic patients with and without post-traumatic stress disorder (PTSD) comorbidity



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Introduction Cardiovascular diseases (CVD) are the leading cause of death and disability-adjusted life years lost globally. Recent studies have shown that post-traumatic stress disorder (PTSD) predicts higher risk of cardiometabolic diseases, specifically cardiovascular disease and diabetes type 2.

Aims To assess cardiovascular event risk differences between diabetic patients with and without PTSD comorbidity.

Objectives To explore a ten-year risk of fatal CVD events in diabetic patients with and without PTSD; to gain better insight in potential different functioning patterns in these patient subgroups.

Methods We investigated a cross-sectional sample consisting of 390 psychiatric inpatients and outpatients. Ten-years risk of fatal CVD events calculated by HeartScore, European society of cardiology. Europe high-risk version was used. The risk estimation is made based on: gender, age, smoking, systolic blood pressure and total cholesterol.

Results By analysis of covariance, we controlled possible confounding effects of gender, age, education, marital status, number of household members, work status, average monthly income per household member, body mass index (kg/m^2), number of somatic comorbidities, number of psychiatric comorbidities, duration of PTSD, clinical global impression scale-severity of PTSD at diagnosis. After the adjustment for all these variables, interaction of PTSD and T2DM was significantly associated with CVD risk ($P<0.001$; $\text{Eta}^2=0.04$).

Conclusion A significant fatal CVD event risk differences between diabetic patients with and without PTSD comorbidity were found. Better awareness of possible underlying determinants provides better optimal individual approach planning, likewise effective prevention and control of cardiovascular diseases.

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

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EW0739

Benefits of EMDR therapy on the memory in the treatment of PTSD



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According to some studies, 80% of subjects suffering from post-traumatic stress disorder (PTSD) present twice the risk of developing an insanity as they age because of the high level of stress that has been induced. Indeed, the triggered trauma has a deleterious effect on the establishment of the stress' axis (the hypothalamic pituitary adrenal axis) which is then not able to regulate itself. As a consequence, the hippocampal neurons will be attacked by an excess of cortisol. Memory's dysfunction is central in the symptomatology of PTSD, particularly in respect to encoding and recall. The hippocampus is able to transfer information to the prefrontal cortex. Actually, subjects with PTSD present less activity in the prefrontal cortex triggered by a decrease of encoding and recall capacities. EMDR therapy (eye movement desensitization and recruitment) allow for a fast relief of symptoms by a bilateral alternate stimulation (SBA). Indeed, saccadic eye movements stem affect related to the traumatic event and process the associated cognitions. During the desensitization phase in EMDR, we noticed an increase in activity of the brain's prefrontal, ventromedial, amygdala and thalamic regions. Indeed, the recall of traumatic memories goes through implicit emotional valence regions and associative areas for which the experience is already deeply integrated. After comparing cerebral activity before and after the therapy, researches on EMDR shows that a reduction of stress' symptoms has some sensitive link to PTSD (in prevention to dementia).

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

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EW0740

Embitterment in war veterans with posttraumatic stress disorder (PTSD)



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The aim of this study was to analyse frequency of embitterment in war veterans with Posttraumatic stress disorder (PTSD) as well as the potential impact of embitterment on the development of chronic PTSD.

Patients and methods It was analyzed 174 subjects (from Health Center Zivinice/mental health center) through a survey conducted in the period from March 2015 to June 2016, of which 87 war veterans with PTSD and control subjects 87 war veterans without PTSD. The primary outcome measure was the post-traumatic embitterment disorder self-rating scale (PTED Scale) who contains 19 items designed to assess features of embitterment reactions to negative life events. Secondary efficacy measures included the clinician-administered PTSD scale–V (CAPS), the PTSD checklist (PCL), the combat exposure scale (CES), the Hamilton depression rating scale (HAM-D), the Hamilton anxiety rating scale (HAM-A) and the World health organization quality of life scale (WHOQOL-Bref). All subjects were male. The average age of patients in the group war veterans with PTSD was 52.78 ± 5.99. In the control group, average age was 51.42 ± 5.98. Statistical data were analyzed in SPSS statistical program.

Results Comparing the results, *t*-tests revealed significant difference between group veterans with PTSD and control group ($t = -21.21$, $P < 0.0001$). War veterans group with PTSD ($X = 51.41$, $SD = 8.91$), control group ($X = 14.39$, $SD = 13.61$).

Conclusion Embitterment is frequent in war veterans with PTSD.

Keywords Embitterment; Posttraumatic embitterment disorder; Posttraumatic stress disorder; War veterans; Bitterness

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

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EW0741

The role of personal value preferences in predicting army stress



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Background The military is a stressful environment, and many service persons experience army stress. Therefore, it is important to understand the factors affecting army stress and stress resiliency.

Objective The present study examines the connections between personal value preferences and army stress, applying the value congruency paradigm.

Method Male soldiers serving in three combat units in the Israeli Defense Forces participated in the study ($n = 257$).

Results The results obtained demonstrated that personal value preferences explained a significant proportion of the variance in army stress beyond the socio-demographic variables. A lower stress level was associated with a higher preference for the values of societal security, conformity, achievement, and universalism, and with a lower preference for the face and personal security values.

Conclusions The research promotes our understanding of the relationships between general motivational goals expressed in personal value preferences and stress in the military context. In addition, the results obtained indicate the possible relevance of using values for selecting and preparing recruits who will most likely adjust well to the army framework. Finally, some value-oriented interventions that may be used for promoting the soldiers' psychological adjustment during their army service are suggested.

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

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EW0742

Is auto-noetic recollection of threat in PTSD related to impaired inhibitory skills?



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Introduction Intrusive traumatic reminiscences are among the most distressing and salient characteristics of post-traumatic stress disorder (PTSD). Associated with involuntary onsets, emotional disturbances and consciousness-related impairments, such symptoms suggest that memory functioning could be impaired in PTSD. While there is a growing body of research on experimental assessments of memory in patients with PTSD, inconsistent results remain.

Objective Using an experimental methodology, this study aims to measure memory in PTSD in consideration of central features of intrusive symptoms, especially emotional, inhibitory and consciousness-related memory impairments.

Method 34 patients diagnosed with PTSD were compared with 37 non-PTSD controls on an item-cued directed forgetting paradigm for emotional words combined with a remember/know recognition procedure.

Results Results confirmed prior findings of an increased and peculiarly conscious recognition of trauma-related words in PTSD. Interestingly, our results showed that, despite general memory inhibitory deficits, PTSD patients, if requested, presented a preserved ability to inhibit this improved recollection of trauma-related words.

Conclusion While our findings highlight a biased memory functioning in favour of threatening stimuli in PTSD, inhibitory deficits for such information was not reported to play a role on this effect. Conversely, it seems that instead of inhibitory deficits, patients presented a preferential treatment of threat concordant with vigilant-avoidant models of information processing. Focusing on memory impairment in treatment for PTSD appears of prime importance. Our findings regarding preserved inhibitory skills for threat memories in the disorder could be an interesting clue for therapeutic interventions on intrusive symptoms.

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

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EW0743

A case series: Efficacy of short term EMDR on patients with persistent complex bereavement disorder (PCBD)



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Grief is a normal response to loss of someone to whom a bond was formed; however, prolonged grief is considered pathological. Persistent complex bereavement disorder (PCBD) is defined as a persistent longing for the deceased over 12 months. Several treatment ways have been used for traumatic loss including eye

movement desensitization and reprocessing (EMDR). In the current case series, effectiveness of EMDR on three PCBD patients will be indicated. Three patients applied to the clinic with similar complaints based on different traumatic backgrounds; commonly, all experienced death of a first-degree relative. Complaints of the patients were over-thinking about the deceased, sleep disturbances, self-blaming, social isolation, avoiding talks about lost relative, and loss of interest in activities. After pre-interviews, they were advised EMDR therapy. One session of EMDR was applied to two of the patients, and two EMDR sessions were conducted on one of them. After the sessions, the patients reported not feeling guilty about the loss anymore, returning their normal routines, feeling better, and showing decreased avoidance. Additionally, the scores of scales (CAPS, BAI, BDI, and IES-R) significantly declined. EMDR therapy can show successful results in a shorter time than other treatment ways used for PCBD treatment [1].

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

Reference

Reference

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EW0744

Confirmatory factor analysis of the perinatal depression screening scale-24



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Introduction Pereira et al. (2013) adapted to the antenatal period and validated a shorter version of the original 35-items Postpartum Depression Screening Scale (PDSS [1]), composed of 24 items, selected from the exploratory factor analysis matrix. In their study, the researchers considered this version a useful alternative to evaluate depressive symptoms in pregnancy, taking into account its reliability, concurrent validity and satisfactory combinations of sensitivity and specificity to screen for antenatal depression.

Aim To confirm the four dimensions' structure of the PDSS-24 using confirmatory factor analysis.

Methods 616 women (mean age: 32.29 ± 4.466) in the second trimester of pregnancy (mean weeks of gestation = 17.13 ± 4.929), with uncomplicated pregnancies, completed the PDSS-24 while waiting for their routine prenatal consultation at local health medical centers.

Results The 4-dimensional model of PDSS-24 presented good fit ($\chi^2_{[242]} = 893,275$; RMSEA = 0.067, CFI = 0.934, TLI = 0.94, PGFI = 0.717; $P < .001$). The PDSS-24 Cronbach's alpha was $\alpha = 0.90$; all factors presented good/excellent reliability: Derealization and failure ($\alpha = 0.87$); Concentration difficulties and anxiety ($\alpha = 0.81$); Suicidal ideation ($\alpha = 0.94$), and sleeping difficulties ($\alpha = 0.89$).

Conclusion This further validation study emphasizes that PDSS-24 is an adequate measure of antenatal depressive symptoms. To better distinguish it from the version to use in the postpartum (PDSS-21 [2]), from now on, we will denominate it perinatal depression screening scale-24.

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

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EW0745

The effectiveness of first-time-mother parent education for infant interaction and sense of parenting competence during the first year in Taiwan



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Background When new mothers do not understand how to interact with their newborn babies, they would increase anxiety, even decrease the quality of parent-infant interactions. Previous studies indicate that the postpartum parenting education for first-time-mothers can improve the quality of mother-infant interactions in first two months. This study aimed to evaluate the long-term effectiveness of parenting education for postpartum women during the first year.

Methods The study recruited 81 healthy first-time-mother infant dyads from the medical center in Taipei city. The experimental and control groups received extra education by way of a 40-minute videotape and normal postpartum care, respectively. Data from around first week (T1), followed by the third (T2), sixth (T3), ninth (T4), and twelfth (T5) month postpartum are collected. Assessment scales such as the Edinburgh perinatal depression scale (EPDS), the Chinese version of the parenting sense of competence scale (C-PSOC), and the Nursing child assessment teaching scale (NCATS) used for videotaped mother-infant interactions measurement were used in the study.

Results The analytical results show that the quality of mother-infant interaction increased at T2, T3, T4, and T5 in the experimental group (Fig. 1). No different change in maternal sense of competency was found in the experimental and control groups from T1 to T4. However, a positive change in sense of parenting competency at T5 was found in the experimental group (Fig. 2). No difference in postpartum depression was found between the two groups (Fig. 3).

Conclusions The first-time-mothers parent education has long-term effectiveness in the mother-infant dyad interaction quality.

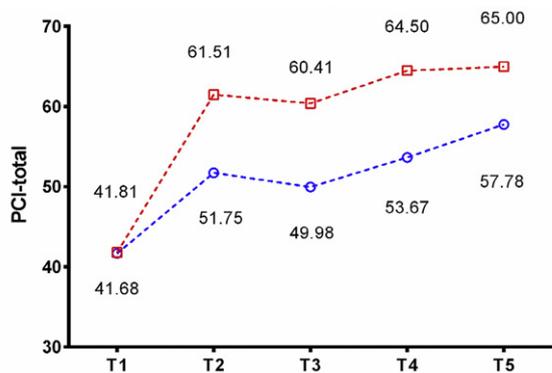


Fig. 1

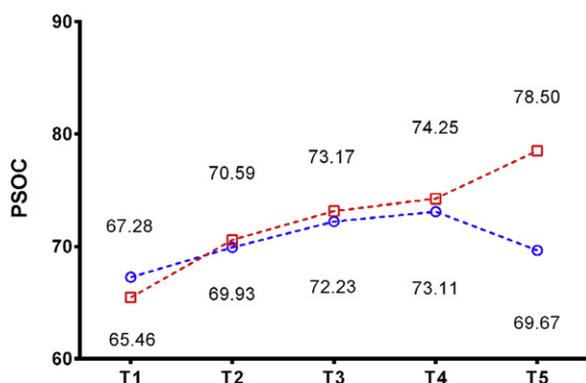


Fig. 2

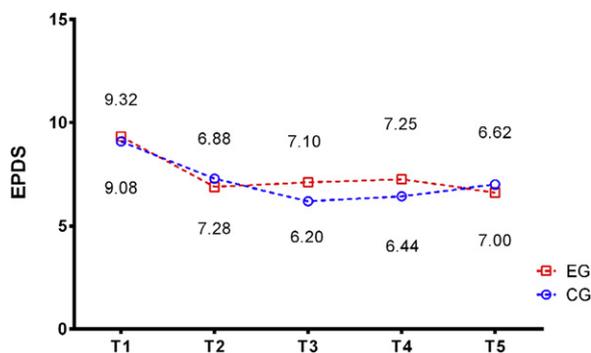


Fig. 3

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EW0746

Prevalence and risk factors of postpartum depression

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Introduction Childbirth represents for women a time of vulnerability to postpartum mood disorders. These disorders range in severity from the early maternal blues to postpartum psychosis. Along this spectrum is postpartum depression (PPD) that may have many risk factors.

Objectives The study aims to examine the prevalence of PPD and associated risk factors among a sample of Tunisian women receiving cares in the hospital of Sfax.

Methods This is a descriptive cross-sectional study regarding 150 parturients examined during the first and the sixth week post-delivery. The EPDS (Edinburgh postnatal depression scale) was used to assess PPD.

Results The total sample had a mean age of 29.61 years. During the sixth week study period, 126 of 150 were examined. Almost all of the women have a low school level (82.7%). Only 9.3% had a personal psychiatric history. Multiparity was found in 43.3% of cases. The current pregnancy was undesired in 15.3% of cases. Sympathetic signs of pregnancy were reported by 64.7% of women. The prevalence of PPD in the first week was 14.7% and 19.8% in the sixth week after delivery. The PPD was associated with the maternal age (> 35 years), the low school level, the existence of mood personal background, the parity, the difficulty to accept the pregnancy and sympathetic signs of pregnancy.

Conclusion Postpartum depression is common on our sample. Identifying risk factors of PPD allows clinicians to detect subgroups of women with an increased vulnerability who might receive early psychiatric care.

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

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EW0747

The impact of harassment and discrimination on the mental health of lesbian, gay and bisexual people

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Introduction Despite growing acceptance of same-sex sexuality in the Western World, identity development of lesbian, gay and bisexual (LGB) individuals is still restricted by negative societal attitudes, which maintain the experience of stigmatization and discrimination.

Objectives The purpose of this study was to document the frequency of discriminatory events experienced by sexual minorities and their association with indicators of mental health in a Portuguese self-identified LGB sample.

Aims To determine the association of harassment and discrimination with levels of mental health, and to establish a predictive relation between these variables.

Methods A total of 610 LGB participants completed an online survey (mean age = 34.48, SD = 11.54). Most participants were single and self-identified as gay (73.8%). The survey included the following categories of survey items: demographic information, mental health, and discrimination experiences. Mental health was measured using the subscale of Emotional Wellness from the SF-36 questionnaire and the K10 questionnaire.

Results Between one-fifth and one-fourth of the participants in this sample frequently felt the need to hide their sexual orientation to prevent discrimination experiences. Close to 20% reported having suffered from verbal abuse, followed by close to 10% who suffered from written threats, harassment, and physical threats. A hierarchical multiple regression analysis was performed to assess the effects of anticipated and actual discrimination on mental health. The analysis explained 17% of the overall variance.

Conclusions Stigma/discrimination create discriminatory experiences which impact LGB people's mental health.

Disclosure of interest The author has not supplied his declaration of competing interest.

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EW0748

Gender differences and temperaments affective, impulsivity, sensation seeking and traits of schizotypal personality



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Background In the literature, the growing interest to the gender such as variable expression and treatment of psychiatric disorders, it is emerged in a considerable number of fields. Gender differences have become the subject of numerous investigations, in order to verify how the sex variable might affect the psychopathology.

Aims We propose to evaluate the role of gender differences in the development of traits of schizotypal personality, impulsivity, SS and their influence in the definition of temperamental component.
Materials We recruited 173 healthy subjects, between 18 and 65 years, who completed the following tests: BIS-11; SPQ; SDS; SAS; HCL-32; TEMPS-A; SSS.

Results The bivariate analysis by gender shows scores for the hyperthymic temperament significantly higher among males compared to the scores for the female sex, which, in turn, presents higher scores for cyclothymic. The levels of anxiety and depression are higher among women while levels of sensation seeking are higher among men. Although the male gender is associated with a greater sensation seeking, compared to women, it is not showed a higher correlation with the different types of impulsivity. We can find significant differences to the subscales for the SPQ between the two genders.

Conclusions The examination of these data may suggest the existence of differential specific features of gender that, in the presence of psychopathology, become more easily detectable; particularly in the male gender, it seems to emerge more impulsive behavior and activation compared to the female gender in which instead it seems to prevail a tendency to emotionality and introversion.

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

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EW0749

Systematic risk assessment in a mother-baby unit (MBU)–Importance for maternal and infant safety



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Introduction Systematic assessment of risks is an essential component of care in psychiatric mother baby units. Self-harm, infant neglect and harm or the vulnerable physical health of both mother and infant may all pose risks.

Aim Development of a risk assessment tool and risk assessment among mother–infant dyads at a MBU in Bangalore, India.

Methods Based on data from 200 admissions, doctors and nurses of the unit developed a 15-item tool for risk assessment. Risk was assessed by both nurses and doctors among 58 consecutive mothers admitted to the unit. Risk domains included risks to self, to infant, related to infant health and feeding and violence faced by mother. Frequencies of various risks were calculated. Nurses' risk assessments were compared to the residents' risk assessments.

Results The mean age of the mothers was 25 (± 4) years, age of infant 4 (± 4) months and duration of episode was 4 (± 14) months.

Diagnoses included acute polymorphic psychosis (30%), BPAD (27%) and depression (21%). 47% had high suicidal risk and 28% had made an attempt in the current episode. 22% had expressed ideas of infant harm and 24% had physically harmed the infant. 48% of mothers had been physically violent. Multiple risks were seen in 47%. Doctors were able to identify risks more often than nurses.

Conclusion Risks for self-harm, infant harm and related to infant health were high. Systematic risk assessment by both nurses and doctors is important in an MBU to ensure adequate care for the mother infant dyad.

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

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EW0750

Prevalence and related factors of postpartum depression



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Objective The aim of this study was to investigate the prevalence of postpartum depression among women and determine which factors are related this clinical condition.

Methods The study included 206 women who were admitted to the department of child health and diseases neonatal intensive care unit in Selcuk university faculty of medicine within six weeks postpartum period. First SCID-I and demographic data form for the participants who were volunteer to participate the study were filled. Then, Edinburgh postpartum depression scale, multidimensional scale of perceived social support, Beck anxiety inventory and maternal bonding scale were applied to all participants.

Results We found that 6.8% ($n = 14$) of mothers have postpartum depression. Then we compared the two groups postpartum depression (PPD) and non-postpartum depression (NPPD). In terms of socio-demographic characteristics and found a significant difference only in the level of economic status. Socio-economic status was lower in the group with PPD. In addition, social support received during pregnancy was significantly lower in the group with the PPD. Peripartum or any time depression history and comorbid psychiatric disorders were related factors with PPD. EPDS scores were significantly higher and MSPSS scores were significantly lower in the group with PPD.

Conclusion Postpartum depression has many negative consequences for both mother and baby. In the present study, we found that postpartum depression rates were consistent with previous studies. Early detection, prevention and treatment of postpartum depression is very important for the postpartum women who have a higher risk for depression.

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

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EW0751

Prenatal exposure to maternal depression and its influences on infant development and behaviour



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Introduction Depression is one of the most common mental disorders worldwide. Women are more at risk of depression while they are pregnant, and during the first weeks and months of postpartum period. Perinatal depression, might influence the children's development during pregnancy as well as it can have negative affect and delay in child postnatal development.

Materials and methods Pregnant women undergoing antenatal care in Latvia, Riga were interviewed using PHQ-9 and GAD-7 scales, the obtained data from the scale's results were analyzed and summarized in an analytic cross-sectional study. Literature overview.

Results There is a high correlation between the depressive episodes before pregnancy, during pregnancy and postpartum depression, as well as it have negative effects and delay in child postnatal development. Using Patient Health Questionnaire-9 and Generalised Anxiety Disorder Assessment-7 screening scales, was set up an inquiry among 200 pregnant women in Riga, Latvia. Depressive symptoms have 45% of pregnant women. 36% of pregnant women have mild depression symptoms, 3% moderate symptoms, 5% moderate severe symptoms and 1% severe depression symptoms.

In its turn anxiety disorder screening results are following: 35% of pregnant women have mild anxiety symptoms, 9% moderate anxiety symptoms; 3% severe anxiety symptoms. Anxiety disorder symptoms note 47% of pregnant women. 36% of respondents note both depression symptoms and anxiety disorder symptoms.

Conclusion HQ-9 and GAD-7 scales are informative, quick and easy for patients to complete. Children development and behavior has association with maternal depressive state during pregnancy. There is high prevalence of depression symptoms among pregnant women in Latvia.

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

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EW0752

Selective serotonin reuptake inhibitors or dual antidepressants and syndrome of inappropriate antidiuretic hormone secretion: A systematic search



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Introduction Depression is a disease with high prevalence all over the world. Selective serotonin reuptake inhibitors (SSRIs) and dual antidepressants (DA) are worldwide used to treat the different types of depressive episodes. Between the adverse events of these compounds, an unusual but potentially severe side effect is the syndrome of inappropriate antidiuretic hormone secretion (SIADH). **Results and discussion** Several cases published, and an amount of cases series have documented the association of SIADH to the use of SSRIs and DA. All SSRIs and DA are at risk of producing SIADH (fluoxetine, paroxetine, fluvoxamine, sertraline, citalopram, escitalopram, venlafaxine and duloxetine). Old age has been found as a risk factor for developing SIADH. There are not enough data to conclude that other risk factors can play a role in the development of this adverse event. Treatment should include the immediate withdrawal of the antidepressant. The introduction of other antidepressants is controversial, as SIADH has been related with all antidepressive treatments; but the risk of relapse into a depressive episode must be considered also. Between symptomatic treatments, the control of water intake and the use of low doses of loop diuretics can be recommended. Severe cases can be treated with higher doses of loop diuretics and saline hypertonic solution.

Conclusions SIADH has been related with SSRIs and DA antidepressants and it is an infrequent but severe adverse event. Its risk must be considered when prescribing treatment with them. If this adverse event is produced, the substitution of the antidepressant should be done.

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

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EW0753

Anti-inflammatory properties of brilliant blue G on chronic unpredictable mild stress-induced changes in rat hippocampus



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Objective Purinergic 2X7 receptor (P2X7R) activation has recently been considered to be involved in depression at least partially by triggering microglial activation. The aim of the present study was to examine whether the chronic administration of brilliant blue G (BBG), a highly selective P2X7R antagonist, has antidepressant-like effects and microglial (Iba-1) immunoreactivity in chronic unpredictable mild stress (CUMS) model in rats.

Methods Male Wistar Albino rats (290–360 g) were divided into groups such as control (saline), CUMS, CUMS + Imipramine (20 mg/kg; i.p.), CUMS + BBG25 (25 mg/kg; i.p.), CUMS + BBG50 (50 mg/kg; i.p.) groups ($n = 10-12$ in each). In CUMS model, various stressors were applied for 40 days. On day 20, the treatment of BBG was started for 20 days. At the end, sucrose preference and forced swimming tests were performed. Then brains were removed with paraformaldehyde perfusion for Iba-1 immunohistochemical analysis in hippocampus. One-way analysis of variance and Tukey's test were used for statistical analysis.

Results The time of immobility in forced swim test was significantly reduced while sucrose preference was increased in Imipramine and CUMS + BBG50 groups compared to control and

CUMS groups, respectively. In immunohistochemical experiments, Iba-1 was overexpressed in CUMS group and BBG significantly reduced the overexpression of Iba-1.

Conclusion Our results suggest that chronic administration of BBG has an antidepressant-like activity supporting the notion of P2X7 receptors involvement in depression by modulating microglial activation.

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

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EW0754

Harmane suppresses microglial neuroinflammatory response and induce antidepressant-like effect in rats

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Objective Harmane is a beta-carboline, which binds to imidazoline receptors and it has been previously shown that it may have an antidepressant effect when administered acutely. This study is planned to investigate the effect of harmane on chronic unpredictable mild stress (CUMS) model and microglial (Iba-1) immunoreactivity in the same model as markers of neuroinflammation.

Methods Male Wistar Albino rats (290–360 g) were divided into groups such as control (saline), CUMS, CUMS + Imipramine (20 mg/kg; i.p.), CUMS + Harmane5 (5 mg/kg; i.p.), CUMS + Harmane10 (10 mg/kg; i.p.) groups ($n = 10–12$ in each). In CUMS model, various stressors were applied for 40 days. On day 20, harmane administration was started for 20 days. At the end, sucrose preference and forced swimming tests were performed. Then, brains were removed with paraformaldehyde perfusion for Iba-1 immunohistochemical analysis in hippocampus. One-way analysis of variance and Tukey's test were used for statistical analysis.

Results The time of immobility in forced swim test was significantly reduced while sucrose preference was increased in Imipramine and CUMS + harmane10 groups. In immunohistochemical experiments, Iba-1 were overexpressed in CUMS group and Harmane significantly reduced the overexpression of Iba-1.

Conclusion Our results suggest that chronic administration of harmane has an antidepressant-like activity in chronic stress model of depression. These results support the notion of imidazoline receptors involvement in depression by modulating neuroinflammation and at least a part of its antidepressant effect might be through modulating microglial activation as a reflection of neuroinflammation.

This research was supported by Marmara University, Scientific Research Projects – SAG-C-YLP-110915-0415 and SAG-E-120613-0233.

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EW0755

Investigation of chemical interactions of small peptides and vitamin substances at the developed dopamine D2 receptor models

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Introduction Dopamine receptors perform various functions essential to vertebrate central nervous systems and they are the major targets of antipsychotic drugs. Our recent studies pioneered to perform molecular modeling studies of the dopamine D2 receptor (D2R), describing the mechanism and binding affinities of marketed antipsychotics into the active sites of the D2^{high}R and D2^{low}R [1]. Another study provided significant information about changes of binding cavity properties of D2R [2].

Objectives Since the marketed antipsychotics have serious side effects, we aim to explore ligands with better inhibition profiles on D2R with less unwanted outcomes. For this aim, we compare the effectiveness of the marketed drugs with small peptides and vitamin substances.

Aims The main goal of the research is to explore novel small molecules that inhibit D2R to be used in schizophrenia.

Methods In this study, we used a large number of endogenous vitamins and peptides with dopamine D2R active-inactive forms in monomeric-dimeric patterns to understand their interactions at the active sites of targets. Nineteen of antipsychotic drugs, which are widely used in schizophrenia treatment are selected as reference molecules. Molecular docking, molecular screening and molecular modeling approaches were used.

Results Some of these endogenous molecules showed similar or better inhibition profiles on D2R compared to the known standard inhibitors of the target.

Conclusions Proposed molecules may be potent for D2 receptor inhibition with less side effects for the use for schizophrenia.

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

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EW0756

Pharmacodynamic targets of psychotic patients treated with a long-acting therapy

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Introduction Given the poor compliance of schizophrenic patients to antipsychotic therapies, are been developed drugs in long-acting formulation that for their pharmacokinetic ensures prolonged therapeutic activities. Currently, we consider that their efficacy depends on hereditary tracts, influencing both pharmacodynamic and pharmacokinetic parameters.

Objective Investigate relationships between clinical efficacy and genetic polymorphisms of long-acting drugs' pharmacodynamic targets.

Methods Seventy-eight psychotic patients, treated with atypical long-acting antipsychotics (olanzapine pamoate, paliperidone palmitate, risperidone and aripiprazole), were examined. We carried out a blood sampling to evaluate dopaminergic DRD2 and glutamatergic GRM3 genetic receptors polymorphisms. PANSS and BPRS scales were used to assess clinical condition.

Results Regarding the GRM3 genes, the study of rs2228595 and rs6465084 polymorphisms showed a prevalence of wild type genotypic frequency of 81.2% and 56.2%, respectively. The prevalence of the patients with mutated heterozygote genotype (rs6465084 polymorphisms) resulted high (40.6%). Considering rs1989796 e rs274622 polymorphisms, the sample showed a prevalence of mutated heterozygote genotype in the 53.1% e 45.3%, respectively, with a percentage of 43.7% of patients with a mutation in homozygosis. Considering the rs146812 polymorphism, the 53.1% of patients resulted with a wild type genotype. Finally, findings showed a prevalence of 56.2% for the mutated heterozygote genotype in the DRD2 rs6277 polymorphism. The genotypic categorization analysis demonstrated a significative association between the GRM3 rs274622 polymorphism and higher BPRS scores.

Conclusions The relationship between rs274622 polymorphism and worse clinical conditions could indicate a major resistance to long-acting antipsychotics in patients with genotypic frequency CT (mutated heterozygosis) for this polymorphism.

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

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EW0757

Prescribing patterns of psychiatric drugs in major depressive disorder – Findings from a large European multicenter, cross-sectional study



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Introduction The multicenter, cross-sectional survey summarizes the current prescription patterns of psychopharmacological medications in patients with major depressive disorder (MDD) treated in European university psychiatric centers.

Methods The study included a total of 1181 MDD patients who were recruited in 9 academic sites across 8 European countries. Socio-demographic, clinical, and psychopharmacological characteristics were collected within a detailed clinical interview and the current depressive symptom severity was measured by the Montgomery and Åsberg Depression Rating Scale (MADRS). Symptom reduction during the present MDD episode was analyzed by calculating retrospective MADRS scores. Descriptive statistics, analyses of variance (ANOVAs), and Spearman correlation analyses were performed to examine the impact of various features on the applied pharmacological strategies.

Results Regarding first-line antidepressant medication, the most frequently prescribed drug classes were selective serotonin reuptake inhibitors (SSRIs) (53.4%), serotonin-norepinephrine reuptake inhibitors (SNRIs) (23.6%), noradrenergic and specific serotonergic antidepressants (NaSSAs) (8.2%), tricyclic antidepressants (TCA) (5.1%), and the melatonergic antidepressant agomelatine (5.0%). The most commonly used individual antidepressants were escitalopram (18.4%), venlafaxine (15.2%), sertraline (12.9%), paroxetine (9.1%), mirtazapine (8.2%), duloxetine (7.0%), and fluoxetine (6.5%). Among the patients, 59.4% were treated with polypharmaceutical medications (mean: 2 drugs) and for the number of individual drugs, we found a significant correlation with the present MADRS total score and the MADRS total score change during the current depressive episode.

Conclusion Consistent with surveys investigating primarily municipal psychiatric treatment centers, we could replicate the observation that SSRIs are the most commonly used antidepressants in MDD for the first time for European university centers.

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

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EW0758

The regulation of orexins and their cognate receptors in two distinct rat models of depression and effects of treatments



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Introduction Depression has sleep disturbances as a key symptom and recently sleep has been suggested as a new area to optimize treatment in depression. Orexin is produced in the hypothalamus and projected throughout the brain innervating a number of structures important in depression. It controls a number of physiological processes including sleep, arousal, cognitive processes and stress, which are affected during depression.

Objective The study examines the possible implications for abnormalities in the orexinergic system in depression. We aim to determine whether treatment targeting this system relieves depressive symptoms.

Methods Using real-time qPCR and Western blotting optimal sampling time is determined by an assessment of the diurnal variation of orexin expression. Expression of orexin and its receptors are investigated in the hypothalamus, the hippocampus, and the prefrontal cortex of the Flinders Sensitive Line (FSL) and the Chronic Mild Stress model of depression. Behavioral and molecular response to treatment with a conventional antidepressant and an orexin receptor antagonist will be addressed in FSL rats. In addition, we will include exercise as a noninvasive treatment, which has shown positive effects on both sleep and depression in humans.

Results Real-time qPCR analysis showed increased expression of the orexin-1 receptor (40%) and the orexin-2 receptor (39%) in the prefrontal cortex of FSL rats compared to the control rats, the Flinders Resistant Line rats.

Conclusion This study may provide a platform for screening of drugs with effects on both sleep and depressive symptoms with perspectives for the development of novel strategies for treatment of depression.

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

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EW0759

Decrease in antipsychotic and other psychotropic medication during 30 months of lifestyle intervention among outpatients with schizophrenia



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Introduction Patients with schizophrenia have 3-fold higher mortality from lifestyle diseases, and a long-lasting exposure to antipsychotic medication may contribute to the development of somatic illnesses. Region of Central Jutland was inspired by European initiatives to establish a lifestyle intervention program in an attempt to reduce mortality among individuals with severe mental illness.

Objectives To investigate whether this intervention could possibly lower the need for antipsychotic treatment, and to provide a unique view of actual medication practice.

Aims To investigate the influence of a lifestyle intervention program on changes in antipsychotic medication and polypharmacy in an unselected cohort of patients with newly diagnosed schizophrenia.

Methods Observational study of outpatients participating in a program with individual consultations, group sessions and exercise groups.

Results One hundred and eleven patients were eligible for analysis. Fifty-four percent of the patients were subject to antipsychotic monotherapy. Median Defined Daily Dose (DDD) of antipsychotics was 1.3 at index (interquartile range [IQR] 0.67–2.00). Fifty-two percent of the patients experienced a decrease in DDD during the period with median change of -0.33 DDD (IQR -1.00 to 0.43). We found no significant difference in baseline variables or extend of participation between patients with decrease in doses and patients with increase (Fig. 1).

Conclusions Most patients decreased or stabilized their doses of antipsychotic medication during the study period. Half of the patients were subject to antipsychotic polypharmacy. Extend and type of participation in the lifestyle intervention program did not correlate to changes in dosing of antipsychotic medication.

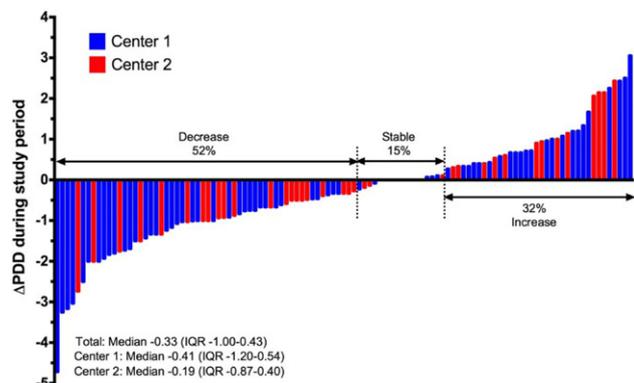


Fig. 1 Change in total DDD from index to follow-up (111 patients).

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

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EW0760

Psychiatric comorbidity in patients affected by fibromyalgia and/or autoimmune rheumatic diseases: Preliminary results of an observational study



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Introduction Fibromyalgia is characterized by skeletal muscle pain and axial stiffness, with elective multiple points of tenderness (tender points). According to scientific literature, the prevalence of depression, anxiety and a worse quality of life is higher in patients with fibromyalgia. Trauma (sexual abuse and physical aggression) has a key role in the pain perception.

Objectives To describe the clinical characteristics of patients with fibromyalgia and/or autoimmune rheumatic diseases admitted to O.O.R.R. Foggia (Department of Rheumatology), to detect correlation between fibromyalgia and psychiatric disorders.

Aims To underline psychiatric comorbidity in patients affected by fibromyalgia and/or autoimmune rheumatic diseases.

Methods Diagnostic tests at Baseline (T0): Mini International Neuropsychiatric Interview and Structured Clinical Interview for DSM Disorder 2 to assess psychopathology, 12-Item Short Form survey for the quality of life, Diagnostic Criteria for Psychosomatic Research for disorders of somatic symptoms, Insight Scale for the awareness of the disease, Davidson Trauma scales to assess the presence of a post-traumatic stress disorder, Pittsburgh Sleep Quality Index about the quality of sleep. After 3 months (T1): further psychodiagnostic assessment for patients with positive mental status exam in drug treatment.

Results Affectivity disorders, feelings of anger, irritability, hostility, impaired stress response, increased vulnerability to traumatic events are very frequent in patients affected by fibromyalgia.

Conclusions The preliminary results of this study show that patients with fibromyalgia have diagnoses of major depression, anxiety disorders, post-traumatic stress disorder and personality disorders (cluster B). Multidisciplinary interventions are needed integrating the rheumatologic therapy with the psychiatric one, based on the detected diagnosis.

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

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EW0761

Switching to paliperidone palmitate in an outpatient sample: Preliminary results of a 43-month follow-up



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Introduction Patients with psychosis are treated in outpatient community clinics during most of their lifetime. Antipsychotic treatments are commonly used in regular clinical practice. However, the non-adherence is one of the main causes of relapses.

Long-acting injectables (LAIs) could be a safe option to guarantee the efficacy.

Aim and objectives Our purpose is to evaluate the efficacy of the switch to paliperidone palmitate from other oral or LAI antipsychotics, in terms of hospital and emergency admissions.

Methods We performed a mirror-image study in an outpatient mental health clinic, comparing patients before and after paliperidone palmitate change over 43 months. Fifty-seven patients were included, most of them ($n=47$) were diagnosed with psychotic disorders (82.5%) while 4 were bipolar patients (7%), and the remained patients ($n=6$; 10.6%) were classified as behavioral disorders. The following variables were studied before and after the switching: number of admissions, days of stay and emergency visits.

Results From those 57 patients, 44 were previously treated with other LAIs, whereas 13 were taking oral antipsychotics. The median age at switch was 49 years ($SD=12.31$). The reasons for switching were: inefficacy (26.3%), non-adherence (19.3%), side effects (38.6%), and non-specified (15.8%). We found significant differences between the three main variables: number of admissions ($t=4.59$; $P\leq 0.001$), days of stay ($t=2.27$; $P=0.027$) and emergency visits ($t=3.74$; $P\leq 0.001$).

Conclusions Paliperidone palmitate seems to be an effective treatment in order to guarantee the adherence. Our preliminary data show that paliperidone palmitate might reduce the sanitary cost in outpatients.

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

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EW0762

Web search query data and prescription volumes of antidepressants

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Introduction Persons using the Internet generate large amounts of health-related data, which are increasingly used in modern health sciences.

Objectives/aims We analysed the relation between annual prescription volumes (APV) of several antidepressants with marketing approval in Germany and corresponding web search query data generated in Google to test, if web search query volume may be a proxy for medical prescription practice.

Methods We obtained APVs of several antidepressants related to corresponding prescriptions at the expense of the statutory health insurance in Germany from 2004–2013. Web search query data generated in Germany and related to defined search-terms (active substance or brand name) were obtained with Google Trends. We calculated correlations (Pearson's r) between the APVs of each substance and the respective annual "search share" values; coefficients of determination (R^2) were computed to determine the amount of variability shared by the two variables.

Results Significant and strong correlations between substance-specific APVs and corresponding annual query volume were found for each substance during the observational interval: agomelatine ($r=0.968$; $R^2=0.932$; $P=0.01$), bupropion ($r=0.962$; $R^2=0.925$; $P=0.01$), citalopram ($r=0.970$; $R^2=0.941$; $P=0.01$), escitalopram ($r=0.824$; $R^2=0.682$; $P=0.01$), fluoxetine ($r=0.885$; $R^2=0.783$; $P=0.01$), paroxetine ($r=0.801$; $R^2=0.641$; $P=0.01$), and sertraline ($r=0.880$; $R^2=0.689$; $P=0.01$).

Conclusions Although the used data did not allow to perform an analysis with a higher temporal resolution our results suggest that web search query volume may be a proxy for corresponding prescription behaviour. However, further studies analysing other pharmacologic agents and prescription data that facilitates an increased temporal resolution are needed to confirm this hypothesis.

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

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EW0763

Underreporting of adverse drug reactions: Results from a survey among physicians

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Introduction Drug safety surveillance strongly depends on the spontaneous and voluntary reporting of adverse drug reactions (ADR). A major limiting factor of spontaneous reporting systems is underreporting (UR) which describes incorrectly low reporting rates of ADR. Factors contributing to UR are numerous and feature country-dependent differences.

Objectives/aims Understanding causes of UR is necessary to facilitate targeted interventions to improve ADR reporting and pharmacovigilance.

Methods A cross-sectional questionnaire-based telephone survey was performed among physicians in outpatient care in a federal state of Germany.

Results From $n=316$ eligible physicians $n=176$ completed the questionnaire (response rate=55.7%). Most of the physicians ($n=137/77.8\%$) stated that they report ADR, which they have observed to the competent authority rarely ($n=59/33.5\%$), very rarely ($n=59/33.5\%$) or never ($n=19/10.8\%$); the majority ($n=123/69.9\%$) had not reported any ADR in 2014. Frequent subjective reasons for ADR non-reporting were (specified response options): lack of time ($n=52/29.5\%$), the subjective evaluation that the required process of reporting is complicated ($n=47/26.7\%$) or requires too much time ($n=25/14.2\%$) or the assessment that reporting of an ADR is needless ($n=22/12.5\%$); within free answers the participants frequently stated that they do not report ADR that are already known ($n=72/40.9\%$) and they only report severe ADR ($n=46/26.1\%$).

Conclusions Our results suggest a need of interventions to inform physicians about pharmacovigilance and to modify the required procedure of ADR reporting or to offer other reporting options.

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

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EW0764

Treatment attitude and hospitalization: Comparison of oral therapy and long-acting injectable (LAI) antipsychotics in patients with schizophrenia

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Background Adherence to prescribed antipsychotic drugs is a crucial factor in predicting medium- to long-term clinical out-



come in schizophrenia. A helpful approach to promote adherence in schizophrenia is the use of long-acting injectable (LAI) antipsychotics.

Object To evaluate:

– the global functioning and the hospitalization rate occurred in the year before and in the year following the switch from a low-efficacy oral antipsychotic to either a LAI once-monthly therapy (palmitate paliperidone or olanzapine pamoate) or the corresponding oral compound (paliperidone, risperidone or olanzapine) in schizophrenic patients;

– the treatment attitude and the insight in patients treated with second-generation antipsychotic (SGA)-LAIs and with the corresponding oral compounds.

Method Sixty adult schizophrenic outpatients: thirty were switched to LAIs and thirty to the corresponding oral antipsychotic. We used the following scales: Drug Attitude Inventory (DAI), Schedule for the Assessment of Insight (SAI), Life Skill Profile (LSP).

Results Number of hospitalizations per year decreased in both groups (LAIs: from 1.3 ± 0.5 to 0.3 ± 0.5 ; oral: from 1.3 ± 0.5 to 0.6 ± 0.5). We found a direct association between the “hospitalization event” and the oral drug compared to the corresponding LAI formulation ($P=0.049$; OR: 3.05; 95% IC: 1.01–9.26). Patient receiving LAIs achieved a more significant improvement at the LSP score compared to the oral group ($P<0.001$ vs. $P=0.0034$) and higher DAI (5.9 ± 4.3 vs. -1.1 ± 4.3) and SAI (8.7 ± 2.9 vs. 5.6 ± 2.1).

Conclusions Our data suggest that SGA-LAIs, improving the adherence to the treatment, may sensitively reduce costs in mental health services.

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

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EW0765

Analysis of big data shows haloperidol with a decreased level of serum potassium



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Introduction Haloperidol has been used for the treatment of schizophrenic disorders and other disorders with psychotic symptoms in psychiatric cares. It has been reported that haloperidol can cause QT-prolongation as well as Torsades de Pointes, especially in hypokalemic condition. Here, we tested the usefulness of the large clinical electronic medical record system data from a hospital located in South Korea and further investigated any change in potassium levels before and after an exposure to haloperidol.

Methods The dataset used in this study is derived from open access database with information such as admission, discharge, diagnosis, prescribed drugs and selected laboratory data for the period 1 June 1994 to 31 July 2013. This database contains information of total 461,170 patients with 4,920,758 prescriptions and 3,811,812 data about serum potassium levels.

Results Extracting a dataset from this database to compare the levels of serum potassium before and after haloperidol usage, we selected 3661 cases of data, 2476 of them (67.6%) were males and 1185 (32.4%) were females. More than 98.5% (3606) was Asians, and mean age of the patients was 68.63 ± 17.3 years old. The levels of serum potassium before and after haloperidol usage were 4.93 ± 2.53 and 3.86 ± 0.6 mEq/L, respectively, and *t*-tests revealed that those levels were significantly different (<0.001).

Conclusions Findings showed that an exposure to haloperidol could lead to a decrease in levels of serum potassium. We suggested

that EMR data can be a valuable tool to investigate the effects of treatment on several clinical data.

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

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EW0766

Effectiveness and tolerance of treatment with Aripiprazole LAI in a group of schizophrenics patients



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Introduction In the pharmacological treatment of schizophrenia, more and more authors suggesting the use of injectable antipsychotics long-term these patients, since it increases adherence to treatment, one of the risk factors for relapse that argues most often to explain the failure of the treatment of these patients.

In the present study, it is to observe the evolution of a group of such patients to assess efficacy and tolerability of treatment with Aripiprazole LAI.

Material and method Data from 17 patients treated at a mental health center in Navarra (Spain), diagnosed with schizophrenic disorder, followed over a year after beginning treatment with Aripiprazole LAI are collected.

The data collected are:

- date of treatment change (month and year);
- antipsychotic previous;
- reason for change;
- aripiprazole LAI dose;
- number of income before and after the start of Aripiprazole LAI (mirror);
- effects adverse pre and post start of treatment with Aripiprazole LAI: metabolic, endocrine, extrapyramidal;
- treatment antipsychotic concomitant pre and post start Aripiprazole LAI.

Results The results show a decrease in the number of income after the start with Aripiprazole LAI, with very good retention of treatment, and a low number of side effects, which were mild.

Conclusions Treatment with Aripiprazole LAI is a good therapeutic alternative to the use of antipsychotic drugs by mouth, with good adherence, tolerability and efficacy.

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

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EW0767

The new target therapy to prevent weight gain associated to atypical antipsychotics: PKC β



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Antipsychotic drugs are currently used in clinical practice for a variety of mental disorders. Clozapine is the most effective medication for treatment-resistant schizophrenia, in controlling aggression

and suicidal behavior in psychosis. Although clozapine is associated with a low likelihood of extrapyramidal symptoms and other neurological side effects, weight gain and metabolic side effects are well known in clinical practice exposing the patient to a greater risk of cardiovascular disorders, premature death, as well as psychosocial issues leading to non-adherence. The mechanisms underlying this pharmacologically activated disorders are still controversial. Based on our *in vitro* results, we have characterized *in vivo* the effects of the selective PKC β inhibitor, Ruboxistaurin (LY-333531) on a preclinical model of long-term clozapine-induced weight gain. Cell biology, biochemistry and psychomotor tests have been performed on wild type and PKC β (-/-) mutant mice to investigate the contribution of endogenous PKC β and its pharmacological inhibitor on the neuroleptic effect of clozapine. Lastly, we also shed light on a novel aspect of the mechanism underlying of clozapine-induced weight gain, demonstrating that the clozapine-dependent PKC β activation promote the inhibition of the lipid droplet-selective autophagy process, opening the way to new therapeutic intervention approach.

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

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EW0768

Changes in the cytokine profile in first episode, drug-naïve patients with psychosis after short-term antipsychotic treatment



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Introduction An increasing body of evidence suggests that antipsychotic medication can cause immunological changes that could be attributed to the amelioration of psychotic symptoms or the metabolic side effects of the drugs. So far, the results of the studies remain controversial.

Objective Our aim was to compare the levels of interleukin (IL) IL-2, IL-6 and transforming growth factor- β 2 (TGF- β 2) in drug-naïve, first-episode patients with psychosis before and after six weeks of antipsychotic medication.

Methods Thirty-nine first episode patients with psychosis were enrolled in the study. Serum levels of IL-2, IL-6 and TGF- β 2 were measured by enzyme linked immunosorbent assay (ELISA) before and six weeks after the initiation of antipsychotic medication. In addition, clinical psychopathology was assessed using Positive and Negative Syndrome Scale (PANSS) before and after treatment.

Results Serum levels of IL-2 were significantly higher in the study group six weeks after the initiation of antipsychotic treatment ($P < 0.001$) while TGF- β 2 levels were decreased ($P < 0.001$) and IL-6 levels were slightly reduced ($P < 0.004$).

Conclusion The changes in cytokine levels may be attributed to the action of antipsychotic medication and the remission of psychopathology. The reduction in TGF- β 2 levels is observed in all patients and with all antipsychotic medications used. TGF- β 2 may be a marker of clinical efficacy.

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

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EW0769

Amelioration of impaired hippocampal cognitive performance in Alzheimer's disease via long-term intervention with ghrelin



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Introduction Alzheimers disease (AD) is a neurodegenerative disorder characterized by loss of memory and cognitive deficits. Ghrelin is a peptide hormone which has been linked to neuroprotection, memory and learning processes.

Objectives This study investigated the effects of ghrelin-induced memory retention on amelioration of cognitive deficits via restoration of long-term potentiation (LTP) and induction of synaptic plasticity in hippocampal CA3, using a rat model of AD induced by amyloid- β (1-42) injection.

Methods Five groups of male rats (230–270 g) including ghrelin-treated (200 ng/rat, [ICV], daily for two weeks), A β 1-42 injected (5 μ L/rat) and A β 1-42 plus ghrelin-treated animals were designed. Ghrelin was administered after an ICV injection of A β 1-42. To assess cognitive performance and the motor dysfunction, passive avoidance tests and open-field were performed, respectively. Step-through latency (STL) was evaluated as learning and memory index. Intrahippocampal field potential recordings were done.

Results Results showed that following A β 1-42 injection, STL and induction of LTP were significantly decreased whereas ICV injection of ghrelin significantly enhanced memory retention by improvement of STL and restitution of LTP in the CA3 with increased EPSP slope and PS amplitude, suggesting the involvement of ghrelin in postsynaptic mechanisms of hippocampal LTP.

Conclusions It was revealed that neuroprotective effects of chronic ghrelin not only can enhance but also can restore LTP in the CA3 area in A β -induced AD. Results suggest that ghrelin may be considered as a promising therapeutic agent to alleviate cognitive deficits of AD.

Disclosure of interest The author has not supplied his/her declaration of competing interest.

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EW0770

Relationship between taste thresholds and antidepressant response: Preliminary findings



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Introduction In healthy volunteers, light acting through serotonin pathways, decreases the threshold for sweet, but not salt taste; similar to SSRI paroxetine. In depressive disorders, there is deficiency of serotonin throughput, which is remedied by SSRI medications, and results in improvement in symptoms of depression. Thus, we report on taste thresholds before and after SSRI treatment.

Objectives To study the variation in thresholds for sweet with SSRI treatment in depressed patients in short- and long-term.

Aims To compare the threshold for sweet (test) and salt (control) after 1 and 4 weeks of SSRI escitalopram therapy in depressed patients.

Methods The project was approved by the institutional ethics committee. Following informed consent, depressed patients were initiated on escitalopram 10 mg/d (increased to 15 or 20 mg, if required after 1 week). Taste recognition threshold, intensity and pleasantness were measured for sweet and salt. Each tastant was made –1 to –3 (100 mM–1 mM). Regional recognition thresholds were determined at the tip of the tongue using a cotton bud well soaked in the tastant.

Results Three males and 4 females of mean ages 39.1 years completed the study. There was significant shift to the left for sweet thresholds between days 0 and 7, and 7 and 28 [F(Dfn, Dfd)=9.242 (4.162) $P < 0.0001$]. A similar shift to the left was seen for salt but day 7 only [F(Dfn, Dfd)=6.213 (4.162)].

Conclusion The increase in serotonin throughput as envisaged through SSRI treatment was paralleled by decrease in sweet thresholds.

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

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EW0771

Metabolic outcomes of Red yeast rice administration in patients treated with second-generation antipsychotics



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Rationale Second-generation antipsychotics (SGAs) are notoriously associated with a wide range of metabolic adverse effects, and their chronic use is related with an increased risk for the development of metabolic syndrome (MS). The nutraceutical approach to the management of MS might be a promising strategy in the prevention of cardio-metabolic risk. In this context, Red yeast rice (RYR) have been shown to have a lipid lowering effect in an increasing number of clinical studies.

Objectives The present study was aimed to explore the efficacy and safety of RYR treatment on metabolic parameters in a sample of subjects receiving atypical antipsychotics.

Methods Ten outpatients treated with atypical APs assumed RYR at single daily dose of 200 mg/day for 30 days. Total cholesterol, high-density lipoprotein cholesterol (HDL), low-density lipoprotein cholesterol (LDL), triglycerides, fasting levels of glucose, and glycated hemoglobin were determined.

Results RYR administration non-resulted in a statistically significant reduction of metabolic parameters in the study sample. However, a trend for total cholesterol (T0 vs. T1: 159.6 vs. 145.6) and LDL (T0 vs. T1: 94.1 vs. 77.6) decrease was observed.

Conclusions Our findings in patients receiving atypical antipsychotics did not confirm the beneficial effect of RYS on lipemic profiles previously found in subjects who do not take this class of drugs. Further clinical trials with adequately-powered and well-designed methodology are needed to better explore the RYS effectiveness on the SGAs-induced metabolic side effects.

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

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EW0772

Preserved cognition and reduced age-related cognitive decline during treatment with angiotensin II receptor blockers: A 20-year follow-up study



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Introduction Modulators of the brain renin-angiotensin system (RAS) have been shown to improve cognitive functioning in several animal models of neuropsychiatric disorders. Moreover, the brain RAS has been considered a new target for the treatment of Alzheimer's disease (AD). However, there are no population-based follow-up studies supporting this hypothesis.

Objectives Cross-sectional and prospective relationships between cognitive decline and ARB treatment were examined in the population-based Kuopio Ischemic Heart Disease Risk Factor Study.

Aims To evaluate procognitive/antidementia capacity of orally delivered angiotensin II receptor blockers (ARB).

Methods The study was conducted on a sample of 1774 subjects (920 females, 854 males; age range at baseline: 42–61 years) from Eastern Finland. An established cutoff score of at least 2-point decrease in the Mini Mental State Examination over a 9-year follow-up was used to detect age-related cognitive decline in the cross-sectional setting. In the prospective setting, a hospital discharge diagnosis of dementia/AD was used as outcome variable. Cross-sectional relationships were determined with logistic regression and prospective analyses were conducted with the Cox proportional hazards model (both adjusted for relevant background variables).

Results Cross-sectional analysis displayed a decrease of the odds of cognitive decline ($n = 87$; 4.9% of participants) in those with ARB treatment; OR = 0.445, 95% CI: 0.22–0.90, $P = 0.024$. Furthermore, in the prospective setting, the risk of dementia/AD diagnosis ($n = 149$; 8.4% of participants) was significantly reduced in ARB treated participants; HR = 0.621, 95% CI: 0.40–0.98, $P = 0.038$.

Conclusions ARB treatment is associated with a decreased risk for age-related cognitive decline and dementia/AD manifestation.

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

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EW0773

The effect of Qing Huan Ling on the hypoglutamatergic schizophrenia model in mice



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Objective To investigate the effect of Qing Huan Ling and (or) risperidone on activity and preferences behavior of the hypoglutamatergic schizophrenia model in mice.

Methods Seventy kunming mice were randomly divided into 5 groups, one group as placebo group. The rest groups intraperitoneal injection MK-801 continuously 14 day, then randomly numbered: model group, Qing Huan Ling group, risperidone group and Qing Huan Ling combined risperidone group. Intra-gastric administration give corresponding drugs for each group one month, at the same time observe high activities and changes in the preferences of five groups.

Results Compared with the blank group, activity of the rest model groups induced by MK-801 was increased ($P < 0.05$). After intra-gastric administration one month, model groups of high activity was decreased, especially risperidone combined Qing Huan Ling group. There was no statistical meaning in inquiry activity of five groups ($P > 0.05$). Compared with model group, latent period of step-through test was prolonged 35.5 s ($P < 0.05$), of step-down test was prolonged 11.4 s in risperidone combined Qing Huan Ling group.

Conclusion The combination of Qing Huan Ling and risperidone can suppress the high activity; also can protect harmed memory of the preference behavior in the hypoglutamatergic schizophrenia model in mice.

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

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e-Poster Walk: Psychosurgery & stimulation methods (ECT, TMS, VNS, DBS) and psychophysiology

EW0774

Description of anesthetic drugs used in hospital del Mar and their impacts on convulsion duration and blood pressure in electroconvulsive therapy



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Introduction The electroconvulsive therapy (ECT) is an effective treatment used for several psychiatric disorders. However, there are multiple enigmas about the mechanisms of action and factors that improve its results. Some frequent questions are if the anesthetic drug makes a difference in the time of convulsion and blood pressure.

Aims Our principal aim is to describe the utilization of anesthetic drugs among the patients that are being treated with ECT in hospital del Mar. We also want to know the differences in the time of convulsion and systolic arterial pressure for every anesthetic drug (propofol, thiopental and etomidate).

Material and methods We have used the database of ECT in hospital del Mar. It contains information like age, principal diagnosis, medical background and pharmacological treatment at the moment of starting ECTs; it also contains information of each indi-

vidual ECT session as basal, 2 and 5 minutes arterial pressure; the anesthetic drug used, and convulsion duration.

We made an analysis of general conditions of the population, the differences of convulsion time and arterial pressure between the three anesthetic drugs.

Results Propofol was used in 1140 sessions, thiopental in 61 sessions and etomidate in 54 sessions. The differences in the means of convulsion times between propofol and etomidate are statistically significant ("P" value < 0.05). Etomidate or thiopental increases the difference of arterial pressure more than propofol.

Conclusions Further research about the factors that improve convulsion duration and minimize adverse effects on blood pressure is needed.

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

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EW0775

An evaluation of the use of electroconvulsive therapy in a United Kingdom high secure psychiatric hospital



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Introduction Electroconvulsive therapy (ECT) is an effective NICE-approved treatment for severe depression, treatment-resistant mania and catatonia; the Royal College of Psychiatrists' (RCPsych) guidelines also support its use fourth line for treatment-resistant schizophrenia.

Objectives Evaluate the use of ECT at Broadmoor High Secure psychiatric hospital, focusing on the indications for its prescription and patients' capacity to consent.

Method Analyse case records of all patients who received ECT, and of all patients referred for Second Opinion Appointed Doctor (SOAD) certified ECT treatment under Section 58 of the Mental Health Act 1983 (MHA) due to incapacity, between 01.09.11 and 30.07.15.

Results All patients lacked capacity to consent to treatment during this time. Thirty-three referrals were made to the SOAD service for 15 patients, and of these 30 resulted in certification (T6) of which 10 were not subsequently used. Improvements in mental state and agreement to take clozapine were common reasons for T6s either not being certified or used. Urgent treatment under Section 62 of the MHA was employed 7 times for 4 patients during this period. Of the referrals to the SOAD service, 25 were for treatment-resistant schizophrenia, 5 for mania, 3 for catatonia and none for depression.

Conclusions Those patients requiring ECT within this population tended to be the most unwell and all lacked the capacity to consent to it. The majority (76%) of patients receiving ECT at Broadmoor do so outside of NICE (but within RCPsych) guidelines. ECT may be an effective strategy for promoting compliance with clozapine.

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

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EW0776

Predictive response factors of repetitive transcranial magnetic stimulation in treatment-resistant depression



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Introduction Repetitive transcranial magnetic stimulation (rTMS) is a neurostimulation technique used in many indications, especially in psychiatry in the treatment of mood disorders. Although its efficacy in this treatment has been demonstrated, the study of predictive response factors currently remains a major challenge.

Method We conducted a retrospective study from the cohort of treatment-resistant depressed patients that received rTMS treatment in Esquirol Hospital in Limoges in order to identify response predictors at three months. Of the 416 patients treated between January 2007 and November 2015, 107 subjects have been included. The clinical characteristics of responders and non-responders at three months after treatment, but also at the end of treatment and after one month were compared. Predictors of clinical improvement objectified by the Hamilton Depression Rating Scale (HDRS) were identified using a logistic regression model.

Results In our cohort, the response rates were 52% at the end of treatment, 61% at 1 month and 57% at 3 months. Psychiatric family history and the recurrence of thymic episodes were found to be negative predictors of response to rTMS treatment. Similarly, high subscore of depression core symptoms in HDRS could also predict a poorer response.

Conclusion Our data from a naturalistic cohort tended to prove that a number of clinical features should be taken into account in determining the profile of the treatment-resistant depressed patients that could respond to rTMS treatment.

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

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EW0777

Prolonged theta burst stimulation: A novel rTMS paradigm in neuropsychiatry



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Introduction Repetitive transcranial magnetic stimulation (rTMS) has important role in treatment of neuropsychiatric disorders. Theta burst stimulation (TBS), a modification of rTMS, seems to produce greater changes in cortical excitability (CE) than those observed in conventional rTMS protocols. TBS is used in different protocols: intermittent TBS (iTBS) and continuous TBS (cTBS). While iTBS facilitates CE, cTBS leads to CE inhibition. However, a prolonged cTBS produces facilitatory effect similar to that of iTBS. Prolonged TBS (pTBS), a novel rTMS paradigm, is of great clinical interest for its short duration, but also because it may induce stronger effect.

Aim To prove the effect of pTBS of motor cortex on changes of motor threshold (MT), CE and pain threshold (PT) in healthy volunteers (HV). To compare the effects of two different forms of active pTBS (pcTBS, piTBS) with placebo.

Methods A double-blind, placebo-controlled, cross-over study compared the effects of different pTBS of contralateral M1 area on MT, CE and PT. We enrolled 24 HV to the study, who underwent all types of pTBS in randomized order and were assessed before and

after each pTBS application. We used MagPro R30 (with coil focused to contralateral M1 area, 1200 pulses/session, 90% MT).

Results A significant changes in CE and MT were found after application of continuous pTBS. Intermittent and placebo pTBS did not confirm the effect. There were no significant changes on PT after pTBS. Continuous pTBS was better tolerated than intermittent pTBS. **Conclusion** pTBS should be considered as an effective and safe treatment option for neuropsychiatric disorders.

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EW0778

Transcranial direct current stimulation: Adverse effects and the efficacy of a commonly utilised sham protocol



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Introduction Transcranial direct current stimulation (tDCS) is a promising neuromodulation method that has, for example, been used to treat depression. Nevertheless, the adverse effects of tDCS and the validity of the current standard tDCS sham protocols have received limited attention.

Objectives To evaluate the extent and types of tDCS adverse effects and to assess the reliability of sham stimulation as a control procedure for tDCS in a double-blind setting.

Aims To compare adverse effects between tDCS and sham stimulation groups, and to determine how well the participants and the experimenter are able to distinguish tDCS from sham stimulation.

Methods A sample of healthy volunteers received a 20-minute session of either tDCS ($n=41$; 2 mA) or sham stimulation ($n=41$; ramp up 15 s, ramp down 15 s; no current in between). The anode was placed over F3 and cathode over F4. Both the participants and the experimenter reported immediate adverse effects and the perceived likelihood for the participant to receive tDCS. Analyses were conducted using the Mann-Whitney U-test.

Results The tDCS group reported more erythema compared with the sham group ($P=0.016$, Cohen's $D=0.444$). No other significant differences in adverse effects were observed. In the tDCS group, both the participants ($P=0.034$, Cohen's $D=0.612$) and the experimenter ($P=0.006$, Cohen's $D=0.674$) reported a higher perceived likelihood of the participant receiving tDCS than in the sham group. **Conclusions** tDCS has only modest adverse effects. Nevertheless, the current standard sham protocol appears insufficient.

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

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EW0779

From theory to practice: The contribution of John Farquhar Fulton (1899–1960) to psychosurgery



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Introduction John Farquhar Fulton was an American neurophysiologist and historian, who pioneered psychosurgery based on animal experiments. Together with psychologist Carlyle Jacobsen, Fulton presented the results of bilateral frontal lobe ablation in chimpanzees. This study prompted neurologist Egas Moniz and neurologist Walter Freeman to perform similar brain surgery on human subjects.

Objectives To present the scientific papers of John Farquhar Fulton on psychosurgery.

Aims To review available literature and to show evidence that John Farquhar Fulton made a significant contribution to the development of psychosurgery.

Methods A biography and research papers are presented and discussed.

Results Fulton and Jacobsen experimented with 'delayed response tasks' in chimpanzees. The aim was to test the animal's capability to memorize the correct location of the food. They found that after sequential ablations of the left and right frontal association cortices these memory tasks became significantly difficult for the monkeys to perform. The researchers saw parallel conclusions in clinical cases of human frontal lobe damage.

Conclusions An investigation into the role of the limbic system is one of the crowning achievements of John Farquhar Fulton, as this has influenced even today's thinking about the role of the limbic system. We should thank Fulton for his pioneering work as modern psychosurgery has gradually evolved from irreversible ablation to reversible stimulation techniques, including deep brain stimulation.

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

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EW0780

Analysis of ECT indications in the hospitalized psychiatric patients



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Introduction Electroconvulsive therapy (ECT) has been considered a treatment option for the treatment resistance, mania, depression, suicidality and schizophrenia. It has been still controversial due to the lack of controlled clinical trials and unknown biological basis but also because of the negative image from the history of the treatment.

Objective Specifics of the clinical judgement on when and for which patients' indications, ECT was a treatment choice.

Aim of the study was to evaluate indications for the ECT treatment in the hospitalized psychiatric patients at the psychiatric department.

Method For all the patient cases in the last 7 years at the department ($n = 326$), data was analyzed regarding age, gender, number of hospitalizations, age of first episode, diagnose, previous treatment, leading indication for ECT and outcome after the ECT, regarding following treatment.

Results The leading indication for ECT was psychosis and/or pharmacological treatment resistance, followed by suicidality. Patients with psychosis were younger than patients with other diagnoses when receiving ECT treatment. Regarding the results, indications for ECT had been partially differentiated from expected guidelines. Outcomes after the ECT were favorable in terms of better control-

ling the symptoms, lowering exacerbation frequency and intensity and partially, functioning.

Conclusion Studies on ECT indications and outcome could provide further insight on efficacy of the treatment, and possible improvements in clinical assessment on eligible patients who could benefit from the ECT treatment.

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

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EW0781

A systematic review and meta-analysis of the mortality rate of electroconvulsive therapy (ECT)



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Introduction Electroconvulsive therapy (ECT) is an efficacious treatment for many mental disorders, but is underutilized because of fears of adverse effects, including the risk of death.

Objectives and aims To provide a full picture of the magnitude of ECT-related mortality worldwide.

Methods We performed a systematic review and meta-analysis (PubMed and Embase) in accordance with the Preferred Reporting Items for Systematic Reviews and Meta-Analyses (PRISMA) guideline. Only publications reporting on a specific number of ECT treatments as well as specific number of ECT-related deaths were included in our analysis. The ECT-related mortality rate was calculated by dividing the total number of ECT-related deaths by the total number of ECT treatments. The 95% confidence interval (95% CI) of this estimate was calculated using Bernoulli's principle of distribution.

Results Fourteen studies with data from 32 countries reporting on a total of 757,662 ECT treatments met the predefined inclusion criteria. Fifteen cases of ECT-related death were reported – yielding an ECT-related mortality rate of 2.0 per 100,000 treatments (95% CI: 1.0–3.0). In the eight studies published after 2001 (covering 406,229 treatments), no ECT-related deaths were reported.

Conclusions The ECT-related mortality rate was estimated at 2 per 100,000 treatments. For comparison, a recent meta-analysis on the mortality of general anaesthesia in relation to surgical procedures reported a mortality rate of 3.4 per 100,000. Thus, our systematic review and meta-analysis documents that death caused by ECT is extremely rare. This information can be used to reassure patients in need of ECT.

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

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EW0782

The changes of social performance with transcranial magnetic stimulation (TMS) in depressed patients



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Objectives The purpose of this study was investigating the effectiveness of rTMS (repetitive transcranial of magnetic stimulation) on increase social performance in patients with recurrent major depression.

Method It was used a quasi-experimental, pretest–posttest design with control group, a sample consisting of 32 patients who had depression on the basis of DSM-IV diagnostic criteria, SCID and BDI-II scales and were randomly assigned to two groups.

The experimental group underwent 20 sessions of rTMS as the independent factor and both groups (control & experimental) had 12-session psychotherapy and drugs treatment. Upon the intervention, both groups were tested with two tests (BDI-II & SASS). To determine the effect of the independent factor on the dependent factor of rTMS.

Data were analyzed by *t*-test.

Results The comparison between pre- & posttest of all the tests showed the reduction of signs & symptoms of depression, ($\alpha = 0/05$) (Beck scale $P \leq 0/001$ & $F = 30$) and increase social performance in participants ($P \leq 0/001$ & $F = 83$).

Conclusion The rTMS is effect in the reduction of signs & symptoms of depression and increase social functioning in recurrent major depression.

Keywords Social performance; Magnetic stimulation; Major depression

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

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EW0783

The research of electroconvulsive therapy effect on cognitive function in rats with depressive-like disorder formed by ultrasound

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Electroconvulsive therapy (ECT) is effective method of resistant depression treatment. ECT activates neurotransmitter systems, increases neurotrophic factors production, induces neurogenesis. Nevertheless, ECT side effects, expressed as temporary amnesia, limit its application in clinical practice.

The objective of our work was to estimate rat's memory after ECT in the behavioral test: "Object recognition", "Morris water-maze". The aim of the work was to research the effect of ECT on cognitive function in rats with depressive-like disorder and in normal rats.

Methods The research was conducted with Sprague-Dawley rats ($n = 41$, 2 month age). Experimental stages:

– control group ($n = 10$) compared to control + ECT group ([70 mA, 50 Hz, 500 μ sec; 10 days] $n = 10$);

– control group ($n = 9$) compared to group with depressive-like disorder, formed by ultrasound ([20–45 kHz; 21days] US, $n = 6$) and group with depressive-like disorder received ECT ($n = 6$).

Memory was estimated in the "Object recognition" and "Morris water-maze" tests.

Results (1) ECT did not decrease cognitive function in the "Object recognition" test in normal rats ($P = 0.1217$). Also, it did not lead to cognitive impairments in the "Morris water-maze" test: time of platform searching did not differ significantly from the control group ($P = 0.8573$).

(2) ECT produced recovering effect on memory impairments of the US group in the "Object recognition" test ($P = 0.0066$). In the "Morris water-maze" ECT decreased time of platform searching by 7 times compared to the US group ($P = 0.0025$). That demonstrates the absence of ECT negative effect on rat's memory.

Conclusion ECT does not produce negative effect on cognitive function in rats with depressive-like disorder and even recovers memory impairments.

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

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EW0784

Glucocorticoid activeness in patients with mitral valve prolapse and autonomic dysfunction

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Background Urgency of psychophysiological examination of mitral valve prolapse (MVP) patients is suggested by a high incidence of anxiety disorders among these patients.

Objectives To study glucocorticoid function activity and emotional stress resistance in MVP patients with autonomic dysfunction (AD).

Methods The trait anxiety level (TA) was assessed with the State-Trait Anxiety Inventory (Spielberger). Emotional stress resistance was undertaken with our modified version of Rosenzweig Picture-Frustration Test (Zinchenko, Pervichko). The cortisol level in blood plasma was measured by radioimmunoassay technique with radioimmune assay kit of cortisol in human blood plasma 'KORT-3N' (Belarus). There were 32 MVP patients (mean age was 28.5 ± 1.6 years) and 15 healthy people (mean age was 27.5 ± 1.3 years) who took part in the study.

Results Among reactions to frustration revealed by MVP patients the following categories are dominating: extrapunitive (E), ego-defensive (ED), and obstacle-dominance (OD). There was revealed a direct correlations: TA and E ($r = 0.49$, $P < 0.001$); TA and ED ($r = 0.46$, $P < 0.01$); TA and indexes of AD ($r = 0.43$, $P < 0.01$).

There was displayed a higher level of cortisol in MVP patients with severe grade of AD, against the level revealed by patients with average grade of AD (433.9 ± 78.0 mmol/L vs. 299.3 ± 42.9 mmol/L; $P < 0.05$). Direct correlations were established between the cortisol level and the level of TA ($r = 0.45$; $P < 0.01$); between the frequency of E-reactions in Modified Rosenzweig Test and cortisol level ($r = 0.42$; $P < 0.01$).

Conclusion Along with low stress resistance, registered AD and high level of TA, MVP patients reveal higher indexes of cortisol in blood plasma.

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

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EW0785

Life events, quality of life, autonomic nervous system, and cardiovascular risk factors

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Background Psychological distress is considered as a component of the cardiovascular risk. The present study aims to determine which psychophysiological, electrocardiographic and anthropometric factors are correlated with life events, depression and quality of life in healthy adults.

Method A total of 114 adults were examined using the Social Readjustment Rating Scale, the EuroQol Group 5-Dimension Self-Report Questionnaire, Beck Depression Inventory – Second Edition, Zung Self-Rating Depression Scale. Physiological measures included heart rate variability, skin conductance level and skin temperature. Anthropometric characteristics included weight, height, hip size, waistline, blood pressure, heart rate at rest and after mental activity, muscle mass, fat stock, percentage of the body fat, segmental distribution of muscle and fat mass, fat-free mass and the water content in the body. Finally, data from electrocardiographic examination included aortic pulse wave velocity, central aortic pressure and augmentation index.

Results Life events in last two years correlate with worse quality of life and a higher level of depression. Life events in last two years also correlate with the increase of the risk factors for cardiovascular problems in terms of several anthropometric and physiological measures. Finally, life events in last two years was also related with the overweight.

Conclusions Results suggest some possible mechanisms by which stress may exert adverse effects on cardiovascular morbidity and mortality in healthy persons. Primary preventive strategies with the stress management training may prove beneficial.

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

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e-Poster Walk: Quality management; rehabilitation and psychoeducation and research methodology

EW0786

Art therapy for patients in acute psychotic episodes

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Purpose Evaluate the efficacy of art therapy during acute psychotic episodes.

Methods Thirty-six inpatients with ICD-diagnoses of schizophrenia (F20.0–F20.9) age between 20–60 were randomised to either 12 twice-weekly sessions of psychodynamic group art therapy plus treatment as usual or to standard treatment alone. Art therapy was administered in 12 sessions of 90 minutes for 6 weeks. At 12 weeks, 55% of patients randomised to art therapy, and 66% of patients receiving treatment as usual were examined. Scales used: 17 – Item Hamilton Rating Scale for Depression (HRSD) for depression and Scale for the assessment of negative symptoms (SANS).

Interventions The approach was non-directive – patients could choose to create whatever they wanted and use any available material. Interventions by the art therapist aimed at supporting the art

process and helping to understand the image. The last 30 minutes of a session were reserved for a shared viewing and reflecting on the images.

Results With post-treatment and follow-up scores of SANS and HRSD patients who had received AT had a significantly greater mean reduction of positive and negative and also depressive symptoms at 12-week follow-up than patients treated as usual. Social functioning was significantly higher in the AT group. There were no significant interactions between intervention group and gender.

Conclusion Evidence on the efficacy and effectiveness of AT in patients with schizophrenia is far from being conclusive and benefits might be limited to a subgroup of patients. Results of this study suggest AT can be implemented in routine hospital settings for patients experiencing acute psychotic states.

Disclosure of interest The author has not supplied his/her declaration of competing interest.

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EW0787

Perseverative Thinking Questionnaire: Confirmatory factor analysis with two different samples

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Introduction Perseverative Negative Thinking (PNT) is a transdiagnostic cognitive process [1] characterized by repetitiveness, intrusiveness and difficulties to disengage (Ehring, 2011). The Perseverative Thinking Questionnaire (PTQ-15; [2]) is a self-reported instrument, developed to evaluate these characteristics. The Portuguese version assess two meaningful dimensions – Repetitive thoughts (RT); and Cognitive interference and unproductiveness (CIU) [3].

Aim To confirm the bi-dimensional structure of the PTQ-15 using Confirmatory Factor Analysis, in two distinct samples.

Method A sample composed of 256 students (Mean age = 20.58 ± 1.870; 78.1% girls) and a sample composed of 480 adults from the community (parents of the students; mean age = 50.84 ± 5.310; 53.1% women) filled the PTQ-15. We used software AMOS.

Results The second-order model of PTQ-15 with two dimensions presented good fit, in both students (CMIN = 2.449; RMSEA = 0.075; CFI = 0.958, TLI = 0.949, PGFI = 0.776; $P < 0.001$) and their parents (CMIN = 3.46; RMSEA = 0.072, CFI = 0.955, TLI = 0.942, PGFI = 0.632; $P < 0.001$). Internal consistency of the total scale, measured through Cronbach's alpha was $\alpha = 0.95/0.94$; both factors presented good/excellent reliability: repetitive thoughts ($\alpha = 0.93/0.92$); cognitive interference and unproductiveness ($\alpha = 0.88/0.92$).

Conclusion Taken together, both CFAs provided additional evidence that PTQ-15 is an adequate measure for perseverative thinking.

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

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EW0788

The medical model of rehabilitation treatment of drug addicts with psychiatric comorbidity: Efficacy evaluation



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Introduction The medical model assumes the professional psychotherapeutic assistance at all stages of the rehabilitation process and pharmacological treatment of comorbid mental disorders.

Aim Evaluation of the efficacy of the medical model rehabilitation based on the clinical, psychological, and social characteristics of patients at the all stages of the treatment.

Subjects Eighty-five drug-addicted patients with psychiatric comorbidity. The inclusion criteria were: age above 18 years, withdrawal status. The patients were examined four times:

- 1 – during the first weeks of treatment;
- 2 – after 45 days;
- 3 – after 6 months;
- 4 – after 12 months.

Results and conclusions The primary evaluation the highest scores noted in the sections: “family and social connections”, “health status”, “psychiatric status” and “legal aspects” received lower scores. In the second measurement, the results established a significant improvement on the scale of “health status”, “mental status”, “alcohol”, “drug use” compared with original values. Early retired patients the most high-end performance observed on the scale of “drug alcohol using”, “job/livelihood”, “health status”, “legal aspects”, the “psychiatric status”, “family and social connections” recorded lower scores. Indicators on the scale of “drug use”, “alcohol” in this group of patients was significantly higher than patients who remain on treatment, which may indicate a possible updating of the attraction to the drugs. The third measurement showed a significant improvement ASI according to the all scales as compared to the previous ones. In the course of the rehabilitation process revealed positive changes in clinical, psychological and social characteristics of patients.

Disclosure of interest The author has not supplied his/her declaration of competing interest.

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EW0789

Predictive biomarkers in clozapine-treated patients: Assessment of the evidences and suggestion for research methodology



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Introduction Predictive biomarkers are tools that identify a sub-population of patients who are most likely to respond to a given therapy. In order to identify them a strict methodology is necessary (RCT's studies). In consideration of its cost in economic and medical terms, predictive biomarkers would be useful to distinguish clozapine-resistant patients before its administration.

Aims The evidence concerning genetic biomarkers was reviewed with the aim of assessing whether there is enough evidence to claim for predictive biomarkers useful in practice. Secondary aims were the assessment of the evidence concerning genetic prognostic biomarkers and predictors of side effects in clozapine-treated schizophrenic patients.

Methods One hundred and twenty-eight studies, searched on the Pubmed database or referenced in other studies, were included in this review. Sixty-five papers were related to clozapine efficacy and explored 167 genetic variants.

Results Fifty-four variants were supported as prognostic biomarkers, three were successfully replicated: rs6280, rs6314 and rs4680; 49 papers were related to clozapine weight gain and explored 216 different genetic variants. Forty-five of which were positively related to weight gain during clozapine treatment. Among these 45 variants, only two, Rs3813929 and Rs779039, were successfully replicated.

Fourteen studies explored 111 genetic variants potentially correlated to Clozapine-induced agranulocytosis. Thirty-four variants were found to be associated with agranulocytosis. Five variants had positive results, successfully replicated. In particular, HLA B38.

Conclusions To date there is no evidence to support a modification of clinical practice towards predictive medicine. The research could ideally progress with RCTs involving the prognostic factors found in association studies.

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EW0790

Loss of motivation and frustration for visitor surgeons in provincial health centers or psychiatric hospitals in Greece



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Introduction The core workplace for a surgeon is the operating theatre. Secondary duties may include visits to small health centers for outpatient examinations and visitor work to psychiatric hospitals.

Objective The objective of our study is to highlight the mistakes of management that lead to half-empty provincial health centers and psychiatric hospitals.

Methods Presentation of the 2-year-experience of a surgeon visitor in provincial health centers and in a large psychiatric hospital in Greece.

Results The provincial health center of Lagada needs at least 4 surgeons to serve; too many patients to be examined or/and operated in 2–3 hours only. Subsequently problems arise, as simultaneously in the emergencies department a surgical eye for an abdominal pain or a bad looking leg is needed every 15 minutes. The health center of Koufalia needs 3 hours of driving per day for 3–8 surgical patients only. The psychiatric hospital offered work for 3 surgeons 5 days a week for a long period of time. During 2012–2014, only one surgeon visited the hospital once a week. The work needed to be done may kill the surgeon or force him to receive antidepressants in order to keep his functions alive.

Conclusions Not a hint of scientific motivation for two years is a strong reason for a surgeon to avoid the duty to provincial health centers and psychiatric hospitals which is obligatory according to

our national health system Laws until two years are completed for newly appointed surgeons. Managers might encourage surgeons if some balancing convenience was offered.

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

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EW0791

A grounded theory of service providers' perceptions of a recovery-oriented transformation of a mental health service

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Recovery-oriented mental health service programs are often rather based on ideological or political considerations than on empirical evidence.

At Klinikum Bremerhaven Reinkenheide, we have included peer support workers in our teams in order to improve the quality of our treatment program and the recovery attitudes of the staff members. To control and evaluate this process an independent investigator conducted 13 (T1: February 2012), respectively 15 (T2: September 2013) interviews with different stakeholders of the change process. The interviews were transcribed and analysed for the categories level of information, confidence, participation and profession/working conditions/team structure.

The main result of T1 was that nursing staff fostered the projected transformation while physicians and psychologists focused on risk management and worried about losing their role. As implication of the T1 results, we offer a continuous in-house-training to improve interprofessional teamwork and social psychiatric expertise. At T2 all interviewed participants judged the involvement of the peer support workers positively. Many of the interviewees expressed though that from their point of view their participation had decreased and/or, the reorganisation was already terminated. As implication of T2, we now try to improve our internal communication and cooperation and strengthen the involvement of all stakeholder groups.

Besides the employment of peer support workers, it is essential in a recovery-oriented transformation of mental health services:

- to train staff members continuously and;
- to involve all stakeholder groups continuously in the change management.

A third survey is projected for 2017 to implement further requirements for a successful change process.

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EW0792

Personal experiences of recovery facilitated by participation in an individual placement and support intervention

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Introduction Individual placement and support (IPS) is an evidence-based intervention where IPS consultants support people with severe mental illness in achieving competitive employment. IPS is a recovery-oriented intervention, but vast evidence regarding its ability to influence recovery-oriented outcomes challenges this position.

Aim To investigate how an IPS-intervention influences the personal recovery process in people with severe mental illness.

Method A qualitative phenomenological study including interview of 12 participants in an IPS-intervention. Analysis was made using a four-step phenomenological analysis method.

Results IPS contributed to personal recovery in a number of ways: The IPS consultants' ability to create an equal, acknowledging and safe relationship where participants' needs were taken into consideration in the search and support for job or education was found valuable. In combination with employment, the role of the IPS consultant contributed to normalization and stabilisation of participants' daily lives, changed their behaviours and beliefs about maintaining new achievements, personal goals and dreams.

Conclusion Individual placement and support provides opportunities to gain personal goals and contributes to stabilisation and normalization of participants' daily lives. This study supports the notion that the individual placement and support positively influences personal recovery in people with severe mental illness.

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EW0793

Healthy lifestyles programme in an acute psychiatric inpatient unit

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Introduction Mental health issues and illnesses are associated with poor self-care and unhealthy lifestyles that contribute to morbidity, mortality and overall decrease in quality of life when compared to the general population. Healthy lifestyle promotion is infrequently considered a priority in mental healthcare services, especially in acute psychiatric inpatient units.

Objectives To present a healthy lifestyles promotion programme implemented in an acute psychiatric inpatient unit.

Aims To reflect on how to design an adequate programme for patients with complex needs.

Methods In a general psychiatric inpatient unit, a team of two psychologists and one psychiatrist, ventured to introduce weekly activities that included drawing, colouring, painting, crafts and games, that provided a context for patients and the team to sit down together or to gradually "drift" together and make possible conversations focusing on tobacco smoking, caffeine consumption, weight control, physical activity and health promoting activities.

Results Instead of individual or group psychoeducation talk interventions, play and art strategies, in closer proximity with the patients, made it far easier to engage difficult patients and made psychoeducation possible and fun.

Conclusions Patients with severe mental illness are frequently reluctant to engage in activities targeting healthy lifestyles, especially in acute psychiatric inpatient units, when insight and motivation for change may be low due to illness and consequences



of illness. Play and art therapy interventions led by a team of mental healthcare professionals who participate directly with the patients, may be an innovative, more effective and enjoyable strategy.

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EW0794

Population attributable fraction (PAF) in repeated measures design: Childhood traumas as predictors of psychotherapy outcomes



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Introduction Population attributable fraction (PAF) represents the proportion of treatment failure, which could be avoided, if the individuals at high risk were similar to the individuals at low risk. The PAF, however, has not been available for repeated measures designs.

A relatively prevalent and strong risk factor for many adulthood disorders, such as depression and anxiety, are adversities and traumas experienced in childhood. Little is, however, known of their implications for common treatments such as psychotherapy.

Objectives To develop PAF for repeated measures, and to provide a useful tool in various research fields to provide decision-makers results, which are easier to interpret.

This study will examine the relative importance of different childhood traumas as predictors of psychotherapy outcome in a patient population with depressive and anxiety disorders.

Methods PAF was calculated using generalized linear mixed models and Bayesian predictive distributions.

The data is based on 326 outpatients, randomized in one long-term and two short-term psychotherapies by the Helsinki Psychotherapy Study. Patients were assessed up to 10 times during a 5-year follow-up. A combination of psychiatric symptoms measured, is used as the outcome measure.

Results The repeated measures PAF will provide a useful aggregate measure over the follow-up time and over the patient population.

Conclusions The repeated measures PAF will provide insight on the relative importance of the different domains of childhood traumas on therapy outcome. Associations of individual-level risk factors do not provide guidelines for policy decisions, which should acknowledge also prevalences of the risk factors in the patient population.

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EW0795

Characterizing the inpatient care of young adults experiencing early psychosis



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Introduction/objectives The available literature suggests that treatments and health services for psychosis are considered to be poorly organized and highly variable. Little is known, however,

about how inpatient care is provided to individuals experiencing early psychosis. To facilitate quality improvement activities, we characterized the care this patient group receives in an inner city hospital.

Methods We performed chart reviews of individuals admitted to psychiatric inpatient units at St. Paul's Hospital, Vancouver, British Columbia between 01/04/2014 and 31/03/2016. Those who were 17–25 years of age and hospitalized for psychotic symptoms at the time of admission were included. Demographic and health service use were summarized using descriptive characteristics.

Results We identified 73 inpatients (mean age = 22; males = 78%; Caucasian = 41%) that met study inclusion criteria, having a combined total of 102 care episodes and an average length of stay of 30.7 days (median = 18; min = 3; max = 268). Half of the care episodes were repeat admissions, with up to 30% of the patients readmitted within 28 days of discharge. Physical and mental status examinations (MSE) were performed in virtually all care episodes, although frequency is low (31.4% had daily physical examinations and 18.6% had MSE every nursing shift). In 49% and 50% of care episodes, patients were given oral antipsychotics and discharged on depot medications. Even when indicated, not all care episodes had follow-up appointments (60%) or referrals to income assistance (35%), community mental health teams (61%), and housing support (38%).

Conclusions Specific programs are needed to address current gaps in inpatient care for patients with early psychosis.

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

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EW0796

Effectiveness study of “occupational connections” – A short-term, in-patient intervention for promotion functioning and participation in daily life of people with mental health conditions



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Objectives Mental health conditions (MHC) have been associated with restrictions in daily life participation and functioning affecting health and well-being. Substantial numbers of people with MHC experience hospitalizations, however, there is limited evidence supporting functional interventions in the in-patient setting to promote recovery. The OC is an intervention implemented during sub-acute hospitalization, which attempts to promote activity and participation of people with MHC, both during the in-patient stay and upon return to the community, with a view to enabling recovery. To facilitate its implementation, we investigate the OC effectiveness.

Aims Investigate the OC contribution to cognition, symptoms and functional capacity among inpatients with schizophrenia.

Methods This is a quasi-experimental, prospective, pre/post-designed study with convenience sampling. Inpatients with schizophrenia were enrolled into the study group participating in the OC intervention ($n = 16$); or the control group participating in hospital treatment as usual ($n = 17$). The study participants completed evaluations at baseline and at discharge or after 10 weeks with: Neurocognitive State Examination, Trail Making Test, Ray Complex Figure, and Category Fluency Test for aspects of cognition; Positive and Negative Syndrome Scale for symptoms severity, and Observed Tasks of Daily Living-Revised for functional capacity.

Results Statistically significant improvement in cognitive functioning, symptoms severity and functional capacity was found in the study group after the intervention. These changes were not observed in the control group.

Conclusion The results support the OC effectiveness for cognitive and functional capacity improvement and symptomology relief. The findings advance the body of evidence for functional interventions in hospital settings.

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

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EW0797

Compare “family atmosphere” in informal caregivers of patients with psychotic symptoms compared to their inclusion or not in self-help associations

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Introduction The participation of informal caregivers in the café of patients with psychotic symptoms in coordination with self-help groups have been found to reduce the expressed emotion in combination with psychoeducations interventions help create a supportive environment.

Objectives This study investigates the differences in the family atmosphere of informal caregivers of patients with psychotic symptoms.

Aims To compare whether or not the participation of informal caregivers of patients with psychotic symptoms in self-organized associations helps to foster a supportive family environment, hence reducing the risk of relapse.

Methods Snowballing sampling consisting of 510 informal caregivers of patients with psychotic symptoms was used in the current study. The Family Environment Scale of Moos and Moos and socio-demographic questions were implemented to collect the data. Control Cronbach's Alpha reliability of scale gave value $\alpha = 0.795$.

Results The comparison showed that informal caregivers of patients with psychotic symptoms irrespective of their participation or not in self-help associations do not show significant differences in Family Environment Scale. Significant statistical difference between the two groups ($P < 0.05$) only occurred in the subcategory “organization”, as the first group ($m = 4.68$, $df = \pm 2.233$) were found to have lower values compared to the other group ($m = 5.21$, $df = \pm 2.233$).

Discussions The study demonstrated that informal caregivers of patients with psychotic symptoms involved in self-help groups do not show to have a particular difference in the family atmosphere than families who do not participate in self-help associations.

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

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EW0798

A randomized controlled study: The effects of self-referral to inpatient treatment on patient activation



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Introduction Self-referral to inpatient treatment (SRIT) has recently been implemented in Norway in several community mental health centers (CMHC) in an effort to increase activation and to improve access to mental health services and timely treatment.

Objective To examine the effect of having a contract for self-referral to inpatient treatment (SRIT) in patients with severe mental disorders. This intervention was based on personalized care planning, legislation regarding patients' rights and is intended to enhance user participation.

Aims To assess the 12-month effect on patient activation measure-13 (PAM-13).

Methods A randomized controlled trial with 53 adult patients; 26 participants got a SRIT contract which they could use to refer themselves into a CMHC up to five days for each referral without contacting a doctor in advance. Preliminary results on the primary outcome after 12 months with the self-report questionnaires Patient Activation Measure (PAM-13), will be analyzed using linear mixed and regression models.

Results The preliminary results showed no significant effect on PAM-13 (estimated mean difference [emd] -0.41 , 95% CI [CI]: -7.49 to 6.67). A post hoc analysis found an effect of SRIT on PAM-13 in those with baseline PAM-13 scores below ≤ 47 .

Conclusion There were no group differences.

Trial design Clinicaltrials.gov NCT01133587.

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

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EW0799

Treatment profiles in a Danish psychiatric university hospital department

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Introduction Despite concerns about rising treatment of psychiatric patients with psychotropic medications and declining treatment with psychotherapy, actual treatment profiles of psychiatric patients is largely unknown.

Aims To describe patterns in the treatment of patients in a large psychiatric university hospital department.

Methods A descriptive mapping of treatment of in- and outpatients in a psychiatric department at Aarhus University Hospital Risskov, Denmark. Information was collected by health care staff using a 25-item survey form. The P -value was calculated with a χ^2 test and $P < 0.05$ was considered significant. The study was preceded by a pilot study on 41 patients.

Results Over a 1 month period we assessed a total of 343 consecutive patients and hereof included 200 in the age range 18–90 years (mean 53.76); 86 men and 114 women. One hundred and eighty-eight patients (94%) used psychotropic medication, 37 (19%) as monotherapy and 148 (74%) in combination with non-pharmacological therapy. Ninety-seven (49%) had psychotherapy and 104 (52%) social support. Among inpatients, 21 (64%) had physical therapy, and 10 (30%) electroconvulsive therapy. In total, 163 (82%) had non-pharmacological therapy. Fifty-two (26%) patients had monotherapy and 148 (74%) polytherapy. Mean number of



treatment modalities used pr. patient was 2.07 for all patients and 3.23 for inpatients.

Conclusions In our department, polytherapy including non-pharmacological modalities is applied widely across all settings and patient categories. However, psychotropic medication clearly dominates as the most frequently applied treatment.

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

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EW0800

H-index may influence more than methodological variables for publication in high impact psychiatry journals – A systematic review

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Objectives The scientific community assumes that rigorous methodology research is more likely to be published in high impact psychiatry journals (HIJ). We aimed to test which methodological variables could predict publication in HIJ.

Methods We conducted a systematic review of the MEDLINE and EMBASE databases from 2013, January 1st to 2015, June 15th. Inclusion criteria were studies that were RCTs whose at least one arm of the study should be fluoxetine regarding adult patients (>18 years old) with MDD. We performed logistic regression regarding the number of participants, intention-to-treat analysis, blinding, multicenter study, sample losses, positive result, sponsorship of pharmacy's industry, and h-index of the last author. A HIJ was considered if journal impact factor was above the median or 3rd quartile of our sample.

Results Forty-two studies were considered for the final analysis. The results of the univariate logistic regression found no differences between HIJ and low impact psychiatry journals for all methodological variables, except the h-index of the last author. By considering HIJ when impact factor was above the mean, h-index had an odds ratio = 1.09 (1.01–1.17), $P=0.02$; considering HIJ when impact factor was above the 3rd quartile, h-index had an odds ratio = 1.07 (1.01–1.14), $P=0.02$.

Discussion Our results indicate that the author productivity may be a relevant predictor for publication in a HIJ in the psychiatry/psychology field. Our study proposes that journals focus on identifying what are the relevant criteria for publication approval in the peer-review process.

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

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EW0801

Psychoeducational family intervention for people with eating disorders: Rationale and development

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Introduction Family members of patients with EDs report high levels of burden, psychological distress and the need to receive information on the disease of their ill relative. There is the need to provide family members and patients with psychoeducational family intervention in order to satisfy their care needs.

Objective To develop a new psychoeducational approach for patients with Eating Disorders (EDs) and their relatives according to the Falloon model.

Aims (1) To develop a family psychoeducational intervention for patients with EDs. (2) To implement the experimental intervention in the clinical routine care. (3) To evaluate efficacy of the approach in terms of reduction of family burden and improvement of relatives' coping strategies.

Results The Department of Psychiatry of the University of Naples SUN has developed a new psychoeducational family intervention for patients with EDs and their family members. The intervention consists of 6 sessions, scheduled weekly. The sessions deal with several topics such as information on EDs (e.g., causes, symptoms, clinical characteristics), communication skills (e.g., how to express an unpleasant feeling) and problem solving skills. The intervention is led by trained mental health professionals, such as psychiatrists, psychologists or rehabilitation technicians.

Discussion This is the first example of psychoeducational intervention for families of patients with EDs developing according to the Falloon approach.

Conclusions Family intervention represents an essential tool to provide to patients with EDs and their family members in order to promote a global recovery.

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

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EW0802

Impact of communication on family satisfaction and anxiety in critical care

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Objective The objectives of this study were to explore the impact of a communication course for doctors on family satisfaction and anxiety in an Australasian ICU and to elucidate the determinants of family satisfaction and anxiety.

Design Prospective observational study. Pre- and post-study design.

Participants One hundred and three consecutive family members of patients staying in the ICU for more than 48 hours were identified. Eighty-six subjects were evaluated and analysed.

Methods Ten-point Likert scale (FS-ICU Questionnaire) used to measure satisfaction. Hospital Anxiety and Depression Scale was used to measure anxiety. Study performed over a 12-week period (9 weeks pre- and 3 weeks post-course) in a 34-bed intensive care unit before and after a communication course for junior medical officers.

Results Fifty-six subjects were approached for the purpose of this study. Forty-three family members were included, 40 of patients who survived, and 3 whose relative died in ICU. Overall family satisfaction was high (mean scores 9.44 ± 0.91). Post-course, 47 subjects were approached for the purpose of this study and 43 family members consented to participate. Overall family satisfaction was high (mean scores 9.84 ± 0.97). There was a statistically significant difference in the frequency of doctors' communication before and after the course ($P < 0.01$) and anxiety levels ($P = 0.0001$)

Conclusion The majority of families are happy with their care in the ICU. A communication course aimed at junior medical officers was effective in improving satisfaction and reducing anxiety among family members.



Disclosure of interest The author has not supplied his/her declaration of competing interest.

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EW0803

Using junior doctors to improve patient care: Creating a clinic to monitor the physical health of patients prescribed clozapine

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Introduction In the United Kingdom, compliance with guidelines on physical health monitoring of patients prescribed clozapine is poor. Our community team established a 'clozapine clinic', led by junior doctors, to monitor the physical health of this population.

Aims The aims of this audit were:

- to ascertain levels of compliance with guidelines on the physical health monitoring of patients taking clozapine;
- to compare the current level of compliance with that prior to the establishment of the clinic.

Methods Eleven standards were drawn from National Institute for Health and Care Excellence guidelines and the Maudsley Prescribing Guidelines in Psychiatry.

Three audit cycles were conducted: two prior to the establishment of the clinic and one after. In each cycle, searches of patient records were conducted and blood results were reviewed. This was supplemented by telephone calls to general practitioners to ensure a complete data set.

Analysis was conducted in Microsoft Excel™ and changes between the cycles were analysed using a two-tailed Z-score.

Results Each audit cycle included 28–30 patients. In the current cycle compliance levels varied between 66% (annual ECG recording) and 100% (monthly full blood count). The average compliance level was 73% across all standards. This represents an overall improvement on previous audit cycles. Since the clinic was established there has been a statistically significant improvement in compliance with annual monitoring of weight ($P=0.147$), body mass index ($P=0.0178$), and ECG monitoring ($P=0.0244$).

Conclusions Improvements in the care of a vulnerable population may be achieved through setting clear standards, regular audit, and harnessing the leadership and enthusiasm of junior doctors.

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

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EW0804

Enhancement of flexible cognition in autism

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Autism is defined by qualitative deficits in communication, social interaction and restricted patterns of interests and behavior. There are also reported difficulties in the dynamic activation and modification of cognitive processes in response to changes in tasks demands. It is assumed that poor flexible cognition is related to those difficulties. This research aimed to assess and intervene in cognitive flexibility in subjects with autism.

Ten subjects diagnosed with autism by psychiatrists, aged 5y to 13y5m, were assessed in cognitive flexibility through WCST in pretest and in patterns of social interactions, behaviors and com-

munication through ADI-R. An intervention program with 14 to 21 sessions designed to enhance cognitive flexibility through activities of local coherence inference, constructive praxis, attentional shifting, inhibitory control, besides drama games after reading stories. In posttest, they were assessed in WCST and ADI-R. Raw scores of categories completed and perseverative errors and responses were used.

Regarding flexible cognition, perseverative errors and responses were lower in posttest ($P=0.028$). Categories completed were improved in posttest ($P=0.049$). Total scores on ADI-R were lower in posttest ($P=0.051$) and as well as scores on communication abilities ($P=0.033$).

The qualitative improvement showed by the individuals of this research concerning flexible cognition and also patterns of restricted behavior, social interaction and communication abilities suggests that individuals with autism can benefit from the development of strategies for the rehabilitation of flexible cognition and more research is suggested with a larger sample among subjects on the autism spectrum.

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

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e-Poster Walk: Schizophrenia and other psychotic disorders – Part 5

EW0805

Awareness of and satisfaction with available treatment options in schizophrenia: Results from a survey of patients and caregivers in Europe

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Introduction Understanding beliefs and concerns of patients with schizophrenia and their caregivers, regarding treatment options, is key to improving their care. Perceived fears can impact adherence to therapy and represent a barrier to prescribers when discussing treatment decisions.

Objectives Explore patient and caregiver awareness of and satisfaction with available treatment options.

Methods Independent market research agency commissioned by Janssen, performed an online European survey in 2016 to capture demographics, awareness of available therapies, current treatment satisfaction and adherence from patients with schizophrenia and caregivers.

Results Results from 166 patients with schizophrenia and 468 caregivers from 12 European countries (France, Germany, UK, Italy, Spain, Denmark, Russia, Sweden, Austria, Belgium, Switzerland, and the Netherlands). One-fifth of patients reported they have not discussed alternative treatment options with their healthcare professional (HCP) despite 37% of patients being dissatisfied or very dissatisfied with their current therapy. HCPs were considered as the primary information source for the majority of patients (73%), although 27% of patients and 25% of caregivers believed that HCPs were not fully aware of all available treatment options. Moreover, 68% of patients treated with oral antipsychotics confirmed they would consider switching to a long-acting antipsychotic treatment, though 32% reported they have not been made aware of it as an

option. Many caregivers (46%) reported dissatisfaction with their level of involvement in treatment decisions.

Conclusions This survey underlines the critical role HCPs play in providing relevant information on treatment alternatives and emphasize the need for an open dialogue on available treatment options between HCPs, patients and caregivers.

Disclosure of interest Pierre Cherubin is a full-time Janssen employee working within the Medical Affairs Department. The other authors have not supplied their declaration of competing interest.

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EW0806

Lack of insight as a third variable between subjective appraisal of cognitive impairment and psychotic symptoms

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Background The relationship between subjective appraisal of cognitive deficits and symptom severity in schizophrenia is unclear. Insight reportedly impacts on both factors. Our aim is to further assess the relationship between the subjective perception of cognitive deficits, symptom severity and lack of Insight as a mediator variable.

Methods A total of 109 subject diagnosed with schizophrenia. Positive and Negative Syndrome Scale (PANSS) was modelled as dependent variable; Subjective Scale to Investigate Cognition in Schizophrenia (SSTICS) was modeled as independent variable and "Lack of Insight" (LoI) PANSS Item was tested as a mediator variable. Mediation was assessed using the Sobel Mediation Test.

Results LoI acts as a suppressor variable (i.e. it enhances the relation between the independent and dependent variable) between SSTICS and negative symptoms, while showing a mediator effect between SSTICS and depressive symptoms.

Discussion LoI has a central role in mediating the relationship between subjective appraisal of cognitive deficits on the one hand and positive and depressed symptoms on the other. Its suppressor role between SSTICS and depression is consistent with several reports of an enhanced risk of depression in patients fully aware of their disability. Its mediator role between SSTICS and positive symptoms supports the centrality of LoI as a metacognitive function whose failure may worsen psychotic symptoms.

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

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EW0807

Somatic comorbidities are associated with poorer treatment outcome in schizophrenia spectrum disorders, independently of psychiatric comorbidities and other clinical factors

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Introduction Increased somatic morbidities in schizophrenic patients and their association with HRQoL are well documented. Less is known about their association with schizophrenia treatment outcome.

Objective To explore whether the number of somatic comorbidities is associated with poorer psychosis treatment outcome independently of psychiatric comorbidities and other clinical and socio-demographic parameters.

Aim To improve understanding of association of somatic morbidities on treatment outcome of schizophrenic patients.

Methods This nested-cross-sectional study was done during 2016 at Psychiatric hospital Sveti Ivan, Zagreb-Croatia on the sample of 301 patients diagnosed with schizophrenia spectrum disorder. Outcomes were the number of psychiatric rehospitalizations since primary psychiatric diagnosis and the composite of significant improvement measured by CGI-S and the best self-rated health defined as 4th quartile of EQ-5D-5L VAS. Predictors were number of somatic and psychiatric comorbidities. By logistic regression, we controlled socio-demographic and clinical confounders.

Results Having two or more somatic comorbidities was significantly associated with the failure to achieve the composite of improvement. The number of somatic comorbidities was significantly associated with increase in psychiatric hospitalizations, even after the adjustment for psychiatric comorbidities and large number of clinical and socio-demographic variables.

Conclusions Chronic somatic comorbidities are associated with poorer psychosis treatment outcome independently of psychiatric comorbidities and other factors. Therefore, to treat psychosis effectively it may be essential to treat chronic somatic comorbidities promptly and adequately. The integrative approach should be the imperative in clinical practice.

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

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EW0808

Predictors of insight in patients with schizophrenia

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Aim To establish predictors of insight in patients with schizophrenia with regard to symptoms severity, executive functioning, level of education, marital status, age, and number of hospitalizations.

Subjects and methods A cross-sectional study was conducted on 60 consecutive outpatients with schizophrenia. Positive symptoms were established with 4-item Positive Symptom Ranking Scale (PSRS), and negative symptoms with Brief Negative Symptoms Assessment (BNSA). The level of insight was established with Self-Appraisal of Illness Questionnaire (SAIQ). Executive functions were established with Wisconsin card sorting test, and three verbal subtests from Wechsler's Intelligence Test: information, similarities, and calculating. All neuropsychological tests were administered by psychologist educated in administration of these and other neuropsychological tools.

Results Predictive statistical model identifies age and illness duration as negative, and higher level of education, and being married as a positive predictors of insight with 38.5% variance



explained. Scores on subscales “Similarities” and “Calculating” had positive association with insight score. Model explains 24.7% of variance. When model was adjusted on alpha 5% level of concluding only three significant positive predictors appears: higher level of education, higher score on “Similarities” subscale, and being married. Model explains 38.5% of variance.

Conclusion Level of education and marital status, among all other factors, have important impact on level of insight in patients with schizophrenia.

Keywords Insight; Predictors; Education; Marital status

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

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EW0809

Can neuropsychological testing facilitate differential diagnosis between at-risk mental state for psychosis and adult attention deficit hyperactivity disorder?

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Introduction Patients with an at-risk mental state (ARMS) for psychosis and patients with attention deficit hyperactivity disorder (ADHD) have many overlapping symptoms and hence can be difficult to differentiate clinically.

Objectives The aim of this study was to investigate whether the differential diagnosis between ARMS and ADHD could be improved by neuropsychological testing.

Methods A total of 157 ARMS and 122 adult ADHD patients were recruited via the Basel Früherkennung von Psychosen (FePsy) study and the ADHD Special Consultations Unit of the University of Basel Psychiatric Hospital, respectively. Verbal learning and memory was tested with the California Verbal Learning Test (CVLT), sustained attention with the Continuous performance test (CPT) and problem solving abilities with the Tower of Hanoi task. Group differences in neuropsychological performance were analyzed using generalized linear models, which included age and gender as covariates.

Results Adult ADHD patients recalled significantly fewer words in the CVLT (both after short and long delay) and had significantly more false alarms and omissions and longer reaction times in the CPT than ARMS patients.

Conclusions Adult ADHD patients show larger deficits than ARMS patients in the domains of verbal memory and sustained attention, but not in problem solving abilities. This in line with current meta-analyses, which found that impairments in the domains of attention and verbal memory are of medium effect size in adult ADHD patients and of small effect size in ARMS patients. Our results suggest that measures of these domains can be exploited to improve the differential diagnosis between adult ADHD and ARMS patients.

Disclosure of interest The author has not supplied his/her declaration of competing interest.

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EW0810

Clozapine augmented with risperidone in treatment-resistant schizophrenia

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Introduction The evolution of various pharmacological therapies for schizophrenia has given rise to several pharmacological models for the neuroreceptor targets of antipsychotics and the influence of various neuroreceptors on specific symptoms and side effects.

Objectives Experience in clinical practice affirms clozapine's position as the treatment of choice for patients with treatment-refractory schizophrenia. Unlike clozapine, risperidone has a more targeted profile of neurotransmitter binding, with particular predilection for dopamine and serotonin receptors. Risperidone is, to date, the most extensively documented clozapine augmentation agent.

Aim The aim was to evaluate clinical efficacy, safety and tolerability of augmenting clozapine with risperidone in patients with treatment-resistant schizophrenia.

Methods In a randomized, double-blind, placebo-controlled 8-week trial, 10 patients unresponsive or partially responsive to 300 mg/day of clozapine monotherapy ($n=5$) received a steady dose of 450 mg/day clozapine combined with or up to 4 mg/day of risperidone ($n=5$). Patient psychopathology was assessed at 2-week intervals with the Brief Psychiatric Rating Scale (BPRS), the Scale for the Assessment of Negative Symptoms (SANS) and Clinical Global Impression (CGI) improvement scale.

Results From baseline to week 4 and week 8, mean BPRS total and positive symptom subscale scores were reduced significantly in both groups, but the reductions were significantly greater with clozapine/risperidone treatment. Reductions in SANS scores were also significantly greater with clozapine/risperidone treatment than with clozapine monotherapy group. Clozapine/risperidone treatment did not induce additional weight gain or agranulocytosis compared with clozapine monotherapy treatment.

Conclusions Clozapine augmentation with risperidone appears to be well tolerated, safe and may provide additional clinical benefit for patients who are nonresponsive or only partially responsive to clozapine alone.

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

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EW0811

The association of schizophrenia symptoms clusters with obsessive compulsive symptoms

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Introduction Thirty percent of individuals with schizophrenia demonstrate obsessive compulsive symptoms (OCSs). There is conflicting data on the effects of antipsychotic medication on OCSs in schizophrenia. The delineation of the relationship of OCSs with positive, negative and general psychopathology symptoms has theoretical and treatment implications.

Objectives To investigate the relationship among OCSs with the symptoms clusters in schizophrenia.

Methods We recruited 110 chronic schizophrenia patients and assessed OCSs (Yale-Brown Scale) and schizophrenia symptoms (Positive and Negative Syndrome Scale). In order to investigate the relationship of OCSs with clusters of schizophrenia symptoms, we conducted correlation analyses between YBOCS total scores or obsession or compulsion subscores with the PANSS symptoms scores (total, positive, negative and general psychopathology) and the cognitive scores derived from CANTAB. We re-conducted these



correlations for the sub groups with clinically detectable OCSs (YBOCS > 8) and clinically significant OCSs (YBOCS > 14).

Results The only significant correlation was that of scores of OCSs with PANSS general psychopathology scores ($\rho = 0.190, P = 0.047$). Obsessions and compulsions did not significantly correlate with positive or negative symptom clusters. No significant correlation between OCSs and schizophrenia symptoms were detected in the subgroups with clinically detectable or significant OCSs.

Conclusions OCSs appear to be a separate symptom cluster in the context of schizophrenia, suggesting that OCSs cannot be expected to be influenced by standard antipsychotic treatments.

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

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EW0812

Obsessive compulsive symptoms, social functioning and executive functions in chronic schizophrenia



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Introduction Schizophrenia leads to functional deficits. A third of schizophrenia patients have obsessive compulsive symptoms (OCSs). The existing studies, which have investigated the effect of OCSs on social functioning (SF) of schizophrenia patients have produced contradictory findings and, interestingly, they have not adjusted for the role of executive functioning.

Objectives To investigate the predictive role of OCSs on SF in schizophrenia controlling for the effects of executive functioning.

Methods In a cross-sectional study of 110 chronic schizophrenia patients we assessed OCSs (Yale-Brown Scale), SF (Strauss Carpenter Scale) and composite executive function (cognitive flexibility: Intra-extra dimensional set shifting task and planning: Stockings of Cambridge task) using the Cambridge Neuropsychological Test Automated Battery (CANTAB). We also measured total symptoms (PANSS total scores) and illness duration. Regression analysis tested the predicting role of OCSs (YBOCS total score) on functioning taking into account executive function (composite score) duration of illness and schizophrenia symptoms.

Results OCSs were associated with better SF ($B = 0.099$; 95% CI = 0.019, 0.180; $t = 2.449$; $df = 88$; $P = 0.016$). This result was driven by the association of OCSs with job functioning ($B = 0.043$; 95% CI = 0.006, 0.081; $t = 2.289$; $df = 88$; $P = 0.024$). Executive functions were not significantly associated with social functioning.

Conclusions OCSs and not executive functions are associated with social functioning in schizophrenia. Future studies should examine whether OCSs represent a compensatory mechanism aiming at preserving social functioning in the disorder.

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

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EW0813

Real-world effectiveness of antipsychotic treatments among patients with schizophrenia and affective symptoms



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Introduction The clinical distinction between schizophrenia and affective psychoses is often not clear-cut, and very little is known about the effectiveness of treatments among patients having both schizophrenia and affective symptoms.

Objectives To study the comparative real-world effectiveness of antipsychotic treatments among patients having schizophrenia and affective symptoms.

Methods We studied the risk of all-cause rehospitalization during use of specific antipsychotics during 1996–2012 among all patients who had been previously hospitalized with both schizophrenia and mood disorder diagnoses in Finland since 1987 ($n = 28,015$). We linked nation-wide databases on hospitalization, mortality, and filled prescriptions. The primary analysis was within-individual analysis, in which each individual was used as his/her own control to eliminate selection bias. The effect of concomitant psychotropic medications, and the temporal orders of exposure and non-exposure periods were adjusted.

Results When 22 specific antipsychotic treatments were compared with the most frequently used antipsychotic quetiapine, the lowest rehospitalization risks were observed during the treatment periods of olanzapine long-acting injection (LAI) (HR: 0.52; 95% CI: 0.34–0.80), risperidone LAI (0.67; 0.56–0.81), and clozapine (0.68; 0.63–0.74). The worst outcome was observed for periciazine (1.19; 0.96–1.48) and no antipsychotic use (1.09; 1.04–1.13).

Conclusions Olanzapine LAI, risperidone LAI, and clozapine use are associated with the lowest risk of rehospitalization among patients with schizophrenia and affective symptoms.

Disclosure of interest Jari Tiihonen has served as a consultant to The Finnish Medicines Agency Fimea, AstraZeneca, Bristol-Myers Squibb, Eli Lilly, F. Hoffman-La Roche, Janssen-Cilag, Lundbeck, Organon, and Finnish Medicines Agency he has received fees for giving expert testimony to AstraZeneca, Bristol-Myers Squibb, Eli Lilly, GlaxoSmithKline, Janssen-Cilag, Lundbeck, Otsuka and Pfizer lecture fees from AstraZeneca, Bristol-Myers Squibb, Eli Lilly, GlaxoSmithKline, Janssen-Cilag, Lundbeck, Novartis, Otsuka, Pfizer and grants from Stanley Foundation and Sigrid Jusélius Foundation. Tiihonen is a member of advisory boards for AstraZeneca, Eli Lilly, Janssen-Cilag, and Otsuka, and has research collaboration with Lilly and Janssen. Markku Lähteenvuo is a major shareholder and board member at Genomi Solutions Ltd, a Finnish based bioinformatics company. He has also received research grants or awards from Boehringer-Ingelheim, and is working as a coordinator for a research project funded by the Stanley Foundation. Fabian Hoti and Pia Vattulainen are employed by EPID Research, which is a contract research organization that performs commissioned pharmacoepidemiological studies and thus its employees have been and currently are working in collaboration with several pharmaceutical companies. Antti Tanskanen and Heidi Taipale have participated in research projects funded by Janssen with grants paid to the Karolinska Institutet.

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EW0814

Efficacy of F17464, a new preferential D3 antagonist in a placebo-controlled phase 2 study of patients with an acute exacerbation of schizophrenia

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Introduction F17464 is a new highly potent preferential D3 antagonist, 5-HT1A and weak D2 partial agonist, with confirmed antipsychotic-like activity in animal models. In healthy volunteers, F17464 had a good safety and tolerability profile. A PET-scan study determined a high D3 occupancy rate up to 22 h after a single dose.

Objectives The primary objective was to evaluate the efficacy of 40 mg/day of oral F17464 in comparison to placebo.

Methods This double-blind, parallel group, multicenter study included patients with acute exacerbation of schizophrenia treated for 6 weeks as antipsychotic monotherapy. Patients were hospitalized for the first 3 weeks of treatment, then continued as outpatients.

Results The 144 randomized patients had a baseline PANSS mean (SD) total score was 89.6 (9.5). The change from baseline of PANSS total score to Day 43 on the FAS (LOCF), showed a statistically significant difference in favor of F17464 over placebo: adjusted mean (SE) change -13.5 (2.1) on F17464 and -7.8 (2.2) on placebo with a treatment effect estimate -5.7 (2.7). The 20% or 30% response rate was statistically higher in the F17464 group (47.2% and 25.0%) compared to the placebo group (30.6% and 13.9%). The incidence of treatment-emergent adverse events was slightly higher in the F17464 group (70.8%) than in the placebo group (62.5%). There were no clinically-relevant hepatic, metabolic, or cardiovascular abnormalities. No EPS was reported under F17464.

Conclusion This is the first D3 antagonist that proves efficacy. The results of this phase 2 study also demonstrate the favorable safety profile of F17674 when compared to placebo.

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

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EW0815

Stigma in early detection of psychosis: Subjective experiences of those concerned

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Introduction Despite the large scientific debate concerning potentially stigmatizing effects of informing an individual about being in an at-risk mental state (ARMS) for psychosis, studies investigating this topic are rare and quantitative assessment of this kind of stigmatization does not exist so far.

Objectives This study presents first results regarding potentially helpful or stigmatizing effects of being informed about an ARMS assessed with a newly developed quantitative self-rating (FePsy-Stigma questionnaire).

Methods Forty ARMS patients participating in the prospective Basel Early Detection of Psychosis (FePsy) study as well as patients clinically assessed in the early detection service of the Psychiatric Services of Solothurn, completed the FePsy-Stigma questionnaire during their follow-up assessments at least six months after they

had been informed about their increased risk of developing psychosis. The questionnaire was constructed based on a previous qualitative study and on adapted versions of formerly used instruments for assessing stigma in mental health (Internalized Stigma of Mental Illness Scale, Personal Beliefs and Experiences Questionnaire).

Results Stigmatization appeared to be low overall except for social withdrawal due to suspected stigma. Stigma resistance, stereotype awareness and expected discrimination scored considerably higher than actually experienced discrimination, alienation and stereotype endorsement.

Conclusions The results suggest that early detection services help individuals cope with symptoms and build certain resilience toward potential stigmatization, rather than enhancing or causing the latter. In line with previous studies, our results indicate that there is a considerable difference between expected and actually experienced discrimination as well as between stereotype awareness and stereotype endorsement.

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

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EW0816

Sex-specific effect of intranasal vasopressin, but not oxytocin, on emotional recognition and perception in schizophrenia patients

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Background Impairments in social behavior and cognition, such as the ability to identify others' emotional state, are important features in schizophrenia. Arginine vasopressin (AVP) and oxytocin (OXT) and are nonapeptides that influence social cognition and behavior. Previous studies have shown that the administration of intranasal AVP or OXT may affect the ability to recognize facial emotions. The primary objective of this study was to investigate the effects of a single dose of AVP or OXT on social cognition in patients with schizophrenia. The secondary objective of the study was to test for sex-specific effects of intranasal AVP and OXT administration on social cognition.

Methods In this double-blind, placebo-control, cross-over study, 34 patients diagnosed with schizophrenia or schizo-affective disorder, received a dose of AVP, OXT or placebo in three separate meetings. Forty-five minutes after administration, subjects performed facial emotion recognition tasks.

Results There were no significant main effects of hormone administration on the ability to recognize facial emotions between treatment conditions. However, AVP administration resulted in sex-specific differences in emotion recognition. Specifically, in men, AVP administration reduced the ability to recognize angry faces. In women, AVP administration reduced the ability to recognize sad faces and improved the ability to recognize fearful faces.

Conclusions These findings indicate that intranasal AVP may affect the recognition of facial emotions differently in men and

women. Thus, AVP may increase the differences between men and women on social cognition.

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

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EW0817

Long-term metabolic effect of second-generation antipsychotics in first episode of psychosis

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Introduction There is growing evidence indicating that the use of second-generation antipsychotic (SGA) treatments in psychosis is related to potential metabolic side effects. Previous studies have shown clear metabolic side effects at short-term (12 weeks). However, to detect clinically-relevant impairment in metabolic parameters a long-term follow-up is preferred.

Objectives The aim of this study was to investigate the effect of aripiprazole, ziprasidone and quetiapine on metabolic measures in medication-naïve first episode psychosis patients after 1 year of treatment.

Methods One hundred and sixty-eight, drug-naïve patients, suffering from a non-affective first episode of psychosis, were included in the present study. Patients were randomly assigned to quetiapine, ziprasidone or aripiprazole treatment lines. Weight and glucomic/lipid parameters were recorded at baseline and after 1 year of treatment. Other clinical and socio-demographic variables were recorded to eliminate potential confounding effects.

Results Weight ($t = -10.85$; $P < 0.001$), BMI ($t = -11.38$; $P < 0.001$), total cholesterol ($t = -5.37$; $P < 0.001$), LDL-cholesterol ($t = -5.21$; $P < 0.001$), triglycerides ($t = -5.18$; $P < 0.001$) and the triglyceride/HDL insulin resistance index ($t = -4.09$; $P < 0.001$), showed statistically significant increments after 1 year of treatment.

Moreover, on comparing the percentage of patients with pathological levels before and 1 year after the antipsychotic treatment, we detected higher percentages of patients with obesity (5.1% vs. 15.3%; $P < 0.001$), hypercholesterolemia (23.2% vs. 39.6%; $P < 0.001$) and hypertriglyceridemia (5.8% vs. 14.2%; $P = 0.021$) after 1 year of treatment.

Conclusions The primary exposure to SGAs during the first year of psychosis was associated with significant increments in weight and metabolic parameters leading to a significant increment in the proportion of obesity, hypertriglyceridemia and hypercholesterolemia in our sample.

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

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EW0818

Lack of differential long-term metabolic profile of aripiprazole, quetiapine and ziprasidone in first episode of psychosis

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Introduction The use of second-generation antipsychotic (SGA) treatments in psychosis has been associated with metabolic changes. However, there are differences in metabolic profile between SGAs. In a previous study conducted in our sample of first episode psychosis patients, we observed that the ziprasidone had a more benign metabolic profile compare to aripiprazole and quetiapine, at short-term (12 weeks). However, to detect clinically-relevant impairment in metabolic parameters a long-term follow-up is preferred.

Objectives The aim of this study was to investigate if the differentiated metabolic profile of aripiprazole, ziprasidone and quetiapine observed at short-term is maintained after 1 year of treatment in a sample of drug-naïve patients with a first episode of psychosis.

Methods One hundred and sixty-eight, drug-naïve patients, suffering from a non-affective first episode of psychosis, were included in the present study. Patients were randomly assigned to receive quetiapine, ziprasidone or aripiprazole. Weight and glucomic/lipid parameters were recorded at baseline and after 1 year of treatment. Other clinical and socio-demographic variables were recorded to eliminate potential confounding effects.

Results No significant differences between antipsychotic groups (all $F < 2.61$; $P > 0.05$) were found in any of the metabolic parameters studied after one year of treatment.

Conclusions Despite the metabolic profile differences observed at short-term in our previous studies, we did not find significant differences in the metabolic and weight parameters studied between treatment groups after one year of treatment, concluding that they present similar metabolic profiles at long-term. Other clinical individual interventions (e.g.: diet, exercise), not here controlled, may have influenced possible differences in long-term metabolic outcomes.

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

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EW0819

Differentiated psychopharmacological treatment in three genetic subtypes of 22q11.2 deletion syndrome

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Introduction The 22q11.2 deletion syndrome (22q11DS), mostly caused by the common deletion including the *TBX-* and *COMT*-genes (LCR22A-D), is highly associated with somatic anomalies. The distal deletion (distal LCR22D) comprises the *MAPK1*-gene and is associated with specific heart defects. The rare central deletion (LCR22B-D) encompasses the *CRKL*-gene and shows predominantly urogenital anomalies. 22q11DS also differs in its neuropsychiatric profile: common deletion accompanied by schizophrenia-like psychoses and autism spectrum disorders, distal deletion by anxiety disorders, and central deletion by autistic-like behaviours.

Objectives Investigating genetic subtypes of 22q11DS.

Aims Achieving a targeted pharmacological treatment based on genetic sub-typing.

Methods Thirty-two patients with genetically proven 22q11DS, referred for detailed neuropsychiatric analysis.

Results Apart from two patients with distal deletion and one with central deletion, common 22q11.2 deletion was detected in



29 patients. Those with the common deletion were typified by a history of relapsing schizophrenia-like psychoses and partial non-response to conventional antipsychotics. In most patients, anxieties and mood instability were also manifest. The two patients with a distal deletion predominantly showed anxiety symptoms, while the behaviour of the patient with a central deletion was characterized by symptoms from the autism spectrum. Most patients with a common deletion could successfully be treated with clozapine or quetiapine, often combined with valproic acid. One patient with a distal deletion showed full remission upon treatment with citalopram (the second refused such a pharmacological intervention). The behaviour of the patient with central deletion improved upon contextual measures only.

Conclusions The genetic subtype of 22q11DS enables targeting of treatment strategy.

Disclosure of interest The authors have not supplied their declaration of competing interest.

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EW0820

Clustering and switching on verbal and nonverbal fluency in patients with schizophrenia



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In our study, we focus on the extent of occurrence of switching and clustering during fluency task among patients with schizophrenia compared to healthy controls. The previous studies found that both switching and clustering were affected in patients with schizophrenia. However, it has not clear yet if the decrease is caused by the impairment of executive functions or is related to poorer vocabulary. In our study, participants were tested Verbal Fluency Task (phonological and semantic) and also the nonverbal fluency task (measured by Five Point Test) so that the effect of vocabulary would be removed. Our study included 50 participants: 25 individuals with schizophrenia and 25 healthy controls. We found significant differences in the way of organization between group of psychiatric patients and healthy controls. The absence of clustering is typical for psychiatric population, patients tell the words without closer connection, they neglect association links, switch between clusters. Due to this way of response, they achieved lower score, they told fewer words than healthy controls. However, this manner was found also in nonverbal task where the patients did not follow one-way in drawing patterns and they often change the number of connecting dots or used lines. Our study implies that this condition is probably caused by disruption of the executive functions.

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EW0821

Memory and medial temporal lobe structures in patients with schizophrenia and their siblings



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Episodic retrieval is characterized by the subjective experience of remembering. Semantic memory, on the other hand, is a more structured record of facts, meanings, concepts and knowledge about the external world that we have acquired. The medial temporal lobe (MTL), especially the hippocampus and parahippocampal cortex, plays a central role in both types of memory process. Published studies suggested that individuals with schizophrenia have deficits in episodic and semantic memory, as well as structural abnormalities of the medial temporal lobe. However, it is not clear whether reported correlations reflect the impact of the disease state or that of underlying genetic influences contributing to the risk. To understand better etiology and effects of psychosis on the global brain structure and cognitive processing, relatives of individuals with schizophrenia can be studied. The aim of our study was to examine the association between abnormalities of the MTL, psychopathology, and memory impairment in schizophrenia. Study sample ($n=60$) consisted of first episode schizophrenia patients, their non-psychotic siblings and matching control subjects. We used high-resolution magnetic resonance imaging and probabilistic algorithms for image analysis. Episodic and semantic memory was measured with neuropsychological tests. Our results showed differences in memory performance between the groups. Neuropsychological data were correlated with MRI findings. The results may provide insight into etiology of schizophrenia and its effects on cognition and help to identify neuroanatomical and cognitive endophenotypes of psychotic disorders.

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EW0822

Hope, self-stigma, personality traits and quality of life in patients with psychotic disorders



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Introduction Recently, as a result of an increased emphasis on patients' needs, the awareness on the quality of life has been engaged into account in the exploration of schizophrenia.

Objectives The aim of the study was to explore the relations between hope, self-stigma, personality traits and quality of life in patients with schizophrenia spectrum disorder.

Methods Fifty-two stabilized outpatients with schizophrenia spectrum disorders participated in cross-sectional study. The psychiatrist assessed each patient with Mini International Neuropsychiatric Interview and Clinical Global Impression-Severity. The patients completed Quality of Life Satisfaction and Enjoy-

ment Questionnaire, Internalized Stigma of Mental Illness Scale, Temperament and Character Inventory, Adult Dispositional Hope Scale, Drug Attitude Inventory, Liebowitz Social Anxiety Scale, Beck Depression Inventory – II, and Beck Anxiety Inventory.

Results The quality of life was significantly higher in employed patients, and individuals with higher hope, self-directedness, and persistence. The quality of life was lower among the patients with higher number of hospitalizations, those with higher severity of the disorder and individuals who were taking more medication. The patients with more pronounced symptoms of depression, anxiety, and social anxiety had a lower quality of life. Finally, the quality of life was lower among the individuals with higher harm avoidance, and self-stigmatization.

Conclusions Detection of the quality of life in the context of personality traits, hope, self-stigma and demographical and clinical factors may be an important part of the treatment of patients with schizophrenia.

Disclosure of interest The authors have not supplied their declaration of competing interest.

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EW0823

Negative aspects of self-stigma in patients with schizophrenia spectrum disorders



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Introduction Most individuals diagnosed with schizophrenia must cope with some form of stigmatization. Different types of public stigma, self-stigma and label avoidance, may have negative consequences for these individuals.

Objectives The aim of the study was to search the degree of self-stigma in schizophrenia and its association with the clinical and demographic factors.

Methods One hundred and ninety-seven stabilized outpatients diagnosed with schizophrenia spectrum disorders participated in the study. The mean age of the sample was 40 years. All individuals completed the Internalized Stigma of Mental Illness Scale (ISMI) and a demographic questionnaire. The disorder severity was assessed both by a psychiatrist (objCGI-S: the objective version of Clinical Global Impression – Severity scale) and by the patients (subjCGI-S: the subjective version of Clinical Global Impression – Severity scale).

Results The total score of the ISMI positively correlated with the severity of the disorder measured by the objCGI-S and the subjCGI-S. Additionally, the self-stigma positively correlated with the treatment duration, and the number of hospitalizations. The regression analysis identified these regressors as the most relevant to the self-stigma – the number of hospitalizations, the severity of the disorder rated by a psychiatrist, and the difference between the objective rating and the subjective rating of the severity of the disorder.

Conclusions Outpatients with psychosis, who have undergone a higher number of hospitalizations, dispose of a higher severity of the disorder and show a bigger discrepancy between their rating of

the severity and the psychiatric rating, display a greater degree of self-stigma.

Disclosure of interest The authors have not supplied their declaration of competing interest.

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EW0824

Therapy initiation during a first acute episode psychosis in the psychiatric department of Mahdia



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Introduction The quality of the therapeutic care during a first episode psychosis (FEP) determines the middle- and long-term prognosis.

Objectives The aim of our study is to describe the therapeutic attitudes in front of a FEP and discuss them according to current international recommendations.

Methods This is a retrospective descriptive study. All patients with a FEP, hospitalized in the psychiatric department of the university hospital, Mahdia during the period from 15 May 2000 to 31 December 2013 have been included.

Results We recruited 111 patients. The average age was 27 years, a male predominance was noted. Initially, the majority of patients were treated in monotherapy (55.9%) and mostly with typical antipsychotic drugs (80.2%), by injection. Among those under association, 63.4% received corrective treatment and 26.8% a benzodiazepine. The prescription of a mood stabilizer and an antidepressant was noted in respectively 5.6 and 2.8% of cases. The majority of patients received typical antipsychotic drugs (53.1%) while 39.6% were under atypical antipsychotic. The follow-up period, after which a reduction of the antipsychotic dose was decided, ranged from 1 to 66 months with an average of 8.26.

Conclusion The progression to a chronic psychosis, still has a severe connotation. The Early and adequate therapeutic care in accordance with the international recommendations, determines the prognosis and constitute a decisive moment in the evolutionary trajectory of the disease.

Disclosure of interest The authors have not supplied their declaration of competing interest.

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EW0825

Effectiveness of health checks to improve the physical health of people with severe mental illness in secondary care: A single blind cluster randomised controlled trial



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Introduction Annual monitoring of physical health of people with severe mental illness (SMI) in primary or secondary care is recommended in England.

Objective The SMI Health Improvement Profile (HIP) was developed to target physical well-being in SMI through the role of the mental health nurse.

Aim The primary aim was to investigate if health checks performed by community mental health nurses (CMHNS) trained to use the HIP improved the physical well-being of patients with SMI at 12 months.

Methods A single blind, parallel group randomised controlled trial of training to use the HIP (clustered at the level of the nurse). Physical well-being was measured in study patients using the physical component score of the SF36v2 at baseline and at 12 months.

Results Sixty CMHNS (working with 173 patients) were assigned to the HIP programme (training to use the HIP) or treatment as usual. The HIP was completed with 38 (42%) patients at baseline and 22 (24%) at follow-up in the HIP programme group. No effect of the HIP programme on physical health-related quality of life of study patients was identified, a finding supported by per protocol analyses.

Conclusions This study found no evidence that CMHN delivered health checks following training to use the HIP are effective at improving the physical well-being of SMI patients at one year. More attention to methods that aim to enable the delivery, receipt and enactment of evidence-based interventions to improve physical health outcomes in this population is urgently required.

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EW0826

Brainstem audiometry as a diagnostic tool in psychiatry: Preliminary results from a blinded study

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Background Some prior studies of brainstem audiometry have found illness-specific aberrations, suggesting that this procedure can be of use to clinicians in diagnosing certain psychiatric illnesses.

Aims The study aimed to examine the diagnostic properties of a brain stem audiometry procedure (SD-BERA[®]) for patients suffering from schizophrenia and bipolar disorder.

Methods A blinded study including 12 patients with schizophrenia, 12 patients with bipolar disorder, and 12 healthy controls was performed in 2014/2015. The patients were recruited from psychiatric specialist services and a primary care office in the County of Troms, Norway. The patients and controls were examined with brainstem audiometry. The clinical diagnoses were not known to the researchers who analysed the brain stem audiometry data at the Swedish company SensoDetect. Sensitivity and specificity for each group (compared to healthy controls) was calculated.

Results The brain stem audiometry procedure had a high degree of sensitivity (1.00), but a lower degree of specificity (0.45) when patients suffering from bipolar disorder were compared to healthy

controls. For the diagnosis of schizophrenia, the brain stem audiometry procedure had a high degree of specificity (0.91), but a lower degree of sensitivity (0.33) when patients were compared to healthy controls.

Conclusions This method may help clinicians by lending support to a clinically suspected diagnosis of schizophrenia. The relatively low specificity for bipolar disorder could suggest that the method needs further development before it can be useful clinically when the diagnosis of bipolar disorder is suspected. Further scientific testing is needed to verify these findings.

Disclosure of interest The authors have not supplied their declaration of competing interest.

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EW0827

Aripiprazole in treatment of disability in social, professional and family life in schizophrenia patients

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Introduction Enhancement of overall functioning is one of most important goals in treatment of schizophrenia (SCH) patients.

Objective To assess efficacy of aripiprazole in treatment of disability and impairment in social, professional and family life in SCH patients.

Methods This study included 50 patients with SCH diagnosed by ICD-10 criteria, divided into H (Haloperidol, 5–20 mg/24 h) group (25 patients), and A (Aripiprazole, 10–30 mg/24 h) group (25 patients). Antipsychotics were tested for 12 months with Positive and Negative Symptom Schedule (PANSS), Sheehan Disability Scale (SDS) and the number of withdrawals attributed to adverse event (AE).

Results The mean pretrial PANSS score was 103.6 in A and 105.3 in H group. The mean PANSS score after 12 months was 53.5 in A and 54.4 in H group. There were no significant statistical difference in PANSS pretrial scores and scores after 12 months between groups, $P=0.619$; $P=0.364$. There were significant statistical difference in PANSS score reduction after 12 months in both groups ($P<0.001$). Aripiprazole improved all SDS scores in comparison to Haloperidol with high statistical significance. Work: A vs. H, $P<0.001$; social life: A vs. H, $P<0.001$; family life: A vs. H, $P<0.001$; days lost: A vs. H, $P=0.012$; days unproductive: A vs. H, $P=0.007$; 8.0% AEs occurred in A, and 36.0% in H group.

Conclusions Aripiprazole showed same efficacy as haloperidol in treatment of SCH. Aripiprazole showed significantly better efficacy in treatment of disability and impairment. Number of withdrawals was significantly higher in haloperidol group.

Disclosure of interest The authors have not supplied their declaration of competing interest.

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EW0828

Smoking and tardive dyskinesia in patients with schizophrenia

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Introduction Tardive dyskinesia (TD) is a drug-induced movement disorder that arises with antipsychotics. These drugs are the mainstay of treatment for schizophrenia. Epidemiological studies have shown mixed results on smoking's association with TD.



Objective To study the association between smoking and TD induced by antipsychotics in outpatients with schizophrenia.

Methods This was a cross-sectional study. It involved 89 patients suffering from schizophrenia, followed-up in outpatient psychiatry unit at Hédi Chaker university hospital in Sfax in Tunisia, between April and May 2016. We looked for TD in according to DSM-IV-R criteria. The intensity of TD was assessed with the Abnormal Involuntary Movement Scale (AIMS) and the level of nicotine dependence with the Fagerström Test for Nicotine Dependence (FTND).

Results The prevalence of smoking in patients with schizophrenia was 69.6%. Of these, 54.8% had a high or very high degree of nicotine dependence. The prevalence of TD was 33.7%. The AIMS average score was 12.13 ± 5.6 with extremes ranging from 3 to 26. TD was correlated with tobacco consumption ($P=0.003$), the average number of smoked cigarettes (43.7 vs. 33.8; $P=0.004$) and the Fagerström average score (7.2 vs. 6.1; $P=0.012$).

Conclusion The results of this study showed a correlation between the amount of smoking and severity of TD in patients with schizophrenia. The nature of the relationship between smoking and TD needs to be clarified through an experimental study.

Disclosure of interest The authors have not supplied their declaration of competing interest.

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e-Poster Walk: Substance related and addictive disorders – Part 2

EW0829

Leptin and ghrelin levels in alcohol-dependent patients and their relationship with withdrawal and craving



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Introduction Association between leptin and ghrelin plasma levels and alcohol craving have been found in few studies but they have failed to differentiate this correlation with alcohol withdrawal state.

Objectives To research this correlation in a different population and to study this correlation with respect to hyper-excitability state of alcohol withdrawal.

Aim To study levels of leptin and ghrelin in relation with alcohol withdrawal and craving.

Methods Twenty-five indoor patients fulfilling the alcohol dependence criteria were assessed for alcohol withdrawal symptoms and craving. Leptin and ghrelin levels were measured on 1st day, @ the end of 1st week, @ the end of 3rd week of stopping alcohol. Withdrawal was assessed using CIWA-A at day 1 and day 7, craving was assessed using PENN's scale of craving at the end of week 1 and week 3. Control group consisted of 15 first-degree relatives not taking alcohol.

Results It was found that leptin [$t(38)=2.95$, $P=0.005$] and ghrelin [$t(38)=2.56$, $P=0.015$] were significantly higher in alcohol-dependent patients. Levels of hormones had no significant correlation with alcohol withdrawal scores but had positive correlation with craving scores after abstinence.

Conclusions Leptin and ghrelin, known for balancing the energy homeostasis of body, also seem to play a role in pathways of drug dependence and craving. This relation is independent of stress hormone axis as leptin and ghrelin levels are not correlated with

withdrawal scores, which is an indicator of stress hormone axis activation during alcohol withdrawal.

Disclosure of interest The authors have not supplied their declaration of competing interest.

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EW0830

Affective temperaments in medical students using prescription stimulants for neuroenhancement



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Introduction The non-medical use of prescription stimulants (NMUPS) is a common habit among American college students; It refers to the use of stimulant medications by students who do not qualify for prescription or in higher quantities or manners other than prescribed in order to improve their academic performance. To the best of our knowledge, no studies have examined the role of specific affective, biologically determined and inherited traits that might predict misuse of stimulants for neuroenhancement in graduate education.

Aim To examine the role for individual temperament traits on non-medical use of prescription stimulants (NMUPS) in medical college students.

Methods We investigated 181 students using the short form of the Temperament Evaluation of the Memphis, Pisa, Paris and San Diego Auto-questionnaire (TEMPS-A). Furthermore, we assessed the association of demographic variables and health risk behaviors (drinking, smoking, use other illicit drugs) with NMUPS. Predictors were investigated using logistic regression.

Results The prevalence of NMUPS was 30.06% with 7.1% users being previously diagnosed with ADHD. NMUPS users had higher scores on the hyperthymic scale. The main reason for taking NMUPS was to "Increase ability to stay alert during studying" (80.1%) followed by "Allow studying for longer periods of time" (19.9%). The hyperthymic temperament score and being a user of other illicit drugs increased the odds of becoming NMUPS.

Conclusions Our results suggest that personality profiles can be used to identify students with an increased risk for NMUPS for early personalized counseling and behavioral intervention based on their temperament profile.

Disclosure of interest The authors have not supplied their declaration of competing interest.

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EW0831

Impulsivity and pathological gambling: An Italian study



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Introduction Pathological gambling (PG) is a behavioral addictive disorder characterized by persistent and problematic gambling behaviors, in presence of impairment of self-regulation and impulsivity. Impulsivity is widely supported by literature in developing and maintaining addictive behaviors and PG.

Aim(s) The aim of this study is to compare PG to impulsivity in a group of Italian outpatients, in order to further explore their appealing relation and to sensitize local public institutions about this problem that is of growing concern amongst our population.

Methods Fifty outpatients were recruited at the psychiatric outpatient ward of the University of Pisa. All of them had a diagnosis of PG, assessed throughout the structured clinical interview for DSM-5 (SCID-5). The sample was compared with a similar group of healthy control subjects. South Oaks Gambling Screen (SOGS) scale and Barrat Impulsivity Scale (BIS-11) questionnaires were used to assess respectively the severity of PG and impulsivity traits of personality.

Results PG patients reported significantly higher total score in BIS-11 than control subjects. In particular, the “motor impulsivity” and “cognitive complexity” scores were significantly higher in PG patients, as well as “motor” and “non-planning” impulsivity subscale scores. A positive and significant correlation was found between BIS-11 and SOGS total scores.

Conclusions These results corroborate the existence of the widely described association between impulsivity and PG. Also they support the notion that impulsivity may represent a core element of PG and, perhaps, to a typical personality trait, that may be particularly related to the development of addictive and impulsive behaviors.

Disclosure of interest The authors have not supplied their declaration of competing interest.

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EW0832

Psychosis – Different presentation for designer drugs compared to cannabis abusers?

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Introduction “Bath salts” target the endocannabinoid system in a similar manner to cannabis. In the case of designer drug misuse, subjects seem to be at higher risk of psychotic symptoms.

Aims To investigate the nature and frequency of psychotic symptoms associated with cannabis and/or bath salts misuse in a male inpatient population.

Method The files of 107 patients admitted to the department of addictions, “Al. Obregia” Psychiatric Hospital Bucharest July 2015–July 2016 were reviewed. Cases had a diagnosis of psychotic disorder with recorded cannabis/bath salts abuse.

Results Mean age was 26.65 years old (STDV=5.9). Mean duration of use was of 83.94 months – cannabis; 60.48 months – bath salts and 33.75 months – both substances (BS). Sixty-three patients (73.3%) presented disorganised behaviour; 55.8% ($n=48$) formal thought disorder; 45% ($n=39$) paranoid delusions. A strong positive association between the length of use of cannabis and disorganised behaviour ($n=33$; $r=0.05$; $P<0.05$) was found. Grandiose ideation was frequent in cannabis users. ($X^2=4.1$; $n=0.03$; $P<0.05$). Multidrug abuse was associated with increased formal thought disorders compared to subjects with cannabis abuse ($X^2=10.9$; $n=0.001$; $P<0.05$). Negative symptoms were more frequent with bath salts users than with users of both substances ($X^2=13.4$; $X^2=23.21$; $X^2=16.8$; $P<0.05$).

Conclusion Positive psychotic symptoms were associated with cannabis and BS abuse, while bath salts promoted negative symptoms.

Disclosure of interest The author has not supplied his/her declaration of competing interest.

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EW0833

A multidisciplinary team (MDT) approach to managing alcohol-dependent patients with comorbid depression in an acute hospital setting

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Introduction Alcohol-dependent patients have a significantly increased risk of depression, contributing a cycle of relapse and attendance at acute hospital services seeking help. Care is often focused on the alcohol dependence treatment with little consideration of concomitant psychiatric disorders.

Aim To help bridge this gap in care planning and aim toward multidisciplinary long-term support.

Method We collected data on all patients referred to our alcohol complex patient MDT. We investigated the range of disciplines involved in patient care. We spoke to our patients about why they had chosen to attend hospital. We then developed a referral system to our alcohol MDT where a bespoke pathways of care was developed with all current and future care providers.

Results Our patients were often being cared for by multiple services, however much of this work was happening in isolation and was at times conflicting. Importantly, the patients were unclear where to go for what, and were utilizing the ED as a fail-safe when they were troubled.

Of 15 patients referred to MDT, 7 (50%) had a diagnosis of depression (DSM-IV). These patients had an average of 5.1 hospital attendances and 2.2 hospital admissions in the 3 months prior to MDT. At 3 months post-MDT, we were able to demonstrate a reduction in hospital admissions and attendances (average 2.2 & 1.4, respectively).

Conclusions An MDT for alcohol-dependent patients with depression facilitates effective and collaborative working for the benefit of patients and services.

Disclosure of interest The authors have not supplied their declaration of competing interest.

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EW0834

Fenethylamine (Captagon) abuse: Case report and literature review

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Introduction Novel psychoactive drugs (NPS) has rapidly increase in the last years in the drug market as a recreational use. Fenethylamine is a theophylline, an amphetamine-like drug, having stimulant effects similar to those of other amphetamine-type derivatives. Fenethylamine was used as medicament for hyperactivity disorders in children, narcolepsy and depression, but it has also been used as a drug of abuse under the common name of ‘captagon’. The purpose of this report is to review the clinical evidence for the potential of abuse of fenethylamine. We propose a case report and literature review.

Method We conducted a systematic review of the literature with the principal database (PubMed, Enbase, PsychInfo) and we present a case report.



Results The effects of fenethylamine is characterized by euphoria, derealization, autopsychic and somatopsychic depersonalization, hallucination, agitation and decrease of pain perception.

Discussion and conclusion The primary drug market for fenethylamine (as captagon) has traditionally been countries located on the Arabian Peninsula but also North Africa since 2013. To our knowledge, there is no report on the recreational use of fenethylamine in literature. The clinical features of fenethylamine intoxication were also similar to effects from other amphetamine-like drugs. In our case report, dissociative symptoms are the core of fenethylamine intoxication. Further research is warranted to replicate our clinical and qualitative observations and, in general, quantitative studies in large samples followed-up over time are needed. Methodological limitations, clinical implications and suggestions for future research directions are considered [1,2].

Disclosure of interest The authors have not supplied their declaration of competing interest.

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EW0835

Dysregulation of emotions among pathological gamblers: The role of savoring

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Introduction Theories have conceptualized pathological gambling as an attempt to cope with emotional states. However, there is a lack of research about emotion dysregulation in this population. In a similar way, few is known about the nature of emotion regulation strategies used by pathological gamblers. Furthermore, it is not clear if pathological gamblers have difficulties to regulate negative emotions (as sadness) or positive ones (as excitement).

Objectives We sought to explore the associations among pathological gambling, emotion dysregulation and different types of emotion regulation strategies, comparing a clinical sample with community participants.

Aims To highlight similarities and differences in emotion dysregulation between pathological gamblers and healthy participants.

Methods A sample of pathological gamblers and a sample of healthy men, were administered the South Oaks Gambling Screen (SOGS), Difficulties in Emotion Regulation Scale (DERS), Difficulties in Emotion regulation Scale-Positive (DERS-P), Emotion Regulation Questionnaire (ERQ) and the Ways of Savoring Checklist (WOSC).

Results As expected, both levels of emotion dysregulation and suppression were significantly higher in the clinical sample while levels of savoring and reappraisal were significantly higher in the community sample.

Conclusions Such results confirm the theorization of pathological gambling as a dysfunctional response to emotional states and underline the role of positive emotions. Specifically, pathological gamblers may be prone to suppress negative emotions instead to engage in functional strategies as reappraisal. Gamblers also fail to regulate positive emotions showing a poor capacity of savoring positive moments.

Disclosure of interest The authors have not supplied their declaration of competing interest.

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EW0836

Impulsivity and self-esteem in pathological gambling: What is the link?

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Introduction In empirical literature, impulsivity is identified as a core feature of gambling addiction. Furthermore, pathological gamblers are prone to have a poor self-esteem. Previous researches studied the link between impulsivity and self-esteem bringing contrasting results. However, relationships between such constructs among pathological gamblers have not been investigated.

Objectives We sought to explore the associations among pathological gambling, self-esteem and different facets of impulsivity comparing a clinical sample of pathological gamblers with community participants.

Aims To highlight patterns of associations between self-esteem and impulsiveness in pathological gambling.

Methods A sample of pathological gamblers and a sample of healthy men, were administered the South Oaks Gambling Screen (SOGS), the UPPS Impulsive Behavior Scale (UPPS) and the Rosenberg Self-Esteem Scale (RSES).

Results As expected, levels of impulsivity were significantly higher in the clinical sample while levels of self-esteem were significantly lower. A significant and negative correlation between impulsivity and self-esteem was found among pathological gamblers. Different patterns of associations were found between self-esteem and dimensions of impulsivity.

Conclusions Coherently with others results, our study confirmed that pathological gamblers showed high impulsivity and low self-esteem. The peculiar patterns of associations between impulsivity and self-esteem could be informative to tailor treatment programs for pathological gamblers.

Disclosure of interest The authors have not supplied their declaration of competing interest.

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EW0837

Outcome and characteristics of patients in methadone maintenance program depending on whether they are or not drug consumption room users

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Introduction In January 2012, a drug consumption room (DCR) opened in an outpatient treatment center for alcoholism and drug abuse (CADA) to reach people who inject drugs (PWID) who did not seek treatment.

Objectives/aims To evaluate the characteristics and evolution of 76 patients undergoing methadone maintenance treatment (MMT) during a year in a CADA, depending on whether they are DCR users or nonusers.

Methods A retrospective cross-sectional observational study was conducted by reviewing data collected from patients in MMT during 2015, performing a statistical comparison between DCR users



and nonusers. Outcome was evaluated through urine controls, considering a poor outcome when positive to heroin > 20%.

Results Of the 76 patients in MMT, the average age was 40 years, 21% were women, mean dosage of methadone was 48.2 mg/day and more than a half were DCR users (52.63%). Of the 40 patients, which formed the DCR user subgroup, the average age was 36.4 years, 20% were women and mean dosage of methadone was 47 mg/day. The outcome of all the patients in PMM was successful in 48.68% of the cases, presenting differentially the nonusers a 91.67% of good response and the users only a 10%.

Conclusions Inclusion of a drug consumption room in an outpatient treatment center for alcoholism and drug abuse, which facilitates accessibility for people who inject drugs to treatment, poses new challenges in order to improve the effectiveness of the PMM.

Disclosure of interest The authors have not supplied their declaration of competing interest.

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EW0838

U-47700: The new emerging opioid drug



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Introduction The trans-3;4-dichloro-N-(2-(dimethylamine) cyclohexyl) labelled as U-47700 has a high affinity with the selective receptor, considered to have 7.5 times the binding affinity of morphine; as a result, it is sold as a recreational drug because of its analgesic and euphoric effects. Several toxicity cases and some fatalities have been reported during 2016.

Objectives To describe the presence of trans-3;4-dichloro-N-(2-(dimethylamine) cyclohexyl) in samples delivered to Energy Control during 2016 in Barcelona.

Methods From January 2016 to October 2016, 4031 samples were delivered and only those samples containing trans-3;4-dichloro-N-(2-(dimethylamine) cyclohexyl) were studied, 6 of them were analysed as U-47700 (0.148%). Samples were analysed by energy control, a Spanish harm-reduction NGO that offers users the possibility of analysing the substances they intend to consume. Analysis was done by gas chromatography–mass spectrometry.

Results From the 6 samples that were analysed as trans-3;4-dichloro-N-(2-(dimethylamine) cyclohexyl), the presentation of 4 of them was white powder and the rest were not described. The precedence of the samples was Canada (2), USA (1), Sweden (1), Holland (1) and the remaining sample was not described. All samples were received during 2016.

Conclusions The use of trans-3;4-dichloro-N-(2-(dimethylamine)cyclohexyl) is progressively increasing in Barcelona. Its harmful effects are being reported in recent medical literature and consumption represents an emerging issue, gaining popularity among recreational opioid users. It is potentially lethal when mixed with depressants like alcohol or benzodiazepines and overdose risk is higher compared to other opioids. This drug is not being detected by routine in medical test.

Disclosure of interest The authors have not supplied their declaration of competing interest.

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EW0839

Substance use and quality of life in young adult psychiatric patients



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Introduction It is known that several factors can influence the quality of life such as age, gender, socioeconomic status, the presence of mental illness or substance abuse.

Objectives/aims Assess quality of life of outpatients observed in Young Adult Unit of our Psychiatry Department (Coimbra Hospital and University Centre – Portugal) and its relation with substance use.

Methods Socio-demographic characterization of youth psychiatric outpatients observed during between 1st January 2015 and 31st July 2016. Portuguese versions of The Alcohol, Smoking and Substance Involvement Screening Test (ASSIST) and The World Health Organization Quality of Life scale (WHOQOL-BREF) were administered. A Spearman correlation coefficient between ASSIST and WHOQOL-BREF scores was calculated.

Results A total of 255 outpatients were observed: 64.3% females and 35.7% males; ages between 17 and 39 years old. ASSIST and WHOQOL-BREF were administered in 57 patients. Average ASSIST total score was 16.81 (median: 13.50), with tobacco and alcohol scoring higher. Average WHOQOL-BREF total was 13.74 (median: 13.67), with physical and psychological domains scoring less. We found a significant negative correlation between WHOQOL-BREF physical domain and ASSIST tobacco scores; and between WHOQOL-BREF social domain and ASSIST sedatives score.

Conclusions Quality of life is influenced by several factors. Studies showed that consumers of psychoactive substances have lower WHOQOL-BREF scores than nonusers. In our sample, we did not find a significant correlation between global quality of life and different substances. This may be due to existence of low consumption of substances in the sample as well as the existence of other factors that might have influenced quality of life.

Disclosure of interest The authors have not supplied their declaration of competing interest.

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EW0840

Efficiency of Cocarnit preparation in clinical course of alcohol dependence at withdrawal syndrome stage



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Introduction Recently scientific attention of Ukrainian narcology was focused on the group of new complex pharmacological preparations with polymodal pathogenic effect option (Cocarnit, World Medicine, Great Britain).

Aims and objectives To ground feasibility of Cocarnit application in complex treatment of alcohol withdrawal syndrome (AWS).

Method Eleven patients with alcohol addiction were examined. An integrated research of relieving and adjuvant effects of pharmacological preparation Cocarnit in complex with traditional detoxication therapy in clinical course of alcohol dependence at AWS stage was carried out. One to 2 ampoules of Cocarnit were injected intramuscularly once per 24 hrs, № 6.

Methods Clinical-psychopathological, clinical-laboratory, consulting of specialists, methods of psychological investigation (CIWA; CAH; SF-36) at day 1, 7 and 14 of treatment.

Results AWS quantification score on admission was 41. Further therapeutic regress of all AWS components was registered. At day 1 the patient's condition started improving, clinical score was 32; at day 3 – 17; day 5 – the score was 13, insignificant tremor remained. At day 7 of treatment, practically complete relieving effect of the therapy was ascertained. With CAH method at day 7 of the treatment, an increase of figures in all scales was registered: state of health 2.7, activity 2.4, mood 2.5. SF-36 method: at day 1 – the score was 24, day 7 – 32, day 14 – 49.

Conclusions Thus, the developed by us method of integrated treatment with inclusion of Cocarnit for withdrawal state in alcohol addicts allows to stop acute signs of pathology within 3–5 days.

Disclosure of interest The authors have not supplied their declaration of competing interest.

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EW0841

Attachment disorders in alcohol and gambling addicted patients: Preliminary evaluations



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Introduction The addictive behaviors can be seen as attachment disorders. In literature studies about the relationship between attachment styles and addictions are few. However, in addicted patients the identification of secure or insecure attachment styles seems to have serious implications for the therapeutic alliance and the treatment.

Objectives To study the relationships between different attachment styles and types of addiction (chemical or behavioral).

Aims To examine the role of attachment styles in patients with alcohol dependence (AD) or pathological gambling (PG).

Materials We recruited 29 with AD and 33 with GP according to DSM-IV-TR criteria; all patients were abstinent from addictive behaviors at least since one month, the experiences in close relationships (ECR) was administered for the study of attachment styles.

Results PG compared to AD has higher raw scores both anxiety factor ($P < 0.001$) and avoidance factor ($P = 0.003$) at ECR. ECR ambivalent correlates with the diagnosis of PG ($P = 0.010$); ECR avoidant correlates with AD ($P = 0.006$); ECR anxiety shows a trend of correlation with the diagnosis of AD ($P = 0.052$). The subjects showed the following attachment styles (Table 1).

Conclusions This is the first study that compares the attachment styles of patients AD and PG. We found differences in attachment styles of the two types of addiction, confirming the need of different approaches and then different types of treatment. Our findings need to be replicated in larger groups, also widening the target of other addictions.

Table 1

	Secure	Ambivalent	Anxious	Avoidant
PG	2	27	–	4
AD	1	13	6	9

Disclosure of interest The authors have not supplied their declaration of competing interest.

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EW0842

Attachment styles and severity of pathological gambling: Preliminary evaluations



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Introduction The addictive behaviors can be seen as attachment disorders. To our knowledge, the literature on the relationship between pathological gambling (PG) and attachment styles is still poorly represented. However, in addicted patients, the identification of secure or insecure attachment styles seems to have serious implications for the therapeutic alliance and the treatment.

Objectives To examine the clinical role of attachment styles in the PG patients.

Aims To study the relationships between the different attachment styles and PG and the severity of PG.

Materials We recruited 33 patients with GP according to DSM-IV-TR criteria; all patients were abstinent from addictive behaviors at least since one month, the experiences in close relationships (ECR) was administered to investigate attachment styles, the South Oaks Gambling Screen (SOGS) to investigate the severity of gambling.

Results The subjects showed the following attachment styles (Table 1). Ambivalent attachment style correlates with high scores to the SOGS ($P < 0.001$), and with a shorter period of abstinence from PG ($P = 0.022$). Patients with ambivalent attachment style have increased severity of PG at SOGS, correlating with higher raw score on the anxiety factor of ECR and lower raw score on avoidance factor (for both $P = 0.036$).

Conclusions Patients showed ambivalent attachment, and anxiety factor correlates with a greater severity of PG. Attachment style could be a severity index of PG. Our findings need to be replicated in larger groups, also widening the target of other addictions both chemical and behavioral.

Table 1

	Secure attachment	Ambivalent attachment	Anxiety attachment	Avoidant attachment
PG	2	27	–	4

Disclosure of interest The authors have not supplied their declaration of competing interest.

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EW0843

Incidence of Internet addiction in adult attention deficit hyperactivity disorder



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Objective In this study, it was aimed to determine the internet use properties of Adult Attention Deficit Hyperactivity Disorder (ADHD) patients who were followed-up at Haydarpasa Numune Research and Training Hospital, Psychiatry Department; ADHD Outpatient Clinic.

Method Thirty participants who were diagnosed with adult ADHD aged between 18–31 years rated their ADHD symptoms in childhood retrospectively, using Wender Utah Rating Scale. Patients rated current adult ADHD symptoms with the Adult ADHD DSM-IV-Based Diagnostic Screening and Rating Scale (DSRS) and severity of symptoms measured by Adult ADHD Self-Report Scale (ASRS). Internet addiction (IA) was assessed with Young's Internet Addiction Scale (IAS). It was determined that, none of 30 Adult ADHD patients have been diagnosed with IA. 29 of patient have moderate internet use although 1 of patients have risky internet use. The results revealed that total ASRS score ($P=0.020$), total Adult ADHD DSM-IV-Based DSRS score ($P=0.036$) and the Attention Deficit related properties subscale total score ($P=0.042$) were significantly correlated with the IAS total score. Subscale of the self-report scales including; failing to finish schoolworks, chores, or duties at workplace, difficulty of following through on instructions ($P=0.017$), restiveness; impaired inhibitory performance ($P=0.017$), feeling not confident ($P=0.017$), difficulty of managing time ($P=0.047$), failing to give close attention to details or making careless mistakes ($P=0.037$) are closely relevant to IAS total score.

Result In conclusion, clinical features, which are characteristic of Adult ADHD could have same shared etiology with IA. Furthermore, ADHD patients are more likely to have an IA diagnosis. However, it was thought that this result had to be supported with studies including larger samples.

Keywords Adult ADHD; Internet; Addiction

Disclosure of interest The authors have not supplied their declaration of competing interest.

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EW0844

Internet addiction and impulsivity among university students



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Introduction The progress in technology adds to the new ways of communication between people. In our age, online communication has taken the place of face to face communication. People express themselves, become friends and in a way become who they are through the tools of social media. Many biological and psychological factors may affect the choice of people for communicating through social media.

Objective Main objective of this research is to measure the frequency of Internet addiction and its relationship to social media use and impulsivity.

Methods The population of the study is composed of 117 female (58.5%) and 83 male (41.5%) students between 18–25 years of age from Uskudar University. Barratt Impulsivity Scale and Internet Addiction Scale were used for data collection and measurement of variables.

Results Among the participants, 97.5% were found to go online everyday. Among the participants, 74.5% went online for social media use. Only 5% of the subjects fitted the criteria for Internet addiction. Thirty-six percent had limited symptoms for Internet addiction. Internet addiction symptoms and impulsivity were

positively related. The tool for Internet access did not affect Internet addiction. Those who used a smart phone went online for social media use more commonly than those who used a computer.

Conclusion It has been debated that social media and the increase in smart phone use may be affecting young people and increase internet addiction rates, however we have found that impulsivity is an important factor for internet addiction as in other types of addiction.

Disclosure of interest The authors have not supplied their declaration of competing interest.

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EW0845

Cognitive-behavioral therapy in young adults with major depression and alcohol dependence



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Background Adolescents and young adults are a vulnerable population to both alcohol use disorders and depressive major disorder. Use of cognitive-behavioral therapy (CBT) could help in diminishing depressive symptoms severity as well as alcohol dependence severity.

Objective To evaluate CBT efficacy in young adults diagnosed with major depressive disorder and alcohol dependence.

Methods A number of 12 patients, age 23–35, 7 male and 5 female, outpatients, diagnosed with alcohol dependence and major depressive disorder, moderate or mild episodes, according to ICD-10 criteria, were included in a 3 months CBT oriented program. All subjects were evaluated using a Visual Analogic Scale (VAS) for self-evaluation of alcohol problems severity (score ranging from 0 – absent to 10 – extremely severe), AUDIT scale, Hamilton Depression Rating Scale (HDRS) – 17 items, and Global Assessment of Functioning (GAF). Patients participated in 30 minutes individual CBT sessions, twice per week, for 12 weeks. Cognitive restructuring based on patients' diary, coping skills training, and activation techniques have been applied in the CBT sessions.

Results After 12 weeks all patients reported decreases on VAS and AUDIT scores, with mean percentages of 55 and 50, while GAF increased with 45%. HDRS scores decreased with 65%. These changes were considered significant when compared to initial values ($P=0.007$ for VAS, $P=0.009$ for AUDIT, $P=0.012$ for GAF and $P<0.001$ for HDRS), according to dependent samples t -test $P<0.05$, bivariate.

Conclusion Cognitive-behavioral therapy, focused on cognitive restructuring, coping skills training, and activating techniques is an efficacious intervention in young patients with comorbid depressive and alcohol dependence.

Disclosure of interest The presenting author was speaker for Astra Zeneca, Bristol-Myers Squibb, CSC Pharmaceuticals, Eli Lilly, Janssen-Cilag, Lundbeck, Organon, Pfizer, Servier, Sanofi Aventis and participated in clinical research funded by Janssen-Cilag, Astra Zeneca, Eli Lilly, Sanofi Aventis, Schering Plough, Organon, Bioline Rx, Forenap, Wyeth, Otsuka Pharmaceuticals, Dainippon Sumitomo, Servier.

The other author has not supplied his/her declaration of competing interest.

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EW0846

Relationship between insomnia and tobacco smoking in alcohol-dependent patients



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Introduction Insomnia and tobacco use are frequent and important problems in alcohol-dependent patients. However, the relationship between sleep problems and cigarette smoking was not thoroughly investigated in this population.

Aim The purpose of the study was to investigate the relationship between tobacco smoking and severity of insomnia in alcohol-dependent patients in treatment. We also aimed at assessing other predictors of insomnia in this population.

Methods The study group comprised 384 alcohol-dependent patients. Standardized tools were used to assess: tobacco dependence (Fagerström Test for Nicotine Dependence [FTND]), sleep problems (Athens Insomnia Scale [AIS]), severity of alcohol dependence (Michigan Alcohol Screening Test [MAST]) and drinking quantities before entering treatment (Timeline Follow Back [TLFB]). Other comorbid psychiatric symptoms were assessed using Brief Symptom Inventory (BSI) and Barratt's Impulsiveness Scale (BIS-11).

Results The study group included 79.1% of current smokers, 62% of participants reported insomnia (AIS). The mean FTND score was 6.05 ± 2.18 . The multivariate regression analysis revealed that the severity of tobacco dependence was significantly associated with the severity of insomnia (FTND, $\beta = 0.140$, $P = 0.013$). Other factors associated with insomnia that remained significant in multivariate model were severity of psychopathological symptoms (BSI, $\beta = 0.422$, $P < 0.0005$) and intensity of drinking (TLFB, $\beta = 0.123$, $P = 0.034$).

Conclusion Tobacco use may predict severity of insomnia in alcohol-dependent patients. This finding may have important clinical implications and influence strategies applied in treatment of alcohol use disorders.

Disclosure of interest The authors have not supplied their declaration of competing interest.

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EW0847

The effect of aripiprazole on nicotine dependency in patients under methadone maintenance therapy



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Introduction The prevalence of smoking in patients under methadone maintenance therapy is high (85–98%). Most of these patients tend to quit smoking, but only a few of them receive treatment or referred to quit smoking. Recent study on aripiprazole, has been shown to reduce smoking.

Aims The aim of this study was to evaluate aripiprazole on smoking in patients under methadone maintenance therapy.

Material and method This study was a double-blind intervention study. Patients under Methadone maintenance therapy in 22 Bahman Hospital randomly divided into two intervention and control group. First with the FTQ questionnaire, nicotine dependency assessed in all patients. Then, 6-week aripiprazole administered to intervention group. Data were analyzed by SPSS version 21.

Results The age range of patients was 67–25 years. Two groups were matched in demographic characteristics. Finally, mean num-

ber of FTQ questionnaire in case group before intervention was 8.9 ± 1.4 and after intervention was 8.4 ± 1.6 . This difference was statistically significant ($P = 0.0007$).

Conclusion The study results show the aripiprazole effect in reducing the desire to smoke in patients under methadone maintenance therapy. The overall level of dependency on nicotine on the basis of test FTQ has decreased. By choosing aripiprazole as adjunctive therapy to quit smoking, by reducing the tendency of patients to smoking, can decrease cardiovascular complications and other problems caused by smoking and we can reduce the mortality rate of these patients.

Keywords Methadone maintenance therapy; Aripiprazole; Smoking; Nicotine dependency

Disclosure of interest The authors have not supplied their declaration of competing interest.

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e-Poster Walk: Suicidology and suicide prevention – Part 2

EW0848

Motivations behind suicide attempts: A study in the ER of Maggiore hospital – Novara



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Introduction A previous study, conducted in the province of Novara stated that, from an epidemiological and clinical point of view, being a female, being a migrant, as well as being in the warmer months of the year, or suffering from an untreated psychiatric disease are associated with suicide attempts. Literature suggests there is a positive relation between negative life events and suicidal behaviours. In this study, we intend to deepen knowledge, individuating motivations and meanings underlying suicidal behaviours. This appears a meaningful approach to integrate studies and initiatives in order to prevent suicide and suicidal behaviours.

Aim To examine possible correlation between socio-demographic and clinical characteristics and motivations underlying suicide attempts.

Methods Patients aged > 16 years admitted for attempted suicide in the Emergency Room of the AOU Maggiore della Carità Hospital, Novara, Italy, were studied retrospectively from the 1st January 2015 to the 31st December 2016. Each patient was assessed by an experienced psychiatrist with a clinical interview; socio-demographic and clinical features were gathered. Analysis were performed with SPSS.

Results and discussion Data collection are still ongoing; results and implications will be discussed. We expect to find different motivations in relation to socio-demographic and clinical characteristics [1,2].

Disclosure of interest The authors have not supplied their declaration of competing interest.

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EW0849

Predictors of a suicidal behavior in patients with dementia

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Introduction Cognitive disorders are associated with a wide range of psychopathological syndromes and behavioral disorders, and suicidal manifestations in dementia are understudied nowadays.

Objectives To investigate clinical-psychopathological predictors of a suicidal behavior in patients with dementia.

Methodology Forty-four patients with dementia were examined: 23 patients with suicidal manifestations and 21 patients without them (control group). Clinical and psychometrical methods were used: Mini Mental State Examination (MMSE) scale; Assessment of Suicide Risk scale; Hamilton Rating Scale for Depression (HDRS), and statistical ones.

Results It was determined that male patients with dementia had suicidal behavioral manifestations more often than female patients (69.6%; $P < 0.05$). An average age of the patients was 69.88 ± 1.85 years with no significant difference between the main and control groups.

The majority of the patients with dementia (52.3%) had suicidal manifestations. Real suicidal intentions were the most frequent (25%; $P < 0.05$); 20.5% of patients expressed passive thoughts (antivital sentences, fantasies, ideas concerning death); 2 patients (6.82%; $P < 0.05$) had suicidal attempts. Patients with suicidal tendencies in their clinical picture more often had hallucinatory syndrome (39.1%; $P < 0.05$); features of severe depression (35.04 ± 1.54 points; $P < 0.01$); a high level of suicidal risk (26.34 ± 1.68 points; $P < 0.01$); a severe cognitive deficit (MMSE score 0–10); and a significantly lower level of self-awareness of death (18.53 ± 0.72 points; $P < 0.05$) in comparison with the control group.

Conclusions A high suicide risk in dementia correlated with a level of depressive symptoms ($r = 0.6$), moderate and/or severe grades of dementia ($r = 0.45$), and a low level of self-awareness of death ($r = 0.35$).

Disclosure of interest The authors have not supplied their declaration of competing interest.

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EW0850

The burden of attempted suicide: The attitude of emergency services workers

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Introduction The great global burden of suicide requires specific preventive strategies focused on emergency services (ES) workers, providing first aid after attempted suicide.



Objectives To investigate the approach of ES workers toward attempted suicides, and to assess work-related stress and team-work attitude as variables likely to influence suicide risk perception.

Methods A total of 265 ES workers (73 medical doctors, 130 nurses, 62 health and social care workers) from 3 hospitals in the area of Modena (Northern Italy) were involved. In a group setting, titles from local newspapers reporting about suicides were read, and ES workers were asked to fill in 3 psychometric scale questionnaires (SUIATT, MBI and SAQ).

Results The questionnaires returned were 88 (33%), 47% ($n = 42$) were filled by women, median age was 40 years. Doctors group had the highest response rate (60%). Burnout levels were intermediate at the Emotional Exhaustion subscale, severe at the Depersonalization subscale and mild at the Professional Efficacy subscale. Eighteen percent recorded a good team perception, 33% had a good perception of their work conditions. SUIATT subscales showed a restrictive attitude toward suicide, regardless of hospital and task.

Discussion No associations emerged among SUIATT, MBI and SAQ subscales; male sex alone correlated to the SUIATT factor “rationality/mental alteration”, suggesting more “tolerance” of suicidal behaviour.

Conclusions It is crucial to raise awareness among ES workers on this issue, since those workers considering suicide as “more acceptable” are more likely to recognise its signs.

Disclosure of interest The authors have not supplied their declaration of competing interest.

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EW0851

Attempted suicide: Study of the phenomenon in a sample of patients in the province of Modena

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Introduction Attempted suicide consists in a self-damaging non-fatal behaviour, with an explicit or implicit evidence of the intent to die. It has a multifactorial aetiology: presence of psychiatric disorder, particularly major depression and other non-psychiatric components, like a series of stressful events.

Aim To describe suicidal behavior among patients who attempted suicide.

Methods Cross-sectional study. Patients admitted to three hospitals in the Province of Modena (Italy) after having attempted suicide were enrolled. Observation time: August 2015–August 2016 (13 months). Descriptive statistics made with STATA 13.0.

Results A total of 187 subjects (female 65%) were enrolled in the period of time considered. Forty-one percent were aged 45–64; 43.7% had higher education; 50.4% were unemployed; 49.6% had regular income. Common means to attempt suicide were drugs (64%), weapons (11%), precipitation (10%), other (6%), choking (4%). Recent stressful events were reported by the 83.4% of respondents, namely: family conflicts (29%), economic problems (17%), personal health problems (11%), health problems affecting a family member (5%), emotional separation (9%), job loss (7%), other (22%), alcohol abuse (27%), substance abuse (4%). The main psychiatric diagnoses were: depressive disorder (56.67%), personality disorder (20%), psychotic disorder (6.67%), bipolar disorder (5.33%), behavioural disorders (2.67%), anxiety disorders (2%), dementia (1.33%).

Conclusions Findings of the present study are consistent with available literature and could help to identify “high risk” groups to plan future targeted programmes.

Disclosure of interest The authors have not supplied their declaration of competing interest.

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EW0852

Mental health profile of suicide victims in an Irish urban population

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*Saint Patrick's University Hospital, Young Adult, Dublin, Ireland***Objectives** To describe demographic and psychiatric characteristics of suicide victim cases.**Method** Retrospective, case file psychological autopsy of deaths registered at the coroner's court, Dublin. Cases with a verdict of suicide and open verdicts registered in 2007, 2012 and 2013 were included.**Results** Two hundred and five cases of suicide/open verdicts were registered the 3-year period. Seventy four percent ($n = 152$) were males. Mean age – 42.87 years old (STD = 15.44) with no significant difference between genders. Sixty-four percent ($n = 132$) were single at the time of death, while 32.2% had children. One hundred and ninety-eight had a stable accommodation; 37.5% ($n = 77$) living alone, and 36.6% ($n = 75$) actively employed.One hundred and twelve subjects (54.6%) suffered from mental illness; 53.6% – affective disorder; 15.2% – alcohol and substance misuse; 12.5% – psychotic disorder. Seventy-nine (70.5%) were not in contact with mental health services at the time of death; 32 (28.6%) were attending as outpatients. Illness onset was recorded for 68.7% cases ($n = 77$); 35.7% ($n = 40$) had a length of illness of more than 5 years. Psychiatric comorbidity was present in 29.5% ($n = 33$); 54.5% ($n = 18$) presented also alcohol/substance misuse.**Conclusion** Suicide victims were single, middle-aged male, suffered mental health difficulties, most frequently affective disorder. A small number of subjects an additional comorbid diagnosis. Few were in contact with outpatient services at the time of death. No significant differences in demographic characteristics were found between the group suffering from mental illness and the group with no mental illness.**Disclosure of interest** The author has not supplied his/her declaration of competing interest.<http://dx.doi.org/10.1016/j.eurpsy.2017.02.466>

EW0853

Suicide and drug and alcohol addiction: Self-destructive behaviours. An observational study on clinic hospital populationA. Nardella^{1,*}, G. Falcone¹, G. Giordano¹, D. Erbuto², M. Migliorati², M. Innamorati³, P. Girardi⁴, M. Pompili⁴¹ *Psychiatry Residency Training Program, Faculty of Medicine and Psychology, Sapienza University of Rome, Rome, Italy*² *Faculty of Medicine and Psychology, Sapienza University of Rome, Department of Neuroscience, Mental Health and Sensory Organs NESMOS, Rome, Italy*³ *European University of Rome, Department of Human Sciences, Rome, Italy*⁴ *Faculty of Medicine and Psychology, Sapienza University of Rome, Sant'Andrea Hospital Rome, Department of Neuroscience, Mental Health and Sensory Organs NESMOS, Rome, Italy*

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Introduction Suicidal behaviour and drug and alcohol dependence represent two different aspects of self-destructive behavior. **Objectives** We evaluated the relationship between suicidal behavior and substance and alcohol addiction. It was investigated the role of childhood trauma in these self-destructive behaviors and in the development of the two mental constructions of hopelessness and mentalization.**Aims** We also assessed how a high level of hopelessness could affect suicidal ideation and how low or absent capacity of mentalization could influence the development of substance and/or alcohol addiction.**Methods** This naturalistic, observational study included 50 patients (mean age = 46.54; S.D = 14.57) recruited from the department of psychiatry ($n = 18$) and the centre for suicide prevention ($n = 32$) of Sant'Andrea Hospital (Rome). Different questionnaires were administered to each patient from February to May 2016.**Results** There was not a statistically significant relationship between suicidal behavior and addict behavior. Childhood trauma resulted a risk factor for alcohol abuse with a relationship that tended to significance ($P = 0.07$). Physical and sexual abuses were significantly associated with addiction (respectively $P = 0.014$; $P = 0.033$). It was showed a statistically significant interaction between high level of hopelessness and suicidal ideation ($P = 0.037$). The absence of mentalization was related to the absence of alcohol abuse ($P = 0.061$). Finally, trauma experienced during childhood was associated with high level of hopelessness ($P = 0.005$).**Conclusions** Suicidal behavior is influenced indirectly by a childhood traumatic experience that conditioning the level of hopelessness. Childhood trauma affected directly the development of drug abuse and alcoholism. The capacity of mentalization was not related with childhood trauma.**Disclosure of interest** The authors have not supplied their declaration of competing interest.<http://dx.doi.org/10.1016/j.eurpsy.2017.02.467>

EW0854

Cyberbullying and suicidal ideation: Relationship with mood states and consumption of psychoactive substancesD. Silva¹, J. Nunes^{1,*}, T. Ferreira², A. Pissarra da Costa¹¹ *Hospital Sousa Martins, Department of Psychiatry and Mental Health of Sousa Martins Hospital, U.L.S. Guarda, Guarda, Portugal*² *Hospital Prof. Doutor Fernando Fonseca, Amadora, Portugal, Department of Psychiatry, Lisbon, Portugal*

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Introduction Cyberbullying is an emergent problem associated to terrible consequences, especially in young adults.**Objectives** To analyse the levels of behaviours of victimization and aggression of cyberbullying, suicidal ideation, mood states and consumption of psychoactive substances in a sample of college students from the University of Beira Interior (UBI), as well as to analyse the relationship between these variables.**Methods** Analytical cross-sectional study that integrates quantitative methodology. Data collection took place via online survey in the population of students at the UBI ($n = 475$, 329 females, mean age 22.2 ± 4.1 years). The questionnaire consisted of socio-demographic, mental health and internet use data and the Portuguese versions of self-reported scales to measure mood states, consumption of psychoactive substances, the levels of behaviours of victimization and aggression of cyberbullying and the levels of suicidal ideation.**Results** The levels of aggression of cyberbullying were significantly higher in male students and in users of social networks. There was a significant positive correlation between behaviours of victimization and aggression of cyberbullying, and between them and suicidal ideation and negative affect. The levels of both behaviours of cyberbullying and suicidal ideation were significantly higher in students consuming alcohol with drugs, just drugs and sedatives. There was a significant positive correlation between suicidal ideation and negative affect and a significant negative correlation between suicidal ideation and positive affect.**Conclusions** Both behaviours of cyberbullying were significantly associated with suicidal ideation and negative affect. Thus, stands out the relevance of an earlier identification of these behaviours and an adequate intervention by health professionals.

Disclosure of interest The authors have not supplied their declaration of competing interest.

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EW0855

Unexpected variations in official UK statistics related to rates of suicide and those of undetermined intent: An exploration of causes

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Background Official rates of suicide are perhaps the most important and enduring measures of population mental health. They are however prone to variations in reporting usually relating to deaths where the intention was uncertain, though most official statistics circumvent this by including 'events of undetermined intent' (ICD10 Y10-34 and Y87.2) along with 'intentional self-harm' in their official statistics. It is however unclear how successful this strategy has been and whether significant sources of bias still persist.

Aim To systematically examine the dramatic change in rates of death from suicide (and undetermined intent) in Northern Ireland, that coincided with a major overhaul and reorganisation of the Coroners Service in 2005/6, to understand the extent to which the initial investigation by the coroners' office, legal processing, registration and coding practices can influence official suicide statistics.

Methods In the space of one year, Northern Ireland went from having a standardised rate of suicide (incl undetermined intent) of 12.6/100,000 in 2004 to 26.6/100,000 in 2006 (a 111% increase) and in doing so went from having consistently the lowest to consistently the highest registered rate of suicide in the UK.

Results Initial analyses rules out changes in the police service, pathology service or registration coding practices as causative and suggest that the introduction of a coroner's liaison officer (with a formal data gathering role) was the most likely factor. The centralisation of the coroners' service also reduced variations according to age, sex, geography and coding.

Conclusions The process underpinning official statistics need to be routinely scrutinised.

Disclosure of interest The authors have not supplied their declaration of competing interest.

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EW0856

Alcoholic psychoses and suicide trends in Russia, Belarus and Ukraine

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Introduction The dramatic fluctuations in suicide mortality in the countries of the former Soviet Union (fSU) over the past decades have been widely discussed in the scientific literature and are still relatively unexplored. Accumulated evidence suggests that the mixture of cultural acceptance of heavy drinking, high rate of distilled spirits consumption, and binge drinking pattern is major contributor to the suicide mortality burden in fSU countries.

Aims The present study aims to analyze whether binge drinking is able to explain the dramatic fluctuations in suicide mortality in Russia, Belarus and Ukraine from the late Soviet to post-Soviet period.



Method Trends in alcoholic psychoses incidence and suicide rates from 1980 to 2015 in Russia Belarus and Ukraine were analyzed employing a Spearman's rank-order correlation analysis.

Results The estimates based on the Soviet data suggest a strong positive association between alcoholic psychoses and suicide rates in Russia, Belarus and Ukraine. This positive relationship was less evident in the post-Soviet period.

Conclusion Collectively, these findings indicate that alcohol has played an important role in the fluctuation of suicide mortality rates in the former Soviet republics during the last decades. Further monitoring of suicide mortality trends in the former Soviet countries and detailed comparisons with earlier developments in other countries remain a priority for future research.

Disclosure of interest The author has not supplied his/her declaration of competing interest.

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EW0857

Attentional bias toward suicide-relevant information in suicide attempters: A cross-sectional study and a meta-analysis

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Objective Previous studies using a modified Stroop test suggested that suicide attempters, in contrast to depressed patients with no suicidal history, display a particular attentional bias toward suicide-related cues. However, negative results have also been reported. In the present study, we collected new data and pooled them as part of a meta-analysis intended to shed further light on this question.

Method We conducted:

- a cross-sectional study comparing performance on the modified Stroop task for suicide-related, positively-valenced and negatively-valenced words in 33 suicide attempters and 46 patient controls with a history of mood disorders;

- a systematic review and a meta-analysis of studies comparing performance on the modified Stroop task among patients with vs. without a history of suicidal acts in mood disorders.

Results The cross-sectional study showed no significant difference in interference scores for any type of words between suicide attempters and patient controls. A meta-analysis of four studies, including 233 suicide attempters and 768 patient controls, showed a significant but small attentional bias toward suicide-related words (Hedges'g=0.22; 95% CI [0.06 to 0.38]; Z=2.73; P=0.006), but not negatively-valenced words (Hedges'g=0.06; 95% CI [-0.09 to 0.22]; Z=0.77; P=0.4) in suicide attempters compared to patient controls.

Limitations Positively-valenced words and healthy controls could not be assessed in the meta-analysis.

Conclusion Our data support a selective information-processing bias among suicide attempters. Indirect evidence suggests that this effect would be state-related and may be a cognitive component of the suicidal crisis. However, we could not conclude about the clinical utility of this Stroop version at this stage.

Disclosure of interest The authors have not supplied their declaration of competing interest.

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EW0858

Neurocognitive functions in inpatient suicide attempters and non-attempters: A comparison



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Introduction According to many studies, suicide attempters, compared to healthy general population, exhibit some neurocognitive deficits, which are considered promising endophenotype of suicidal behavior disorder. A similar pattern of impairment is widespread in individuals affected by psychiatric disorders.

Objectives To compare neurocognitive functions of hospitalized suicide attempters (A) with those of an inpatient group without history of suicidal behavior (NA), likewise affected by psychiatric disorders.

Aims The purpose of the study is to evaluate if neurocognitive impairment is associated to suicidal behaviors, regardless of underlying psychiatric diagnosis.

Methods The whole sample is composed of 70 adult psychiatric inpatients (34 males, 36 females), divided into two groups (A and NA) of 35 patients with diagnosis of Psychotic, affective and personality disorders. Neurocognitive functions were assessed using Tower of London Test (TOL), Modified Wisconsin Card Sorting Test (MCST), Stroop Test (ST) and Attentional Matrices (AM). Differences between A and NA groups were analyzed using U-test of Mann–Whitney and cross tabulations, taking into account the three diagnostic areas.

Results Statistically significant differences were found between A and NA with regard to the ability of categorization (MCST), planning, problem solving and inhibition of automatic response (TOL), which proved to be more preserved in A individuals. No significant differences were found on selective attention tasks (ST and AM).

Conclusions These preliminary findings show statistically significant differences on executive functions between suicide attempters and psychiatric non-attempter individuals. Further research on larger samples is needed to investigate these associations.

Disclosure of interest The authors have not supplied their declaration of competing interest.

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EW0859

Zero suicide southwest UK initiative – Steps to mitigate suicide risk in local populations using quality improvement methodology and a whole life approach



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Background Only 25% of people who die by suicide see mental health services. Suicide is not just a health issue. Its causation and consequences lie within all of society. Many erroneously believe that suicide is inevitable and not preventable, because its cau-

sation is too complex. Underlying associations with suicide are largely social. There are programmes in the USA, which have combined interventions to reduce suicides. The 2014 UK suicide rate per 100,000 was 10.8 but 11.1 in South West (SW) England (pop: 5 million). A whole system approach is necessary. Zero Suicides SW is a project to address this.

Aim (1) To develop a regional strategy to reduce and prevent suicide. (2) To make whole populations suicide risk aware. (3) Reduce regional suicide rates.

Method A collaborative involving national and local 60 organisations including charities and voluntary sector was formed. Five collaborative meetings used narratives of suicide survivors, national experts led themed workshops, etc. to come up with a regional strategy. Quality Improvement (QI) Methodology was used to develop and examine the success of all projects.

Outputs Initiatives such as using local radio stations for mental health promotion, collaboration via a poster campaign with local breweries and pubs to make men more self-aware of risk, suicide risk counselling for relatives/carers of patients admitted to psychiatric care, improving scrutiny to access to medication for recently discharged psychiatric patients have developed from the project. The QI model demonstrated how localised changes at person and organisation level could combine and have a powerful role in suicide prevention.

Disclosure of interest The authors have not supplied their declaration of competing interest.

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EW0860

Suicide risk assessment in the elderly



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Objectives To assess suicide risk in elderly psychiatric outpatients and to identify potential suicide risk factors in this population.

Methods This was a cross-sectional, descriptive and analytical study, including 50 psychiatric outpatients, aged 65 years or more and attending the Hédi Chaker University Hospital, in Sfax (Tunisia), between November and December 2015. We used a hetero questionnaire including epidemiological and clinical data and three scales: the Suicidal Risk Assessment Scale of Ducher (RSD), the Hospital Anxiety and Depression Scale (HADS) and the Mini Mental State Examination (MMSE).

Results The sex ratio (M/F) was 1. The average age of patients was 68.62 years. The majority of them were married (68%), unemployed (98%), living in urban area (58%) and within their family (88%); they had at most a primary degree (80%) and a low socioeconomic level (74%).

The prevalence of patients at risk of suicide (RSD ≥ 3) was 26%. This risk was high (RSD ≥ 7) in 18% of cases.

The presence of suicidal ideation (RSD ≥ 3) was correlated with: a family history of suicide attempt (58.3% vs. 15.8%; $P=0.003$), a personal history of suicide attempt (80% vs. 12.5%; $P<0.001$), depressive symptoms (HAD-D ≥ 11) (36.7% vs. 10%; $P=0.05$) and anxiety (HAD-A ≥ 11) (52.4% vs. 6.9%; $P=0.001$).

Conclusion Our study showed that among older psychiatric outpatients, one in four had suicidal thoughts. This high rate encourages us to search systematically these suicidal thoughts in this population, especially in patients with risk factors such as a family history of suicide attempt, depressive or anxious symptoms.

Disclosure of interest The authors have not supplied their declaration of competing interest.

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EW0861

The impact of trait emotional intelligence and resilience on suicidal behavior in university students



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Introduction Suicidal ideation has repeatedly been reported as a predecessor of suicidal behavior. Several neuropsychological parameters have been associated with suicidal ideation. Emotional intelligence (EI) and resilience, which play an important role in the emergence of psychiatric disorders may also be related with suicidality.

Objectives The main objective of this study was to investigate the relationship of trait EI and resilience with suicidal ideation. Moreover, we hypothesized that EI and resilience would be correlated with each other and that they were moderating variables between stressful life events and suicidal ideation.

Methods A total of 277 male and female students without current psychiatric diseases were recruited per online questionnaire asking for lifetime and 4-weeks suicidal ideation and demographic data and containing the Resilience Scale of Wagnild and Young, the Connor Davidson Resilience Scale and, for the measurement of trait EI, the Self-Report Emotional Ability Scale. Additionally, we applied the Social Readjustment Rating Scale to assess stressful life events.

Results We found significant negative correlations between lifetime and in part 4-weeks suicidal ideation and intrapersonal trait EI as well as resilience. Trait EI and resilience were interrelated. There was no significant moderating effect of trait EI or resilience on the relationship between SRRS score and suicidality.

Conclusion Assessing EI and resilience as trait factors might be helpful in the prospective identification of suicidal individuals.

Disclosure of interest The authors have not supplied their declaration of competing interest.

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EW0862

Comparative analysis of suicidality in two Bulgarian regions



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Introduction Suicidality is still an understudied problem in Bulgaria especially on a subnational (regional) level.

Objectives To collect data on suicidality in two major regions of Bulgaria with a population over 250,000 each (Plovdiv and Pleven) for a six years period (2009–2015).

Aims To analyze demographic, health-related and other characteristics associated with suicidal behavior as well as motives and methods of suicide.

Methods Data were extracted from relevant documentation (medical records, public health reports, etc.) and statistically processed upon collection.

Results Majority of suicide victims were males between 45 and 64 years while most suicide attempts occurred among 18–29 years old females.

Leading method of suicide was hanging, followed by jumping from high places and use of firearm.

Prevailing suicidal motives were psychotic symptoms, serious somatic illnesses and family problems. Depression accounted for 25% of all suicide cases and in another 25% motivation could not be identified because of insufficient data.

The proportion of unemployed among suicide committers was not significantly higher than that of employed and retired.

Conclusions Severe mental disorders are a major trigger of suicidal behavior.

Personal relationships should be targeted by suicide prevention interventions.

Somatic illnesses are increasingly important suicide risk factor driven by the ongoing process of population aging.

Frontline healthcare professionals should be trained to explore underlying suicidal motives and actively probe for depression in each case of suicidal behavior.

Unemployment related suicide risk is most likely mediated through an adaptation crisis mechanism induced by the abrupt change of social status.

Disclosure of interest The authors have not supplied their declaration of competing interest.

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EW0863

Risk factors for multiple suicidality in Hungary



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Introduction Suicide rate in Hungary is among the highest in the European Union (2015: 18.9/100,000 inhabitant). Although there is no national registration system of suicide attempts in Hungary, according to previous studies Hungarian Romas have three times higher suicide attempt rate than non-Romas.

Objectives The aim of this study was to explore socio-demographic and mental health risk factors of multiple suicide attempts in Hungary.

Methods A total of 1547 suicide attempts were assessed via retrospective data analysis using patient records. Data on socio-demographic variables, psychiatric diagnoses, methods and reported reasons of suicide attempts were investigated. Binary logistic regression analyses were performed to identify potential risk factors for multiple suicide attempts.

Results The ratio of multiple attempters were 37.7% in the sample, with a Roma predominance (Roma: 51.8%, non-Roma: 34.8%, $\chi^2_{(1)} = 27.64$; $P < 0.001$). Of the potential factors examined, Roma ethnicity (OR: 2.03; CI: 1.53–2.70; $P < 0.001$), economic inactivity (OR: 1.7; CI: 1.36–2.18; $P < 0.001$), mood disorders (OR: 1.58; CI: 1.25–1.99; $P < 0.001$), personality disorders (OR: 2.09; CI: 1.45–3.01; $P = 0.00$), organic mental disorders (OR: 1.76; CI: 1.01–3.07; $P = 0.44$) and mistreatment as reported reasons (OR: 3.95; CI: 1.17–13.32; $P = 0.02$) were found as significant risk factors of multiple suicide attempts.

Conclusion National registration of suicide attempts would be necessary for a more thorough analysis. Beside the more advanced treatment of mental health disorders, increased efforts in prevention are recommended with a special focus of low SES groups and Roma ethnicity. The specific background factors in Roma ethnic group should be further examined.

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EW0864

Suicide-related Internet use among university students

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Introduction Nowadays, mobile and Internet communication is widely used and has a special role in mental health prevention. Besides, websites targeting suicide prevention, pro-suicide contents (methods for suicide, suicide pacts) are also easily available, which may increase the risk for suicide in vulnerable people.

Aims Our aim was to assess the relation between Internet use and suicidal behaviour among university students and also to assess online activity regarding suicidal contents and help-seeking behaviour.

Methods Self-administered questionnaires were completed by university students.

Results Most of the 101 students who completed the survey use the Internet 3 hours or more a day. They are facing suicidal contents numerous times. Professional websites providing information and the common popular sites were mainly visited, sites providing help were less screened (10%). More than quarter of the students felt discomfort when looking at sites dealing with suicide. Almost one-third of the subjects had suicidal thoughts during their lives and 15% already planned suicide. In case of suicidal thoughts, subjects would seek help mainly from friends and family, but online help-seeking was not preferred.

Conclusions Despite of the extensive Internet use, students rarely seek help for emotional problems on the Internet. Development of websites controlled by professionals is essential, especially for those who would not benefit from traditional psychological/psychiatric care. Future research is needed regarding the characteristics of Internet use and the potentials and limits of help-seeking via the Internet in order to prevent people from pro-suicide websites and to improve professional websites.

Disclosure of interest The authors have not supplied their declaration of competing interest.

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EW0865

Differential diagnostic of self-destructive behaviour via structural-dynamic model

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Objectives Structural-dynamic model (SDM) of self-destructive behaviour (SdB) is needed for differential diagnostic of numerous features of SdB. SDM is based on an awareness that self-destructiveness has different variants with diversity of psychophysical damage as its outcome. SDM describes whole continuum of SdB variations and helps to differentiate them, to assess risk of suicidal or non-suicidal activity and to do long-term prognosis for SdB development as well.

Methods SDM of SdB is a generalized conception, which is a result of consequent scientific researches. The clinical criteria by ICD-10 and semi-structured suicidological interview were used in all of the surveys. In general, we observed 860 patients with suicidal attempt, suicidal ideas and self-destructive injuries.

Results Our researches proved that SDM of SdB determine suicidological diagnosis implementing all-round assessment of SdB features of patient using kinds, forms and clinical-pathogenetic types as main categories of this concept. The kinds of SdB are: self-aggressive behaviour, self-destructive behaviour (it includes non-suicidal or psychotic variants) and suicidal behaviour. Each kind of SdB helps to detect pathogenetic mechanisms and dynamic tendencies in development of it. The form of SdB discloses behavioural specification in each case. There are equivalent, internal and external forms. The clinical-pathogenetic types of SdB are: suicidal, parasuicidal, pseudosuicidal or asuicidal. Each of them discloses significant clinical characteristics of actual self-destructive episode (nosology, syndrome, psychological traits, situation peculiarities, etc.). The differential diagnostic of SdB by SDM concept will allow doctors to treat patients more accurately and effectively.

Disclosure of interest The author has not supplied his/her declaration of competing interest.

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25th European Congress of Psychiatry ePoster viewing part 1

e-Poster viewing: anxiety disorders and somatoform disorders

EV0001

Cross cultural aspects of OCD in Islam and clinical practice



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Introduction Religious obsessions and compulsive acts compromise approximately two thirds of all obsessive compulsive disorder symptomatology in Muslim patients. Imam's mosque is consulted before a psychiatrist.

Objectives To explore the Islamic jurist's views and methods in dealing with obsessions and compulsions.

Aims Introduction of guidelines for managing OCD in some Muslim patients.

Methods We began studying the different opinions of scholars in defining obsessive compulsive behaviour focusing on the tight criteria required by the Maliki Jurists to consider the individual being obsessed. This was followed by a thorough review of other Islamic doctrines.

Results The jurisprudential therapeutic approach includes:

- obsessions are satanic whispers not originating from the self, which is equivalent to "It is not me but my OCD" in modern cognitive behavioural approach;
- diverting attention from the obsessive thought rather than engaging with it;
- not to respond to the obsessional thought (response prevention);
- listing of religious permits;
- focusing attention on acts of worship;
- thought stopping.

At the end we added various jurisprudential rules to be remembered by patients such as certainty does not fade with scepticism, no defiles by doubt, there are no doubts for a man with excessive doubts.

Conclusion Exposure and response prevention techniques are deeply rooted in Islamic jurisprudence and are practised with conviction by OCD Muslim patients. We produced specific guidelines that could be used by clinical psychologists and other mental health professionals in dealing with OCD patients to ensure their engagement in therapy.

Disclosure of interest The author has not supplied his declaration of competing interest.

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EV0002

Treatment of maternal antenatal depression



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Introduction World statistical data show that a large number of mothers suffer from antenatal or postnatal depression and that it is linked with difficulties in personal and emotional development in child.

Aim To present the importance of treatment of antenatal depression.

Material and methods We present is a 32-year-old woman man, with completed high level of education, married, mother of one child, pregnant in first trimester, who suffered of depression several years ago. Diagnosis was made in line with the ICD 10 (F33), and the following diagnostic instruments were used: HAMA, HAMD, clinical interview.

We present is a 32-year-old woman man, with completed high level of education, married, mother of one child, pregnant in first trimester, severe depression with depressive mood, weight lost, insomnia, agitation, suicidal thoughts.

She was treated in the day hospital of our clinic with SSRI antidepressants, individual and group psychotherapy.

Results During the day hospital stay patient was treated with pharmacologic agents (SSRI anti-depressants – tbl. Sertraline), which showed a great success, that is reduction in the depression, sleep improvement, normal gain weight and regular pregnancy and baby birth with APGAR score 9/9.

Discussion Literature shows that antenatal depression is associated with poor mother self-care during pregnancy including poor visit of antenatal clinics, substance misuse, low birth weight, preterm delivery and significant intellectual and emotional deficits in children whose mothers were suffered of antenatal or postnatal depression.

Conclusion Treatment of antenatal or postnatal depression is very important for mothers' mental health and for the normal develops of child also.

Disclosure of interest The authors have not supplied their declaration of competing interest.

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EV0003

The burnout's prevalence among Tunisian military consultants in psychiatry



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Introduction Burnout causes a considerable human cost. Army employees are, in fact, particularly exposed to this risk.

Objective To determinate the prevalence of burnout syndrome among military consultants in psychiatry and to study its socio-familial repercussions.

Method A cross-sectional study was conducted in a military outpatient clinic in Tunis and included 30 military patients with a seniority of more than 15 years. Burnout and major depression were assessed with the instrument Burnout Measure Short version (BMS-10) and the Patient Health Questionnaire "PHQ-9", respectively.

Results Eighty percent of participants ($n = 24$) had a very high degree of burnout exposure according to BMS-10. Twenty of these (83.3%) had a moderate to severe depression. All married patients ($n = 22$) having burnout syndrome reported a conjugopathy and a tendency to physical and verbal aggressiveness against their children.

Conclusion Military employees are particularly vulnerable to burnout. Detecting burnout in time is therefore essential in order to prevent its undeniable socio-familial repercussions.

Disclosure of interest The authors have not supplied their declaration of competing interest.

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EV0004

Muscular strain as risk factor of somatic symptom of mix anxiety and depression



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Introduction Somatic symptoms in depression are not uncommon. There is increased suicidality, poor prognosis, and increased risk of relapse. Neurological and musculoskeletal symptoms can be explained on basis of increased muscular tension in the body.

Methods An internet search was made using key words muscular tension, SSRIs depression, anxiety, somatic symptoms.

Results Ninety-eight percent patients reported at least one of somatic symptoms. Forty-five percent reported six somatic symptom. GIT symptoms in 67% patients. Fatigue in 78% of patients. Weakness in body parts 45% and headache in 43% to 65%. Chest pain more common in male. Patient over 40 showed pain in limbs or joints. Number of symptoms was directly related to severity of depression.

Discussion Increased muscular tension is one component of mix anxiety and depression. Main nerves and their branches pass in between muscular bellies. When there is increased muscular tone, it puts extra compression on major nerves and their branches. This will cause dysesthesia in body parts. Stretching of muscles produce pain due to hypoxia. This produces headache, strain neck and backache pain in chest. Fatigue is result of over consumption of energy due to hypertonia. One of their side effect is of SSRIs is muscular hypertonia which will not be very helpful for these symptoms. Drugs like tricyclics, SNRI can have better results when used alone, gabapentine, pregabline tinazidine used as adjunct can alleviate symptoms. Non-pharmacological treatment includes massage, relaxation technique, and warm water therapy.

Conclusion Somatic symptoms of mix anxiety and depression should be important consideration in its treatment.

Disclosure of interest The authors have not supplied their declaration of competing interest.

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EV0005

Relationship between personality traits with language anxiety among bilinguals



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Language anxiety is a distinct complex of self-perception, beliefs, feelings, and behaviors related to classroom language learning arising from the uniqueness of the language learning process. Effects of foreign language anxiety are particularly evident in the foreign language classroom, and this anxiety is a strong indicator of academic performance. So, the study aimed to investigate relationships between personality traits with language anxiety among bilinguals. The research method was correlation. The population was included all upper intermediate language learners and higher levels in language institutes, that 250 learners were selected by cluster sampling method, and responded to McCare & Costa's NEO personality traits (neuroticism, openness to new experience, extroversion, agreeableness, and conscientiousness) and Horwitz's language anxiety inventory. The data were analysed by Pearson correlation formula. The results showed that there is positive and significant relationship between neuroticism and openness to new experience with language anxiety, and positive and significant relationship between extroversion, agreeableness, and conscientiousness with language anxiety. Thus, it can be concluded that personality traits have important impact on language anxiety.

Disclosure of interest The authors have not supplied their declaration of competing interest.

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EV0006

Gynecological symptoms in somatization disorder



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Background Medically unexplained symptoms are common in ambulatory medical patients. Such disorders are consistently more prevalent in women than in men and occurs up to 10 times more frequently in women.

Main objective To review published literature about gynecological symptoms related to somatic disorder and which percentage of these patients diagnosed as Somatoform Disorder are referred from gynecologist consultations.

Methods We present the case of a 31-year-old woman diagnosed of a somatic symptom disorder whose first consultation was gynecological. She is referred to Mental Health Unit from Primary Care Center because of having been referred to five different specialists and been diagnosed as "functional somatic syndromes" in all cases. She started a selective serotonin reuptake inhibitor, and attended

a relaxation group during two months with good recovery afterwards.

She is asymptomatic nowadays and has not been visited by any other specialist.

Conclusions Women report more intense, numerous, frequent bodily symptoms than men. This difference appears in samples of medical patients and in community samples, whether or not gynecologic and reproductive symptoms are excluded, and whether all bodily symptoms or only those, which are medically unexplained are examined.

Women may be more aware of and more attentive to weak or diffuse bodily stimuli, which men do not perceive, and some studies suggest that women have greater bodily vigilance and awareness. This could result from the experiences of menstruation, menopause, pregnancy, and lactation which all serve to repeatedly call women's attention to their anatomy and physiology and to sensitize them to bodily changes.

Disclosure of interest The authors have not supplied their declaration of competing interest.

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EV0007

Nursing consultation and the care to depression in elderly



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Depression is a major mental illness affecting the elderly. About 15% of the elderly have some depressive symptoms and about 2% have severe depression. This study was conducted in an Extension Program of the Federal University of the State of Rio de Janeiro (UNIRIO) and the aims are: to identify the prevalence of depression in the elderly attended by the community center "Project Rebirth" in Rio de Janeiro-RJ, and discuss strategies developed in consultation to care the depression.

Methodology The elderly are registered in the program and accompanied by a multidisciplinary team. In nursing consultations, whose base is in the realization of Nursing Process, there is the application of the Geriatric Depression Scale named Yesavage – reduced version (GDS-15) held by students under the supervision of the teacher. After classification of the patient on the scale, they develop the care plan based in the Nursing Interventions Classification (NIC), and the nursing diagnoses that have among their factors related to depression and its symptoms.

Results and conclusions In addition to interventions carried out in consultation, involving recovery of self-esteem, encouragement of leisure and recreational activities, and supported self-care, the program staff (psychologists, doctors, nurses and occupational therapists) works in partnership in support group health education, encouraging the integration of the elderly. The well-being and self-esteem of the elderly, thus, reduce the triggers of depression, with the integration of participants, students and professionals.

Disclosure of interest The authors have not supplied their declaration of competing interest.

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EV0008

Related factors of anxiety in elderly assisted in nursing consultation



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Anxiety in elderly can be diagnosed based on a detailed history and cognitive examination using various instruments. These instruments aim to obtain information that supports both the syndromic and etiological diagnosis and the planning and execution of therapeutic and rehabilitation measures to be used in each case. During the nursing consultation with elderly people in the Federal University of State of Rio de Janeiro (UNIRIO), many patients with cognitive impairment showed anxious behavior. The study objectives to describe the factors related to the nursing diagnose anxiety in elderly patients attended in the nursing consultation. The consultations are based in the application of the nursing process. After the symptoms analysis, the nursing diagnosis anxiety is complemented with the related factors. The principals are death threat (64%), stressors (19%) and not needs met (17%). The data found are associated with cognitive impairment. Cognitive impairment in the elderly can lead to anxiety, depression and hopelessness, according to many studies.

Conclusions Working the cognitive needs, and reducing stressors are appropriate strategies to reduce the anxiety. The care with the health professionals is important to notice the related factors early and improve the strategies.

Disclosure of interest The authors have not supplied their declaration of competing interest.

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EV0009

"Mom, there is a monster in the closet": The impact of early attachment trauma (EAT) on the development of anxiety disorders and treatment possibilities



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Objectives In this workshop, I want to broaden the vision on attachment trauma and highlight the importance to acknowledge EAT as a hidden epidemic.

The significance of EAT in the development of anxiety symptoms becomes more and more apparent.

Methods Recognizing the effect, that the quality of the attachment relationship has on the development of a secure attachment bond, is important to understand the factors underlying the development of anxiety symptoms.

The availability, responsiveness, mentalizing possibilities. . . of the parent create a secure base from which the child can explore and develop.

The absence of those features in the child–parent relationship, causes traumatic stress in the child and impacts his psychological and neurological well-being.

Results Insecure attachment influences the neurobiology and results in dissociative processes (hyper- and hypo-aroused) expressed in different types of anxiety disorders.

Derived from the neurobiology there is a clear link between anxiety, depression and aggression.

The internal working model (IWM), rises from insecure attachment, influences adversely the child's capability to regulate and relate.

From an intergenerational point of view, an insecure attachment style of the parent implements the absence of affect en stress regulation capabilities and leave the child with the inability to regulate his anxiety.

Conclusion There is a clear link between EAT and different types of anxiety disorders.

Treatment strategies should integrate neurobiological, attachment and trauma insights resulting in body oriented therapy, development of affect – and stress – regulation strategies, restructuring the internal working model, the therapeutic relationship as attachment bond. . .

Disclosure of interest The author has not supplied his declaration of competing interest.

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EV0010

Does depression explain poor effort on Symptom Validity Tests (SVT)?



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Background and aims Valid assessments require sufficient effort from the part of the testee. Motivation may be compromised, particularly in psychiatric conditions. We examined associations between response bias on free recall and self-reported symptoms in depressed and PTSD patients.

Participants and methods This is a cross-sectional study. Patients had depression ($n = 48$), or PTSD or other anxiety disorders ($n = 37$). A control group ($n = 47\%$) had chronic pain disorder, fibromyalgia or chronic fatigue. The Green Word Memory Test (GWMT) was administered to all subjects. The Structured Inventory of Malingered Symptomatology (SIMS), and the Beck Depression Inventory (BDI-II) were administered in subsamples. Study outcome was self-reported depressive symptoms in Symptom Validity Test (SVT) negative cases.

Results Average age of the participants was 45.1 years (SD 9.5), 48.5% were female. GWMT was positive in 52.3% of all cases, GWMT and SIMS were positive in 33.8%, and GWMT and SIMS were negative in 37.7%. No significant group effects on GWMT were found. Average BDI-II scores were 32.8 (SD 13.9) for depressed patients, 28.3 (15.5) for those with anxiety disorders, and 27.6 (14.1) for controls ($P = 0.43$). Seventy-eight percent of depressed GWMT negative cases reported at least moderate depressive symptoms (BDI-II > 18), and 44.4% severe symptoms (BDI-II > 29). Approximately half of the GWMT negative cases with anxiety disorders and controls scored BDI-II > 18.

Conclusions Non credible test performance is prevalent in disability claimants with affective, mood disorders. However, depressive symptoms per se do not explain poor effort on cognitive tasks.

Disclosure of interest The authors have not supplied their declaration of competing interest.

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EV0011

The cortisol awakening response in anxiety disorders and personality disorders and changes in salivary cortisol level after psychotherapy



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Introduction The hypothalamus–pituitary–adrenal axis (HPA axis) dysregulation plays an important role in the pathophysiology

of anxiety disorders. Salivary cortisol level is a useful indicator of HPA axis dysfunction.

Objectives Most data suggests elevated cortisol awakening response (CAR) in anxiety disorders, but there are studies indicating opposite pattern (flat CAR).

Aim Goal of this study was to determine whether patients with anxiety and personality disorders show a specific daily cortisol patterns and weather this pattern changes after 12 weeks of intensive predominantly psychodynamic combined group and individual psychotherapy.

Method The studied population comprised 77 patients, mainly females (72.7%), with primary diagnosis of anxiety disorder 40.9% or personality disorder 59.1%. The Symptom Checklist "0" was used to assess the pre- and post-treatment levels of patients' symptoms. Pre- and post-treatment cortisol levels were measured in three saliva samples collected during one day (at awakening, 30 min after awakening, at 22.00).

Results The obtained results were partly similar to previous research. We found four different daily CAR patterns: decreased (drop 30 min after awakening), flat (rise 0–49% 30 min after awakening), normal (rise 50–75% 30 min after awakening) and elevated (rise over 75% 30 min after awakening), two of them (flat and elevated) were considered as typical for anxiety disorders. Groups of CAR pattern differed significantly in the level of sleep symptoms, dysthymia symptoms and avoidance/dependency symptoms. The changes in the CAR pattern after psychotherapy were not significant.

Conclusions Anxiety disorders and personality disorders are characterized by more than two specific daily salivary cortisol patterns.

Disclosure of interest The authors have not supplied their declaration of competing interest.

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EV0012

Neurotic personality dysfunctions as factors predisposing for reacting with suicidal ideation to intensive psychotherapy



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Introduction Identifying patients' risk of reacting with suicidal ideation (SI) to psychotherapy is an important clinical problem that calls for empirical verification.

Objectives Analysis of associations between patients' initial neurotic personality dysfunctions not accompanied by SI and emergence of SI at the end of a course of intensive psychotherapy conducted in integrative approach with predominance of psychodynamic approach in a day hospital.

Methods Neurotic Personality Questionnaire KON-2006 and Life Inventory were completed by 680 patients at the time of admission to a psychotherapeutic day hospital due to neurotic, behavioral or personality disorders. Symptom Checklist KO "O" as a source of information about emergence of SI was completed both at the admission and at the end of the treatment. Among 466 patients without SI at the admission, in 4% SI occurred at the end of the treatment.

Results A number of neurotic personality dysfunctions (demeanors declared) that significantly predisposed to SI emergence at the end of the treatment were found: physical aggression against close ones ($P < 0.001$), grandiose fantasies ($P = 0.043$), tendencies to resignation ($P = 0.022$) and resignation-related

feeling of loss of life opportunities ($P=0.037$), tendency to follow predominantly ones intuition ($P=0.035$).

Conclusions In patients who declared the above-mentioned demeanors increased risk of SI emergence than in others (10–30% vs. 4%) indicate that there are particular vulnerable areas of neurotic personality that require especially careful approach during intensive psychotherapy—dealing with those areas may result in distress or anxiety that may lead to SI.

Disclosure of interest The authors have not supplied their declaration of competing interest.

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EV0013

Blood levels of patients with profound refractory OCD who are on supra-normal dosages of sertraline



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Introduction Patients with OCD usually require higher dosages of serotonin reuptake inhibiting (SRI) drugs than is used for the treatment of depression. This observation resulted in treatment-refractory patients being occasional prescribed selective SRI drugs above the normal upper limit of prescribing. Previous studies have shown that these high doses are well tolerated.

Objectives We decided to investigate the blood levels of patients on dosages of sertraline that were above the normal therapeutic range.

Method Successive patients treated by the National Inpatient Service for OCD/BDD who were treatment refractory and prescribed > 200 mg sertraline per day were included. All had previously received 2+ trials of different SRIs for > 3 months each as well as been offered augmentation with dopamine blockers and at 2+ trials of exposure and response-prevention. All patients scored in the profoundly ill range of the Yale Brown Obsessive Compulsive Scale.

Sertraline was titrated in 50 mg increases every 2–4 weeks up to a maximum of 400 mg. Blood samples were taken after their morning dose. This was after the patients had stabilised for at least 2 weeks on the higher doses.

Results Seventeen patients were included in the study and received sertraline dosages ranging from 225 mg to 400 mg per day. Blood levels were within therapeutic range or below for all patients. Following treatment within the service, these patients generally showed an improvement of an average of improvement of 43% on the YBOCS.

Conclusions A subgroup of patients with profound refractory OCD seem to either malabsorb or rapidly metabolise sertraline resulting in lower than therapeutic blood levels.

Disclosure of interest The authors have not supplied their declaration of competing interest.

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EV0014

The effectiveness of mindfulness-based stress reduction (MBSR) in anxiety and depression in patients with multiple sclerosis (MS)



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Objective The main objective of the present study is to investigate effectiveness of mindfulness-based stress reduction in anxiety and depression in patients with multiple sclerosis.

Methods This study is in kind of semi-experimental research in form of pretest–posttest pattern with control group. Statistical population of the study consists of all patients with multiple sclerosis referred to Iran MS Association by 2016. Sampling method in this study is available sampling and based on having inclusion criteria. Among depressed and anxiety patients 30 individuals were selected randomly and were classified in two groups with 15 people in each group. Experimental group was under mindfulness-based training on stress reduction for 8 sessions. Control group was also in waiting list. All patients in experimental and control groups fulfilled depression and anxiety inventories before and after intervention. Obtained data was analyzed using MANCOVA and in SPSS22 software.

Finding Obtained results show that there is significant difference between the two groups in terms of anxiety and depression after intervention ($P<0.001$).

Conclusion Mindfulness-based stress reduction can help reduction of symptoms of anxiety and depression in patients with MS.

Keywords Mindfulness-based stress reduction; Anxiety; Depression; Multiple sclerosis (MS)

Disclosure of interest The authors have not supplied their declaration of competing interest.

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EV0015

Neuroimaging correlates of insight in obsessive compulsive disorder: A fMRI study



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Aim of the study To study the neural substrates of insight in OCD by comparing patients with good insight, patients with poor insight and matched healthy controls using functional MRI.

Methodology Subjects were recruited from among patients attending OCD clinic, adult psychiatry services and psychiatry ward inpatients of National Institute of Mental Health And Neurosciences (NIMHANS), Bangalore. They were further divided into 'good insight' ($n=30$) and 'poor insight' ($n=14$) using Brown's assessment of belief's scale. Control subjects ($n=30$) were recruited from consenting volunteers. 3 T MRI was used mental rotation task was paradigm used for fMRI and analysis was done by SPM 8.

Results Poor insight patients and good insight patients comparison revealed differential activation in left superior/medial frontal gyrus (corresponding to the DLPFC). A negative correlation between BABS score and activation of right inferior parietal lobule. Mental rotation task behavioural data results: OCD patients as a group had significantly lower accuracy compared to healthy controls. Poor insight group had significantly decreased accuracy ratio compared to good insight group and healthy controls. A negative correlation was noted between BABS score and accuracy ratio, indicating that poorer the insight, greater the errors during the active task.

Conclusion Insight has been important prognostic factor in OCD. Poor insight patients had specific deficits in left medial frontal gyrus and right inferior parietal lobule as compared to good insight patients and healthy controls. Together, these indicate that insight has a strong neurobiological underpinning in OCD.

Disclosure of interest The authors have not supplied their declaration of competing interest.

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EV0016

The effectiveness of teaching positive psychology on dysfunctional attitudes and emotional self-regulation of withdrawing addicts



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Objective Negative attitudes and the inability of emotion regulation can make individuals vulnerable against addiction. In this field, the main objective of this study is to investigate effectiveness of teaching positive psychology on dysfunctional attitudes and emotional self-regulation of withdrawing addicts.

Methods This study is conducted using semi-empirical method in form of pretest posttest. Statistical population consists of all addicted people referred to Addiction Treatment Camps of Karaj by 2015. Among these camps, Vardavard Camp is selected randomly and among the referees, 30 people of those who were qualified to participate in this study and were satisfied for this action were selected and were placed in two experimental and control groups. Experimental group received positive psychology intervention and control group was in waiting list. Both groups fulfilled dysfunctional attitude scale and emotional self-regulation scale in baseline and after treatment. Obtained data have been analyzed using independent *t*-test and covariance in SPSS-22.

Finding There is significant difference between two groups at the end of intervention in terms of dysfunctional attitudes and emotional self-regulation ($P < 0.05$).

Conclusion Teaching positive psychology can lead to change in dysfunctional attitudes and emotional self-regulation of addicted people.

Keywords Positive psychology; Dysfunctional attitudes; Emotional self-regulation; Addiction

Disclosure of interest The authors have not supplied their declaration of competing interest.

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EV0017

Acceptance and commitment therapy and anxiety disorders: Clinical case



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Acceptance and commitment therapy (ACT) is a third-generation therapy that relates to human suffering as an inherent part of life in the human condition. Concerning personal values, ACT is focused on the acceptance of suffering, by doing away with the avoidance of things that cause us discomfort.

The goal of the therapy is to make a person's reactions to suffering more flexible, working with the role of the symptoms rather than with the eliminating the symptoms themselves.

This paper shows how the application of this therapy to a person with generalized anxiety disorder helps to reduce symptoms

such as uncontrollable worrying, lack of concentration and muscular tension that these patients often suffer. The modification of symptoms has been measured by a single case study, where the symptoms are assessed by questionnaires before and after the treatment's application. Diagnosis was made according to the Diagnostic and Statistical Manual of Mental Disorders' (DSM-IV) criteria.

Disclosure of interest The authors have not supplied their declaration of competing interest.

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EV0018

Patterns of dissociative (conversion) disorder cases in private psychiatric facility and the effectiveness of an indigene model of psychotherapy



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This is descriptive study was carried out on newly diagnosed dissociative (conversion) disorder patients admitted in private health care facility, Iftikhar Psychiatric Hospital Peshawar.

The studied was carried out from January 2012 to December 2012. Cases were diagnosed according to international classification of disease (ICD-10) diagnostic criteria. Subjects were selected through purposive sampling. A total of 139 patients were included in this study. Patterns of and disorder and demographic will be presented in presentation.

Due to sociocultural sensitivity of applying dialectical and CBT an indigenes model of psychotherapy was applied.

Stage 1: admission of conversion disorder cases for four days admission with informed consent, supportive psychotherapy, and brief psycho-education of attendants to avoid reinforcement of the patient's behavior. Parental single dose medication to break the cycle of fits.

Stage 2: it involves exploratory session with the patient and her/his family members focusing on what is the problem with the patient nature of stressors, and the family environment. Meanwhile, we involve the patient in the recreational and occupational therapy to avoid sick role and illness behavior.

Stage 3: psychotherapy session with the patient to give psycho-education and insight of her/his mental problem. Discussing different options, and facilitating the patient to come up with the best possible desirable option. Psychotherapy of the family members involved psycho-education about the patient's mental illness, its association with the prevailing stressors, and avoiding reinforcement. Responses have been 85% improvement in conversion disorder, 90% in sensory symptoms, 98% in motor symptoms, 95% in mixed symptoms.

Disclosure of interest The author has not supplied his declaration of competing interest.

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EV0019

The prevalence and risk factors of anxiety disorders in an Egyptian sample of school and students at the age of 12–18 years



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Background generalized anxiety disorder (GAD) are highly prevalent and impairing conditions among children and adolescent. There are some general population studies that have examined these conditions during the early life course.

The primary objectives of this study were to examine the prevalence, and socio-demographic factors related to GAD in

representative sample of Egyptian school students (prep, middle and secondary students), and the correlation between adolescence and socio psychological factors that lead to anxiety disorders in adolescents.

Methods The study included 1200 student (600 from rural area, and 600 from urban area), their age ranged from 12–18 years m we used GHQ (28 items with cut point 14), the anxiety scale and SCID I.

Results The positive clinical cases represent 20.6%, depression is the most prevalent 23.8%, anxiety was (6.69%), body dysmorphic disorder (15.2%), adjustment disorder (13.8%); GAD (9.2%); obsession (7.4%)

Conclusions Findings demonstrate the clinical significance socio demographic factors related to GAD among adolescent youth, and highlighting on the paternal relations.

Disclosure of interest The author has not supplied his declaration of competing interest.

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EV0020

Evaluation of psychological interview before prominent ear reconstruction: Three cases report



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Medical and mental health professionals have long been interested in understanding both the motivations for seeking a change in physical appearance as well as the psychological outcomes of cosmetic surgery. By time to time researchers began to incorporate standardized psychometric tests and psychiatric evaluation into their studies. Psychiatrists have studied the personality characteristics and psychological state of these patients with the hope of identifying patients who may be psychologically inappropriate for surgery or those who are likely to be dissatisfied with a technically successful surgical outcome. There were some degree of congruence in the factors that appeared to be associated with poor outcome, demographic factors like being male, younger age, psychological/psychiatric factors such as history of depression or anxiety, dysmorphophobia, personality disorder as narcissistic or borderline, previous surgical procedure with which the patient was dissatisfied and minimal deformity. As a cosmetic surgery, prominent ear deformity is the most common abnormality of the external ear. We have used both clinical interview and psychometric assessments in three cases who want to go surgery because of their prominent ear. Two of the cases have used cyanoacrylate adhesive to their postauricular skin for camouflage of their prominent ear deformity. We have evaluated the patients' psychiatric state with psychosocial viewpoint of the deformity.

Disclosure of interest The authors have not supplied their declaration of competing interest.

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EV0021

A mixed approach: Posttraumatic obsessive compulsive disorder



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Introduction Several studies along the last two decades provide information indicating the relationship between posttraumatic stress disorder (PTSD) and obsessive compulsive disorder (OCD). The particular features described in patients who developed OCD symptoms closely after the onset of PTSD, may suggest the existence of a specific subtype of OCD more likely to be suffered after a traumatic event. The few studies focused on evaluating treatment efficacy for the association between OCD and PTSD seem to predict poor response to pharmacologic or behavioral cognitive (BCT) monotherapy.

Objectives Despite the evidence, most widely used guidelines propose the employment of either a psychotherapeutic or psychopharmacologic approach. We propose to combine intensive BCT and serotonin profile antidepressants in order to optimize PTSD-OCD subtype.

Material and methods We present two detailed case reports offering the results of combining intensive BCT and serotonin profile antidepressants as soon as the comorbid diagnosis for both disorders was established. These two patients were recruited from outpatient care centers.

Results Our limited experience supplied promising outcome results. Significant improvement regarding to functional impairment appeared from early stages of the treatment in both patients.

Discussion Despite logistic difficulties, an intensive and coordinated psychopharmacologic and psychotherapeutic approach might constitute another treatment choice which may be taken into account in those cases monotherapy fails to reduce PTSD-OCD subtype patients' impairment.

Conclusions A mixed treatment approach might be taken into account as a first line treatment in PTSD-OCD disorder.

Disclosure of interest The authors have not supplied their declaration of competing interest.

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EV0022

Regression models for biopsychosocial factors affecting patients with haemoglobinopathies in a Greek hospital



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Introduction Sickle cell and thalassemia (haemoglobinopathies) are autosomal recessive inherited conditions that affect haemoglobin and as chronic diseases, stress, anxiety and depression are comorbid conditions.

Objectives To examine possible biopsychosocial factors affecting stress, anxiety and depression symptoms in these patients.

Aims To investigate whether different condition related markers, contribute to the psychological symptomatology.

Methods A total of 97 patients participated in the study, 21 males (21.6%) and 76 females (78.4%), with a mean age of 44.35. Convenience sampling method was used and participants were recruited from the General Hospital of Nikaia, 'Ag. Panteleimon', in Athens, Greece. DASS and MFI scales were used to measure the dependent and independent variables. Data were analysed with the SPSS 21 software.

Results Multivariate analysis revealed that days between transfusions ($\beta = -0.454$), reduced activity ($\beta = 0.350$) and age ($\beta = -0.207$) explained 30.1% of the variance in Stress [$F(3.91) = 13.04$ $R^2 = 0.301$ $P = 0.03$]. Reduced activity ($\beta = 0.417$) and days between transfusions ($\beta = 0.318$) explained 30.3% of the variance in Anxiety [$F(2.92) = 19.96$ $R^2 = 0.301$ $P = 0.03$]. Finally reduced activity ($\beta = 0.334$), days between transfusions ($\beta = 0.364$), and reduced motivation explained 41.3% of the variance in Depression [$F(3.91) = 21.34$ $R^2 = 0.413$ $P = 0.03$]. Levels of ferritin, haemoglobin, age and present condition of health had a NS effect in the models.

Conclusions Similar factors were found to affect stress, anxiety and depression in the sample, with days between transfusions and reduced activity being the major factors affecting the psychological symptoms in haemoglobinopathy patients. More research is needed in order for all the biopsychosocial factors to be revealed in this field.

Disclosure of interest The authors have not supplied their declaration of competing interest.

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EV0023

Depression, anxiety and stress symptoms among students in Albania explored by DASS-42

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Introduction In Albania, at the current time, no research has been conducted to assess students' risk for depression, anxiety and stress.

Objectives To explore which group of students are at risk for depression, anxiety and stress.

Aim The aim of this study is to explore the symptoms of depression, anxiety and stress among students according to the 42-item Depression Anxiety and Stress Scale (DASS-42).

Material and methods The DASS-42 was translated from English to Albanian, culturally verified, back-translated and administered to 570 students in university campus of Tirana district. Exploratory factor analyses (EFA) and Cronbach's alpha, were performed to identify the psychometric properties of the Depression, Anxiety, and Stress subscales and the overall scale.

Results EFA with equamax rotation indicated that the 42 items loaded on three factors accounting for 53.2% of the total variance, 19.9% for depression, 17.6% for anxiety and 16.7% for stress subscale. The internal consistency coefficients were high, ranging from 0.90 to 0.93 for subscales and 0.96 for the scale. The mean score of females for the overall scale $M = 28.0 (\pm 36.3$ SD) was significantly higher as compared to males, $M = 22.9 (\pm 36.5$ SD), ($t = 2.6$, $P < 0.01$). Females also had a significant higher score $M = 11.5 (\pm 12.8$ SD), for depression as compared to males $M = 8.7 (\pm 12.6$ SD), ($t = 2.4$, $P = 0.02$), whereas no difference was found with regard to anxiety ($P = 0.2$) and stress subscales ($P = 0.07$).

Conclusions Female students, students from rural areas and married individuals have more total scores for depression, anxiety and stress symptoms.

Disclosure of interest The authors have not supplied their declaration of competing interest.

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EV0024

Somatic-type delusional disorder and comorbidity mood disorder

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Chronic delusional disorder encompasses what classical termed as paranoia and paraphrenia. This disorder is characterized by the presence of one or more non-bizarre, permanent and systematized delusions. Cognitive functions of the patient not affected, judgment and reason are not affected if the subject is not addressed delirious. Delusional theme includes life-like experiences, including: persecution – persecutory type –, suffering from a disease – somatic type –, to be loved by someone famous – erotomaniac type –, the partner is unfaithful – jealous type – or having a special quality or gift – megalomaniac type –. Usually, patients lack awareness of mental illness and often prior to contact with mental health, made a pilgrimage by different specialists looking for an organic explanation.

The description of a case report of a 47-year-old male who has a delusional belief body deformity secondary to manipulation by a physiotherapist suffering a muscular pain in the lumbar region is performed. Prior to psychiatric diagnosis, begins a long journey by different specialists.

As a consequence, somatic-type delusional disorder is a challenge in the diagnosis and treatment in the medical field because it is required a multidisciplinary approach for these patients.

Disclosure of interest The authors have not supplied their declaration of competing interest.

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EV0025

How painful is this? Idiosyncrasies of attention in irritable Bowel syndrome

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Introduction Theoretical controversy surrounds the issue of the extent to which cognitive processes can be identified which are characteristic of patients with irritable Bowel syndrome (IBS). The issue is important because particular patterns of idiosyncrasies would suggest tailored therapeutic interventions.

Objectives To map the processing of pain information in IBS and healthy participants in relation to physical and social threat, using latency as well as frequency metrics.

Methods Participants (20 with IBS and 33 controls) were tested in an extended exogenous cuing paradigm whose derived measures included assessments of bias, engagement and disengagement. They also completed a battery of health and illness activity tests.

Results There was a significant interaction between bias in processing of pain (physical threat) and of neutral stimuli, as shown on Fig. 1. Further significant idiosyncrasies were observed in the relations between measures of attention and levels both of symptoms and of illness behaviour.

Conclusions Detailed evidence was obtained of anomalies in attention in IBS. The results may be interpreted in terms of interactive feedback between pain perception in relation to the gut, pain-specific attentional processes, and health behaviour. It will be

discussed how mindfulness based cognitive therapy can be used as an intervention to disrupt this feedback.

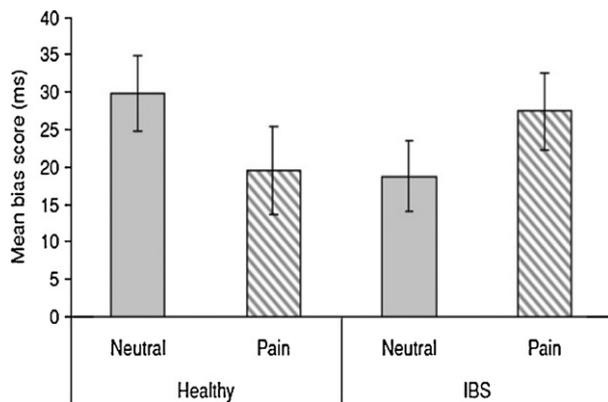


Fig. 1 Attentional bias in IBS and healthy groups with pain and neutral stimuli. Target in the same (valid) or different (invalid) position as the cue, bias = (RT invalid – RT valid).

Disclosure of interest The authors have not supplied their declaration of competing interest.

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EV0026

Conversion disorder: Unexplained symptoms of silenced emotions?

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Introduction Conversion disorder is a condition defined by the presence of symptoms of altered voluntary motor or sensory function, not intentionally produced or feigned, presumed to be the expression of a psychological conflict or stressor, but mimicking neurological diseases or other medical conditions, that must be excluded before this diagnosis is made. The suspicion of conversion disorder arises when clinical findings are incompatible with the suggested neurological or medical conditions and there is a temporal relation between the onset of the symptoms and a psychological stressor. However, when these hints are absent, diagnosis may not be clear and require wider workup.

Objectives/aims To make a brief review on conversion disorder and present an illustrative clinical-vignette.

Methods We collected information from medical records and interview with the patient and made a research on PubMed with the MeSH terms “conversion disorder”.

Results We present a 51-years-old female outpatient with episodes of paralysis of left upper and lower limbs. Some months before the onset of these symptoms, her daughter came to live with her. Their relationship became very conflictual. Electroencephalogram, laboratory and imaging studies were normal. She did not tolerate the antidepressants tried (SSRI, SNRI and trazodone), but reported to feel better with amisulpride and alprazolam.

Conclusions Widely discussed in the past as “hysteria”, conversion disorder is still intriguing, because little is known about the link between body and mind, making the management of patients with this disorder challenging and highlighting the need for more studies on the topic.

Disclosure of interest The authors have not supplied their declaration of competing interest.

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EV0027

Diagnosis of generalized anxiety disorder in Russia: The results of a web-based survey of psychiatrists

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Introduction There is a lack of attention on generalized anxiety disorder (GAD) in the psychiatrists' education programs in Russia. The consequence of this is difficult to estimate because of insufficiency of the GAD epidemiology in Russia.

Objectives Are estimation of the comparative prevalence of diagnosis of GAD among other anxiety and stress related disorders; psychiatrists' knowledge about GAD and their therapeutic approaches.

Methods The invitations to survey were sent by e-mail to members of the Russian Society of Psychiatrists; 888 psychiatrists took part in the survey. Twenty-six percent of them worked in inpatient departments, 43% – in outpatient departments, 15% – in somatic services, 17% – researchers and university professors.

Results A total of 83% of respondents have diagnosed GAD at least once during last year. Most often GAD was diagnosed by psychiatrists of somatic services. Mixed anxiety and depressive disorder was diagnosed in 2.5 times more often than GAD; adjustment disorders – in 2.1 times. Doctors have noted that among their patients with other mental disorders 26% have chronic anxiety, but most of doctors do not establish the comorbid diagnosis of GAD for these patients. Only a quarter of doctors consider that detachment of GAD from other anxiety disorders is based on the features of etiology and pathogenesis. In the treatment of GAD together with SSRIs, SNRIs, and pregabalin prescribing, doctors often prescribe benzodiazepines, atypical anxiolytics (hydroxyzine, buspirone) and low-potency antipsychotics (alimemazine, chlorprothixene).

Conclusions Increasing attention to GAD in the psychiatrists' education programs may improve diagnosis and treatment of this disorder in Russia.

Disclosure of interest The authors have not supplied their declaration of competing interest.

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EV0028

Deep brain stimulation – Is there hope for obsessive compulsive disorder?

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Introduction Deep brain stimulation (DBS) is a neurosurgical procedure under investigation for a range of psychiatric and neurological disorders. One of them is obsessive compulsive disorder (OCD), which is a neuropsychiatric illness that often develops in childhood, affects 2% of the general population and causes significant impairment across the lifespan. Some cases are refractory to pharmacotherapy and psychotherapy and that is why new treatments have been investigated over the last decades.

Objectives/aims In this paper, we intent to do a review of the literature about the efficacy of DBS in the treatment of OCD.

Methods We present a literature review of some scientific articles found on Pubmed search using “deep brain stimulation and obsessive compulsive disorder/DBS and OCD”.

Results Clinical outcome of DBS for OCD shows robust effects in many studies. It appears that most patients regain a normal quality of life after DBS, reporting changes in perception, feeling stronger and more confident, and doing things unreflectively. It seems that DBS is a valid alternative to lesional ablative neurosurgery for severe, therapy-refractory OCD patients, although with partially discrepant results probably related to differences in anatomical targeting and stimulation conditions.

Conclusions DBS seems to be a promising modality for the treatment of some refractory psychiatric disorders such as OCD, but the search for the best target still continues. Randomized studies with larger samples are needed to establish the optimal targeting and stimulation conditions.

Disclosure of interest The authors have not supplied their declaration of competing interest.

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EV0029

Is there a difference in prevalence of anxiety and depression symptoms among patients with different stages of hypertension?



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Introduction Whether anxiety and depression are associated with hypertension and to what extent is not clear.

Aims The aim of the present study was to assess any differences in the prevalence of anxiety and depression among different groups of hypertensive patients.

Methods The study cohort comprised of 127 patients (75 male, mean age 54 ± 14) who underwent assessment of their blood pressure levels and were divided in four groups: group I (normotensives, $n = 34$), group II (stage 1 HTN, $n = 33$), group III (stage 2 HTN, $n = 30$) and group IV (stage 3 HTN, $n = 30$). The evaluation of anxiety disorder was made by means of Hospital Anxiety Depression Scale (HADS), while the evaluation of depression was made with the Beck Depression Inventory (BDI). Statistical analysis was done with SPSS for windows. *P*-value was set at 0.05 for differences to be considered significant.

Results Comparing the four groups of patients there was a significant difference both in BDI (8.6 ± 7.0 vs. 11.6 ± 10.4 vs. 27.1 ± 5.8 vs. 32.4 ± 3.9 , $P < 0.0001$) and HADS (10.2 ± 7.2 vs. 9.7 ± 7.0 vs. 16 ± 4.7 vs. 27 ± 5.1 , $P < 0.0001$). We proceeded to comparison among the 4 groups and there was a significant rise in the BDI and HADS in three of the four groups group II > group III > group IV, $P < 0.0001$.

Conclusion These data suggest that there is a clear burden of anxiety and depression as the levels of BP increase. This finding is of important clinical significance as it could contribute to a different approach of hypertensive patients. A larger cohort study could enlightened the mechanisms involved.

Disclosure of interest The authors have not supplied their declaration of competing interest.

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EV0030

Association of arterial stiffness burden with anxiety and depression in different stages of hypertension



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Introduction There has been an attempt to associate anxiety and depression with arterial stiffness. In the present study, we assessed differences in arterial stiffness among 3 groups of hypertensive patients compared to control normotensives as well as possible association with anxiety and depression scoring system.

Methods The study cohort comprised of 127 patients (75 male, mean age 54 ± 14) who underwent assessment of their blood pressure levels and were divided in four groups: group I (normotensives, $n = 34$), group II (stage 1 HTN, $n = 33$), group III (stage 2 HTN, $n = 30$) and group IV (stage 3 HTN, $n = 30$). The evaluation of anxiety disorder was made by means of Hospital Anxiety Depression Scale (HADS), while the evaluation of depression was made with the Beck Depression Inventory (BDI). Arterial stiffness evaluation was done with Cardio-Ankle Vascular Index (CAVI). Statistical analysis was done with SPSS for windows. *P*-value was set at 0.05 for differences to be considered significant.

Results Both CAVI R and CAVI L indices were significantly higher as the severity of hypertension progressed ($P < 0.001$). BDI score was significantly correlated with CAVI R (Pearson $r = 0.53$, $P < 0.0001$) and CAVI L (Pearson $r = 0.39$, $P < 0.0001$). HADS score was also significantly correlated with both CAVI R (Pearson $r = 0.53$, $P < 0.0001$) and CAVI L (Pearson $r = 0.43$, $P < 0.0001$).

Conclusions There is a burden in the arterial stiffness of this population with the increase of the levels of BP which is not surprising. However, the new finding is that there is a strong correlation with arterial stiffness indices and both anxiety and depression scoring system.

Disclosure of interest The authors have not supplied their declaration of competing interest.

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EV0031

The relationship of social phobia and personality characters in colleague students



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Social anxiety disorder, pervasive and debilitating disorder with a high rate that affects many aspects of human life. The aim of the study was to assess the relation between social phobia and personality traits of Rafsanjan University of medical sciences students. By using Cochran formula and random stratified sampling, 284 person of Rafsanjan University of medical sciences students selected. Participants responded to questions of the NEO Personality and Social Phobia questionnaire. Data analyzed with Pearson correlation coefficient, analysis of variance and regression. Among the individuals, 11.6% had severe social phobia and 4.6% very severe. The relationship between social phobia and neuroticism was reversed and significant and other personality characters were significantly. Neuroticism and openness predicted social phobia

significantly. The academic courses in terms of social phobia had not different with them but there were significant differences in the character of personality. It seems that dimensions of personality associated with Social phobia and be able to explain it.

Disclosure of interest The authors have not supplied their declaration of competing interest.

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EV0032

Duloxetine augmentation in resistant obsessive compulsive disorder: Surveying a new medication for challenges in treatment of OCD



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Introduction Up to 50% of patients with OCD have failed to respond in SSRI trials, so looking for pharmacological alternatives in treatment of obsessive compulsive disorder (OCD) seems necessary.

Objectives Surveying duloxetine augmentation in treatment of resistant OCD.

Aims Study the effects of serotonin-norepinephrine enhancers for treatment of OCD.

Methods This augmentation trial was designed as an 8-week randomized controlled, double blind study. Forty-six patients suffering from OCD who had failed to respond to at least 12 weeks of treatment with a selective serotonin reuptake inhibitor (fluoxetine, citalopram or fluvoxamine) were randomly allocated to receive duloxetine or sertraline plus their current anti OCD treatment. Yale-Brown Obsessive Compulsive Scale (Y-BOCS) was the primary outcome measure.

Results Forty-six patients (24 of 30 in duloxetine group and 22 of 27 in sertraline group) completed the trial. Both groups showed improvement over the 8-week study period (mean Y-BOCS total score at week 8 as compared with baseline: $P < 0.001$ and $P < 0.001$) without significant difference ($P = 0.861$). Those receiving duloxetine plus their initial medications experienced a mean decrease of 33.0% in Y-BOCS score and the patients with sertraline added to their initial medication experienced a mean decrease of 34.5% in Y-BOCS.

Conclusions Our double blind controlled clinical trial showed duloxetine to be as effective as sertraline in reducing obsessive and compulsive symptoms in resistant OCD patients. However, it needs to be noted that our study is preliminary and larger double blind placebo controlled studies are necessary to confirm the results.

Disclosure of interest The author has not supplied his declaration of competing interest.

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EV0033

Pregnancy in men: Couvade syndrome

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As human reproduction has to been seen not only from the biological (gender) but from the social and anthropological perspective, and as long as paternity joins a very important aspect in men identity, we found essential to review actual and past literature in order to explain symptoms and attitudes experienced by some fathers to be.

Couvade syndrome was first described in the mid-sixties by a group of British authors who tried to analyze some typical pregnancy symptoms observed in fathers to be. These symptoms are hetero-

geneous and could be difficultly classified, but must of the authors tend to group them in anxiety or somatophorm-like disorders.

In this oral communication, we will explore into the deep causes of this syndrome and its links to the Couvade ritual described in some ancient cultures like the Greek (year 60 B.C.) as well as analyze an actual case report, with the help of the exhaustive revision of the existing literature.

Couvade has to be contemplated as a way to define the new identity of the father to be, and his bond with the newborn, his couple and the society.

Finally, Couvade could be seen as a proactive and constructive preparation of the male to the paternity, out of psychopathology and recognize these comprehensive reactions as a normal and functional part of the reproductive ritual.

Disclosure of interest The authors have not supplied their declaration of competing interest.

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EV0034

The correlation between object relationships and attachment style in prostitutes in Iran



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Objective Increased statistics of prostitution and reduced age of prostitutes at the world and as a result, prevalence of diseases such as AIDS and other diseases has gained attention of scholars to the problem of prostitution and relevant problems. Hence, the main objective of this study is to analyze the correlation between object relations and attachment style in prostitutes in Iran.

Method Applied method in this study is correlation. Statistical population in this study consists of prostitutes of Tehran, Mashhad, Kerman, Tabriz and Mazandaran and statistical sample consists of 317 women selected using simple random sampling method in 2015. For purpose of data collection, Bell Object Relations and Reality Testing Inventory (BORRTI) and Hazan and Shaver attachment styles questionnaire are used. The data were analyzed using multivariate regression and Pearson correlation in SPSS-22.

Finding The results showed that there is significant correlation between object relations and attachment styles in prostitutes ($P < 0.01$).

Conclusion Object relations scales (incompetence, self-centeredness and alienation) are correlated to insecure attachment styles in prostitutes.

Keywords Object relations; Attachment styles; Prostitutes

Disclosure of interest The authors have not supplied their declaration of competing interest.

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EV0035

The risk of hypertension in general population with anxiety traits in Russia/Siberia: Gender disparities. WHO survey MONICA-psychosocial



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Objective To determine gender differences in prevalence of anxiety traits in general population and to evaluate its impact on the risk of hypertension in men and women aged 25–64 years in the open population in Russia/Siberia.

Methods Under the third screening of WHO program “MONICA-psychosocial” a random representative sample of the population aged 25–64 were surveyed in Novosibirsk in 1994 ($n=657$ men, $n=870$ women). Anxiety levels were measured by means Spielberger test. Over the 16-year period were identified 229 cases of AH in women and 46 for men. Cox-proportional regression model was used for an estimation of hazard ratio (HR).

Results In general population aged 25–64 years at 99.5% of women and 97.5% of men had moderate and high levels of anxiety traits. In univariate Cox regression analysis model the risk incidence of arterial hypertension in women and men with high level of anxiety was 2.383-fold and 5.18-fold higher, respectively, over 5 years of follow-up. It was 1.853-fold and 5.75-fold higher over 10 years and 1.45 and 3.82 times higher over 16 years after baseline. In the multivariate Cox regression model HR of hypertension was 1.648 in women with high level of anxiety; and it was 4.568-fold higher in men.

Conclusion Despite the higher prevalence of HLA in women, the risk of developing hypertension is much higher in males.

Disclosure of interest The authors have not supplied their declaration of competing interest.

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EV0036

Contribution for the Portuguese validation of the Depression, Anxiety and Stress Scales (DASS-21): Comparison between dimensional models in a sample of students



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Introduction The Depression, Anxiety and Stress Scales are widely used in clinical and non-clinical populations, both in research and clinical settings. The need for briefer but valid and reliable instruments has motivated the reduction of the original 42-item scale to a short 21-version. On Portuguese samples, Pais-Ribeiro et al. (2004) found that the original 3-factor solution (stress, anxiety and depression) explained 50.35% of the variance and in an exploratory analysis; Xavier et al. (2015) presented a two factor solution and a modified three-factor solution with a sample of pregnant women, both with adequate factors' reliability (<0.70) and explaining above 50% of the variance.

Aims Based on the previous results of factor analysis with Portuguese samples, the present study aimed to perform confirmatory factor analyses (using Mplus software) to evaluate which dimensional structure best fitted the data.

Methods The sample comprised 234 students (78.2% female), between 18–26 years old ($M=20.55$; $SD=1.66$). Eighty-five percent of the participants were on their first three years of college education. Participants filled the Portuguese version of the DASS-21.

Results Our results showed that the original 3-factor structure had the best model fit [$\chi^2_{(186)}=475.465$, $P<0.05$; $RMSEA=0.082$, $90\% CI=0.073-0.091$; $CFI=0.918$; $TLI=0.908$; $SRMR=0.05$]. Good reliability was found for all subscales (0.92 for stress, 0.87 for anxiety and 0.91 for depression subscale).

Conclusions The DASS-21 is a reliable instrument that, with student populations, seems to have better performance when used with a 3-factor structure. Further research is needed to confirm this structure in Portuguese clinical samples.

Disclosure of interest The authors have not supplied their declaration of competing interest.

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EV0037

Psychogenic nonepileptic seizures



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Introduction Psychogenic nonepileptic seizures (PNES) are defined as a somatoform conversion disorder manifesting as paroxysmal events not associated with electroencephalographic (EEG) epileptiform correlates. This entity is poorly understood and often misdiagnosed as epilepsy. It is important to recognize that misdiagnosis leads to inappropriate use of antiepileptic drugs, which may worsen the course of the disease.

Recent studies have suggested that the frequency of psychogenic nonepileptic seizures ranges from 10 to 23% of referrals to a pediatric epilepsy center, as well as 60% of children with PNES achieve symptom improvement and event freedom of symptoms following appropriate treatment.

Objectives The aim of this study is to conduct a literature review of studies which the purpose was better understand the etiologies, features, and care outcomes of psychogenic nonepileptic seizures (PNESs) in a pediatric setting.

Conclusion A early identification of the risk factors for comorbid psychopathology, diagnosis and appropriate care for PNESs reduces inappropriate medical investigation and therapy, expedites rates of remission, and decreases health-care utilization in a pediatric setting.

Disclosure of interest The authors have not supplied their declaration of competing interest.

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EV0038

Emetophobia (a specific phobia of vomiting): A case study



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Introduction Case presentation of a young woman Ms. A.M., referred by her GP with an eating disorder, who was thereafter diagnosed with an uncommon type of phobia (emetophobia – a specific phobia of vomiting) and treated accordingly.

Objectives To highlight the diagnostic dilemma with such uncommon cases, who are often misdiagnosed as having anorexia nervosa or bulimia nervosa or suffering from other anxiety disorders (like OCD or GAD).

Methods A comprehensive mental state examination was conducted including a diagnostic clarification interview. She was followed up by the mental health team on a regular basis with support and also providing appropriate psychotherapy.

Discussion Ms. A.M. refused medications and only agreed to non-pharmacological treatment. She was therefore commenced on once weekly psychotherapy (CBT), which she undertook for a period of 4 months. She showed good response to the psychotherapy with significant attenuation of her core symptoms, although she still continued to exhibit some avoidance behaviors.

Conclusions This particular patient showcases a relatively uncommon and often misdiagnosed specific phobia (emetophobia)

and highlights the positive response seen in this case with psychotherapy.

Disclosure of interest The author has not supplied his declaration of competing interest.

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EV0039

Social anxiety as a basic factor shaping anti-vital and suicidal behaviour among contemporary adolescents



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Introduction In adolescence, social anxiety (SA) and anti-vital and suicidal behavior (AB and SB) constitute a single syndrome.

Aim The aim is to define the role of SA and its components in shaping adolescent AB, with a subsequent risk of SB.

Materials and methods A total of 981 adolescents participated in the survey. The authors' proprietary Anti-vitality and Resilience Questionnaire and Social Anxiety and Social Phobia Questionnaire; statistic methods: ANOVA, Correlation analysis.

Results and discussion Twenty-four percent from the sample have high SA levels, and 21.8% have clinical SA levels connected with high risk of AB and SB. Adolescents find themselves in unstable conditions of the psychological field reorganization (crisis), and they are in need of actualization of means to satisfy their social motives. It makes them vulnerable to mental disorganization under evaluation conditions, and the situation is aggravated with the absence of internalized mental regulation tools. AB, SB is higher, the higher the SA in adolescents is. SA as a subjective perception of insufficient means to influence the surroundings in order to satisfy social needs can play one of the key roles in the accumulation of negative affect in the system of mental activity, and lead ultimately to its failure.

Conclusion Inability to satisfy their actual motives, lack of strategy for self-realization and dealing with failures, and inability to keep the targeted priority in evaluation situations lead to feeling loss of life purpose and negative evaluation of the future and shape AB, SB.

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EV0040

Psychological treatment of trichotillomania: A case study



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This paper presents a clinical case of trichotillomania. Therefore, the aim of this study is to present in detail the procedure followed in a case of trichotillomania in a public health context, using cognitive-behavioral techniques, in order to deepen the knowledge of the efficacy of these treatment procedures and demonstrate the feasibility of implementation.

The results obtained show significant improvements in different clinical aspects: first, the hair pulling behavior disappeared completely; moreover, anxiety diminished significantly and mood normalized. All these results allow us to conclude that the intervention was successful.

Disclosure of interest The authors have not supplied their declaration of competing interest.

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EV0041

Factors associated with professional stress at the teachers



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Introduction Teaching, as a profession, is recognized as demanding and stressful.

Objectives (1) Evaluate the professional teacher stress, (2) Identify possible factors associated with it.

Methods This is a cross-sectional study, descriptive and analytical, conducted among teachers of high school Mahmoud Magdich in Sfax. (Tunisia). Participants were asked to complete the anonymous form detailing the socio-demographic, professional characteristics and any work stressors.

The evaluation of occupational stress was evaluated by the scale of "Karasek".

Results Thirty-six teachers replied to the questionnaires. The sex ratio (M/F) was 0.38. The mean age was 48.77 years. The average number of years of exercise was 23.20 years and the average number of hours worked per week was 16.25 hours. The participants stress profile according to the scale of "Karasek" was: 55.6% stressed, 27.8% assets, 11.1% liabilities, and 5.6% relaxed. The main stress factors mentioned were respectively: the inadequate salary (58.3%), difficult working conditions (52.8%), problems with students and parents (25%) and lack of organization at work (22.2%). Factors correlated with the profile "stressed" were: female gender ($P=0.026$), lack of pastime practice ($P=0.034$), teaching high school degree ($P=0.04$), feeling that they work "too hard" in their work ($P=0.005$), they are "the end" at the end of the working day ($P=0.015$) and low social support ($P=0.005$).

Conclusion The occupational stress among teachers was quite important. Knowing how to identify factors and taking action would be interesting for the guarantee development for teachers. Students would be the ultimate beneficiaries.

Disclosure of interest The authors have not supplied their declaration of competing interest.

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EV0042

Personal and pathopsychological features of patients with somatoform disorders in primary care



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Introduction Somatoform disorders are a therapeutic challenge for primary care physicians. Various studies show low efficacy of psychotherapy for these patients, and the need for differentiated approach to their treatment.

Objective Explore the differences between pathopsychological, personal characteristics of patients with somatoform disorders.

Methods It was carried out psychometric evaluation of 108 patients with different clinical variants of somatoform disorders, using SCL-90-r, Leonhard questionnaire.

Results Patient with somatization disorder (SD) had maximum values on the "somatization", "depression", "hostile", "paranoid" scales; a high level of anxiety. Singularity personality structure of these patients defining feature of exaltation, excitability, emotionality. Patients with undifferentiated somatoform disorder (USD) also showed high levels of somatization, anxiety and obsessive-compulsive, interpersonal sensitivity, phobic anxiety. Patients with stable somatoform pain disorder (SPD), had high levels of depression, obsessive-compulsive. SPD formed in individuals with

features of anxiety, seizing, high emotivity. The maximum values for the scales of anxiety (ANX, PHOB) recorded in patients with somatoform dysfunction of the autonomic nervous system (SDANS). Evaluation of coping strategies showed a preferential use of the “avoidance” strategy by patients with SD, USD, a rare use of social support strategies, responsibility. Patients with somatoform pain disorder often resorted to seek social support.

Conclusion The use of the questionnaire SCL-90-r has identified a number of clinical features of patients with different variants of the SFD. Typologically in all samples of patients revealed moderate accentuation on emotivity trait.

Disclosure of interest The authors have not supplied their declaration of competing interest.

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EV0043

Acupuncture decreases competitive anxiety prior to a competition in young athletes: A randomized controlled trial study

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Introduction Although a certain level of competitive anxiety may increase performance, many athletes with anxiety experience uncontrolled negative feelings and cognition that in turn can have overwhelming effects on their performance.

Objectives Indeed, we aimed to assess the effect of the acupuncture on competitive anxiety in a sample of young football players using physiological biomarkers and subjective anxiety measures.

Methods We aimed to assess the effect of acupuncture on competitive anxiety of the adolescent football players prior to the competition using psychological and physiological markers. A total of 30 athletes were randomly and equally allocated to either acupuncture or sham control group.

Results The results of *t*-test on posttest scores showed that acupuncture had a significant effect on cognitive anxiety ($P=0.001$) and somatic anxiety ($P<0.001$) but not self-confidence ($P>0.05$). Furthermore, the results showed that acupuncture significantly decreased the skin conductance in acupuncture group compared to sham group ($P=0.006$) ($P<0.001$).

Conclusions In conclusion, the results suggested that acupuncture have the capacity to decrease cognitive and somatic anxiety prior to competition in adolescent athletes while this was accompanied by significant physiological changes.

Disclosure of interest The authors have not supplied their declaration of competing interest.

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e-Poster viewing: bipolar disorders

EV0044

Mental health literacy in bipolar disorder: A cross-sectional survey in Saudi Arabia

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Introduction Stigmatization of individuals with mental illnesses is widespread and serves as a major barrier to treatment. Specific alterations in mental health literacy about a disorder and its perceived treatability can change this social attitude. Assessing awareness of bipolar disorder is important as the WHO ranked bipolar disorder as the sixth cause of disability.

Objectives To assess mental health literacy (knowledge, attitudes and beliefs) in bipolar disorder among Saudi population.

Methods Cross sectional study is currently conducted. We are using valid reliable questionnaire assessing the level of awareness, knowledge, attitude and behavior toward bipolar disorder. It is distributed to adult Saudi citizen (> 17 years of age) in malls, university and hospitals in Riyadh. People who are known to have psychiatric disorder and their caregivers or who works as psychiatrists and psychologists are excluded.

Results There are 200 samples collected, and 14 were excluded according to exclusion criteria. Fifty-two percent of our preliminary sample has heard about bipolar disorder, and more than half of them believe that neurotransmitter disturbances, substance use and psychological trauma are more likely to be causes of bipolar. In contrast, 49% of the sample did not choose psychiatric medication as effective treatment for bipolar, whereas more than half of them chose praying.

Conclusions It is a first-of-its-kind research study in Saudi Arabia determining the current mental health literacy of bipolar disorder in Saudi Arabia. We are aiming to increase the sample size to reach 1000 participants. Further study will be needed to investigate possible interventions to improve such problem.

Disclosure of interest The authors have not supplied their declaration of competing interest.

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EV0045

Demyelination in rat model of mania-like behavior

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Introduction Ample amount of data suggests role of REM sleep deprivation as the cause and effect of mania. In the present model, we have tried to implement behavioral sensitization to sleep deprivation, conditions mimicking natural circumstances, so as to produce an animal model with symptomatology resembling very close to human mania. Pre-clinical and clinical studies have shown that mania is often co-morbid with multiple sclerosis, therefore we sought to find out whether myelin integrity is disrupted and if lithium could protect against such damage.

Objectives (1) To analyse mania-like behavior after REM sleep deprivation. (2) To analyse any damage to myelin under TEM.

Aims We wanted to see if there could be any damage to myelin after behavioral sensitization to stress.

Methods Rats were sleep deprived by classical flowerpot or platform method. OFT was performed to assess behavior of rats. The analysis was performed over 5 min, separated into 5 bins of 1 min each. Behavioral scores included total square entries, inner square entries, time spent in center, rearing frequency, time spent rearing, number of grooming bouts, time spent grooming defecation and time spent still. TEM was performed to study changes in myelination in two distinct regions of brain, DG and VTA.

Results It was observed that the REM sleep deprived rats had mania like symptoms. REM sleep deprivation lead to demyelination in DG and VTA. Lithium treatment restored myelination per se.



Conclusions The result suggests the involvement of myelin damage in the pathogenesis of mania, Li offers protection against such damage.

Disclosure of interest The authors have not supplied their declaration of competing interest.

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EV0046

Valproate used during pregnancy: What should be done?



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Background Sodium valproate can cause serious developmental disorders in unborn babies if taken while pregnant, especially in the first trimester.

Aim To review recent literature and advice or treatment for women who have or are using valproate whilst pregnant.

Design Literature review.

Methods Literature review using Pubmed with search terms: 'bipolar'; 'pregnant'; 'valproate' and following up references.

Results There are several small methodologically flawed studies that attempt to address this question and will be reprised. Three key population register studies found high rates of malformations. A retrospective study of longer-term outcomes found high rates of developmental issues. There are several relevant treatment guidelines, including from the National Institute for Health and Clinical Excellence (NICE). There is a 40% risk of developmental disorder, a 10% risk of congenital malformations and a 3% risk of IQ deterioration.

Conclusions Avoid valproate in women of childbearing age if at all possible, and consider effective contraception if used. If already pregnant then consider, with involvement from the patient, stopping or minimizing the dose of sodium valproate. Assess the risks and benefits of using sodium valproate during pregnancy versus stopping the treatment for the first trimester as symptoms of the disorder may return. Seek advice from a perinatal psychiatrist. Add 5 mg of folic acid daily for the remainder of the pregnancy.

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EV0047

Assessment of psychotic symptoms in bipolar disorder



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Introduction Bipolar disorder is a disabling condition characterized by the presence of manic, depressive, hypomanic or mixed episodes, affective symptoms that may coexist with several types of psychotic features.

Objectives The purpose is to evaluate the frequency of psychotic symptoms among bipolar disorder.

Method The study included 55 bipolar patients admitted in the Psychiatry Clinical Hospital from January 2012 until May 2013. Inclusion criteria were represented by diagnosis of bipolar disorder, manic or depressive episode, according to DSM-IV-TR and

ICD 10 criteria. Clinical instruments used to assess the severity of the current affective episode were Young Mania Rating Scale (YMRS) for manic patients and Hamilton Depression Rating Scale-17 items – (HDRS) for the depressive ones. Psychotic symptoms were evaluated with the Brief Psychiatric Rating Scale-18 items – (BPRS).

Results Out of the 55 patients, 32 had psychotic symptoms upon admission to the hospital. BPRS results showed delusions of guilt, inutility, hypochondriac and nihilistic delusions for the depressed patients. Delusions of grandiosity and megalomania accounted for most of psychotic symptoms in manic patients. A smaller number of patients showed delusions of invention and reform. Perception disturbances such as auditory hallucinations were present in both diagnosis categories but in a higher percentage in depressive bipolar patients.

Conclusions Even if less frequently than in schizophrenia or schizoaffective disorder, psychotic symptoms are present in bipolar disorder. They influence the general functioning and the outcome of patients diagnosed with this illness.

Disclosure of interest The authors have not supplied their declaration of competing interest.

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EV0048

Profile of depression in women attending antenatal clinics in Blantyre District, Malawi



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Introduction Depression is one of major health problems affecting pregnant women in low resource settings. It can lead to poor uptake of antenatal services. Data about prevalence of antenatal depression and associated risk factors remain scanty in Malawi. The study settings were eight selected antenatal clinics in Blantyre district, Malawi. The aim of this study was to assess prevalence of antenatal depression and associated risk factors among pregnant women attending antenatal clinics in Blantyre district, Malawi.

Methods This was a quantitative study which used a random sample of 97 pregnant women. Ethical approval was granted by relevant bodies. Descriptive and inferential statistics were used to analyse data.

Results Prevalence of antenatal depression in Blantyre district was 25.8% (n=25). Risk factors associated with antenatal depression included: "being distressed by anxiety or depression for more than two weeks during this pregnancy"; "feeling that pregnancy has been a positive experience"; "having a history of feeling miserable or depressed for two weeks or more before this pregnancy"; "relationship with partner is an emotionally supportive one"; "experiencing major stresses, changes or losses in the course of this pregnancy"; "having history of physical abuse when growing up", and "having concerns about being or becoming a mother".

Conclusion This study has shown that antenatal depression is prevalent in Malawi. It suggests that psychosocial interventions targeting pregnant women may be necessary to reduce antenatal depression and associated risk factors. However, further research regarding ways for assisting pregnant women to build and strengthen their psychosocial support structures is needed.

Disclosure of interest The authors have not supplied their declaration of competing interest.

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EV0049

Intramuscular ketamine in depression, suicidal thoughts and anxiety: A report on two cases

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Introduction Several studies have shown that ketamine, an antagonist of NMDA receptors, represents a promising alternative in the treatment of depression. The therapeutic use of ketamine, commonly used at a dose of 0.5 mg/kg, and in a single application IV has been short and requires monitoring in a hospital setting. IM use has been shown to be effective in treating depression and suicide risk, and have low side effect profile.

Methods Two patients diagnosed with bipolar depression and suicide risk were submitted to ketamine IM application (0.75 mg/kg), receiving one application of ketamine IM every two days, totaling 4 applications. Patients were under medical monitoring for 2 hours after injection verifying vital signs and potential side effects. Responses were measured using BDI, BAI and BSI.

Aim To evaluate response of ketamine IM injections on depressive, suicidal and anxious symptoms.

Summary Case 1: female, 20 years old, single with three recent suicide attempts, symptomatic for two months. Started lithium 450 mg daily. Side effects of ketamine were nausea, drowsiness and paresthesia. Case 2: female, 24 years old, single with symptoms lasting for six years. Started aripiprazole 5–10 mg and 25 mg lamotrigine concomitantly. Side effects of dry mouth, dizziness and dissociation.

Conclusions The use of ketamine IM showed reduction of 75.5%–83.3%–85.7% (case 1) and 71.4%–77.2%–60.8% (case 2) in BDI, BAI and BSI, respectively as well as safety and tolerability in use.

Disclosure of interest The authors have not supplied their declaration of competing interest.

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EV0050

Reversible cognitive impairment associated with a high free fraction but subtherapeutic total blood level of valproic acid due to hypoalbuminemia in a bipolar patient

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Valproic acid (VPA) is widely used in the treatment of epilepsy and bipolar disorder. It is largely bound to serum proteins (80–95%) in particular albumin, with a saturable binding capacity. Under conditions of hypoalbuminemia, protein binding of VPA will decrease and its pharmacologically-active free fraction will rise, even to toxic levels while measuring subtherapeutic VPA total blood levels [1].

We present an elderly bipolar patient with (sub)clinical total levels of VPA and a high free fraction of VPA due to hypoalbuminemia (14–24 g/L) leading to severe reversible cognitive impairment.

VPA and the free fraction in particular, was the most likely cause of the cognitive impairment [2]. There was a time-correlation with increasing blood levels of total VPA (68 mg/L, reference 80–120 mg/L [3]), notably the free fraction (37.5 mg/L, reference 5–15 mg/L), and the intoxication.

For therapeutic drug monitoring in laboratories, generally, total VPA concentrations (free + protein-bound) are measured instead of



free fractions, due to technical difficulties, a lack of established reference ranges [4] and (inter)national guidelines [5,6] not requiring it. This presentation and literature points out that it is clinically relevant to measure the free fraction [7,8], especially in patients with hypoalbuminemia [9–11] to prevent unnecessary side effects and toxicity.

We recommend measuring albumin during VPA use; particularly in patients with nephrotic syndrome, liver disease [12] or older adults [13–15]. Hypoalbuminemia demands a free fraction measurement.

Disclosure of interest The authors have not supplied their declaration of competing interest.

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EV0051

Care pathways for patients with bipolar disorders at Psychiatry Clinic Affektiva, Gothenburg: Identifying and solving issues for a more efficient and safe care

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Introduction The Psychiatry Clinic Affektiva has developed a care pathway for patients with bipolar disorder (BD). It consists of one outpatient clinic and two inpatient wards. Clinical observations suggest that patients with BD benefit from treatment in a dedicated unit with tailored care programs and that better outcomes are achieved in terms of reduced average length of stay and safer transitions to outpatient care for this group.

Aims The aim is to improve the care of bipolar patients by increasing bed-availability and overall continuity in the care pathway and monitoring core aspects in the management of outpatients in order to reduce admissions and to facilitate standardized treatment and collaboration between in- and outpatients unit.

Method We developed a structure to monitor and measure specific outcomes such as readmission within 28 days, relapse within 12 months and the use of lithium in this group. We also developed a standardized care protocol in order to improve the safety and the equality.

Results At this stage our preliminary results from our efforts are promising but further monitoring is needed to confirm our hypothesis. More data will be collected during 2017.

Conclusions Affektiva Psychiatry Clinic has developed a model for continuously monitoring several essential aspects in the care of patients with BD and providing a specific care program.

Disclosure of interest The authors have not supplied their declaration of competing interest.

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EV0052

Risk factors for suicide behaviors in bipolar disorder: A closer look

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Introduction Suicide behaviors (suicide acts and suicide attempts) are a major concern for clinicians treating patients with psychiatric disorders. Among them, patients with bipolar disorder (BD) have the highest prevalence of suicide behaviors, accounting for up to one-quarter of all completed suicides. Additionally, suicide remains the leading cause of avoidable death in patients with BD.

Aims This work aims to review the main risk factors for suicide behaviors in patients with BD.

Methods The MEDLINE/Pubmed database was searched using the keywords “bipolar disorder” with: “suicide”; “suicide attempt”; and “suicide risk factors”. Articles published in the last 10 years were considered.

Results It is estimated that 25% to 50% of patients with BD will attempt suicide at least once in their lifetime and, that 10% to 15% will die. The risk factors for suicide behaviors in patients with BD have been widely studied and their knowledge is crucial for identifying patients at risk.

The main risk factors include previous suicide attempts, family history of suicide and hopelessness. Other risk factors have also been identified: depressive polarity of first mood episode; rapid cycling; increasing severity of affective episodes; depressive polarity of the latest mood episode; mixed affective states; early age of onset; and comorbid anxiety disorders, substance use disorders and cluster B personality disorders.

Conclusions Prevention of suicide behaviors is crucial when treating patients with BD. Therefore, the knowledge of these risk factors is of extreme importance in order to promptly identify patients at risk and adopt the proper preventive therapeutic interventions.

Disclosure of interest The authors have not supplied their declaration of competing interest.

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EV0053

Mindfulness effects on cognition: Preliminary resultsA. Flores^{1,*}, G. González¹, G. Lahera², C. Bayón¹, M. Bravo¹, B. Rodríguez Vega¹, C. Avedillo¹, R. Villanueva¹, S. Barbeito³, M. Saenz³, A. García Alocén³, A. Ugarte³, A. González Pinto³, M. Vaughan¹, L. Carballeira¹, P. Pérez¹, P. Barga¹, N. García¹, C. De Dios¹¹ Hospital Universitario La Paz, Department of Psychiatry, Madrid, Spain² Universidad de Alcalá, Department of Medicine and Medical Specialties, School of Medicine, Madrid, Spain³ Hospital Universitario Araba, Department of Psychiatry, Vitoria-Gasteiz, Spain

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Background Mindfulness-based cognitive therapy (MBCT) is a psychotherapeutic intervention that has been shown effective in several clinical conditions. Nevertheless, research is still needed on its effectiveness on cognition.

Objective To analyze possible effects on cognition of the addition of MBCT intervention versus a brief structured group psycho-education to the standard treatment of subsyndromal bipolar depression. Our hypothesis was that MBCT could improve some aspects of cognitive function to a higher degree than psycho-education and treatment as usual (TAU).

Methods/design A randomized, multicenter, prospective, versus active comparator, evaluator-blinded clinical trial was conducted. Forty patients with BD and subclinical or mild depressive symptoms were randomly allocated to:

- MBCT added to psychopharmacological treatment ($n = 16$);
- a brief structured group psycho-educational intervention added to psychopharmacological treatment ($n = 17$);
- standard clinical management, including psychopharmacological treatment ($n = 7$).

Assessments were conducted at screening, baseline, post-intervention (8 weeks) and 4-month follow-up.

Results Cognition results point to significant improvement in Stroop Color test as well as processing speed in TMT A test ($P < 0.05$) in the two psychological intervention groups versus TAU.

Conclusion These preliminary findings suggest that the addition of MBCT or psycho-education to usual treatment could improve some cognitive dimensions in subsyndromal bipolar depressive patients.

Disclosure of interest The authors have not supplied their declaration of competing interest.

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EV0054

The blue-eyed man: A case of Waardenburg syndrome type 1 associated with mania and autistic spectrum disorder

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Waardenburg syndrome (WS) is a rare genetic disorder characterised by varying degrees of sensorineural deafness, dystopia canthorum, musculokeletal defects, pigmentation anomalies such as bright blue iris, greying hair and in some cases intestinal pathology.

A 21-year-old Chinese gentleman, diagnosed with WS type 1 (Figs. 1 and 2) at the age of two, presented at the emergency unit with manic symptoms for the past one month such as irritability, grandiosity, flight of ideas and reduced need for sleep. With regards to social integration, he had features suggestive of autism spectrum disorder (ASD). He often played by himself and was fixated on particular toys. He was eventually admitted to the psychiatric ward for acute management of mania. He was stabilised on olanzapine 10 mg BD and sodium valproate 600 mg BD. His sodium valproate was cross-titrated with lithium in the ward and his manic features gradually subsided. He was discharged well after 2 weeks of admission with lithium 300 mg BD and olanzapine 10 mg BD. WS type 1 has been localised to the locus 2q35 and researchers have identified that a tetranucleotide repeat marker on 2q35 is strongly associated with recurrent mood symptoms.

In conclusion, it is important to note that individuals with WS may be at higher risk to develop ASD and mood disorders.



Fig. 1



Fig. 2

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EV0055

Late-onset bipolar illness: Literature review and case report



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Introduction Late-onset bipolar-illness (LOBI) diagnosis comprises those patients whose first mania episode occurs aged 60 or older. Traditionally, it has been considered as a secondary disorder, accompanying other conditions such as dementia. While this is true for some cases, LOBI is a wider concept, which has its own features and also includes other entities.

Objectives To describe the main features of LOBI.

Methods Critical review of the literature and description of the case of a 72-year-old woman diagnosed with LOBI.

Results While only 6–8% of all new cases of bipolar disorder (BD) occur in people older than 60, recent research suggests an increase of first episodes in this age group. LOBI is less associated with family history compared to early onset BD and seems to occur more frequently in women.

LOBI presents with better premorbid functioning and atypical psychopathology as compared to early onset. Also, there is a higher prevalence of mixed episodes and a higher frequency of episodes per year, with a great risk of suicide. LOBI patients have more cognitive impairment and higher rates of comorbid psychiatric disorders. These patients show some specific neuroimaging signs, including subcortical hyperintensities.

Quetiapine and valproate have proved useful, but the pharmacokinetic and pharmacodynamic characteristics of older patients must be taken into account.

Conclusion The reported case identifies similarities between LOBI and classical BD. However, both this case and the literature review reveal that LOBI has specific features that differentiate it from classical BD. Further research is needed to characterise the condition and improve its management.

Disclosure of interest The authors have not supplied their declaration of competing interest.

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EV0056

Correlation between alterations of inflammatory markers and treatment with atypical antipsychotics in patients diagnosed with bipolar affective disorder



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Introduction Clinical evidences suggests that cerebral inflammatory processes are involved in the development of major affective disorders [1].

Obvious correlations exist between changes of inflammatory markers such as acute-phase protein C (PCR) and VES, in patients with bipolar spectrum diagnosis [2].

Objectives Our aim is demonstrating the correlations between changes of PCR and VES and pharmacological treatment with atypical antipsychotics in patients with acute bipolar disorder, highlighting a trend.

Method Twenty patients with bipolar disorder were assessed at the entrance (T0), after three weeks (T1) and after six weeks (T2) of hospitalization using specific rating scales and blood tests routines include PCR and VES.

Results Is possible to appreciate a correlation between the affective phase of bipolar disorder and inflammatory markers with a proportional trend (Table 1).

Discussion and conclusion The scores obtained seem to confirm the effect of antipsychotic in both sense of psychiatric symptomatology reduction and in anti-inflammatory action.

A confirmation of a correlation between the resolution of affective disorders and normalization of inflammatory markers confirm the intrinsic anti-inflammatory activity of such drug compounds [3].

Table 1

	PCR mg/L	VES mm/h	MADRAS	YMRS	CGI	BPRS
t0	17.85 ± 10	13.10 ± 9	9.30 ± 11	24.27 ± 10	3.95 ± 1	84.65 ± 30
t1	4.55 ± 4 ^a	12.65 ± 8 ^b	4.30 ± 5 ^a	3.85 ± 5 ^a	2.65 ± 1 ^a	65.50 ± 21 ^a
t2	1.45 ± 3 ^{c,d}	12.75 ± 8 ^b	2.45 ± 3 ^{c,d}	1.65 ± 2 ^{c,d}	1.80 ± 1 ^{c,d}	54.30 ± 17 ^{c,d}

^a $P < 0.01$ vs. T0

^b $P > 0.01$ vs. T0/T1.

^c $P < 0.01$ vs. T0.

^d $P < 0.01$ vs. T1.

Disclosure of interest The authors have not supplied their declaration of competing interest.

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EV0057

A broken heart



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Introduction Within the various cultures and throughout the centuries has observed the relationship between emotional states and heart function, colloquially calling him “heartbroken”. Also in the

medical literature are references to cardiac alterations induced by stress.

Objective Takotsubo is a rare cardiac syndrome that occurs most frequently in postmenopausal women after an acute episode of severe physical or emotional stress. In the text that concerns us, we describe a case related to an exacerbation of psychiatric illness, an episode maniform.

Method Woman 71 years old with a history of bipolar I disorder diagnosed at age 20. Throughout her life, she suffered several depressive episodes as both manic episodes with psychotic symptoms. Carbamazepine treatment performed and venlafaxine. He previously performed treatment with lithium, which had to be suspended due to the impact on thyroid hormones and renal function, and is currently in pre-dialysis situation.

She requires significant adjustment treatment, not only removal of antidepressants, but introduction of high doses of antipsychotic and mood stabilizer change of partial responders. In the transcurso income, abrupt change in the physical condition of the patient suffers loss of consciousness, respiratory distress, drop in blood pressure, confusion, making involving several specialists. EEG was performed with abnormal activity, cranial CT, where no changes were observed, and after finally being Echocardiography and coronary angiography performed when diagnosed Takotsubo.

Results/conclusions In this case and with the available literature, we can conclude that the state of acute mania should be added to the list of psychosocial/stressors that can trigger this condition.

Disclosure of interest The authors have not supplied their declaration of competing interest.

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EV0058

Determination of p11 multifunctional protein in human body fluids by enzyme-linked immunosorbent assay



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Objectives The diagnosis of major depressive disorder (MDD) is symptom based due to the lack of biological biomarker. p11 protein was recently found to be an important factor mediating depression-like states and antidepressant responses. The aim of the study was to assess whether p11 protein in urine can serve as a potential biomarker for major depression, and the relationship of its levels among urine, serum and cerebrospinal fluid (CSF).

Methods We obtained urine samples from 13 drug-free MDD patients and 13 age- and gender-matched healthy controls. We also collected urine, serum and cerebrospinal fluid samples from 13 of fracture patients or cesarean section patients in the spinal anesthesia. The concentrations of p11 protein were measured using ELISA.

Results In MDD patients, urine levels of p11 protein were all less than the minimum detectable concentration of the ELISA kit. The urine levels of p11 were detectable only in one healthy control. In the spinal anesthesia patients, we can detect p11 concentrations in both serum and urine in only two patients. Besides, levels of p11 were detectable in the serum of one patient and urine of another patient. We were unable to measure CSF levels of p11 in all patients.

Conclusions Concentrations of p11 protein in the body fluids are very low and unstable. The sensitivity of the current p11 ELISA kit is currently unsatisfactory, requiring the development of an ELISA kit of higher sensitivity to determine whether p11 in body fluids can serve as biomarker for depression.

Disclosure of interest The authors have not supplied their declaration of competing interest.

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EV0059

Korean medication algorithm for bipolar disorder (KMAP-BP): Changes in treatment strategies for bipolar depression over 12 years



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Introduction Many guidelines for bipolar disorders have been introduced based on evidences. In contrast, KMAP-BP was developed by an expert-consensus.

Objective To summarize the medication strategies for bipolar depression over four published KMAP-BP (2002, 2006, 2010, and 2014).

Methods The questionnaire using a nine-point scale had covered some clinical situations with many treatment options about the appropriateness of treatment.

Results For mild-to-moderate depression, antidepressant (AD) + mood stabilizer (MS) in early editions and MS or lamotrigine monotherapy and AAP+(MS or lamotrigine) in later editions were preferred strategies. For severe nonpsychotic depression, MS+AD was the only first-line medication in early editions. In 2014, various medications [MS+AAP (atypical antipsychotic), AAP+lamotrigine, MS+AD] were preferred. Valproate and lithium has been rated as first-line MS in all editions. Lamotrigine were positively preferred later. Adjunctive AD was accepted as first-line strategy for severe depression in all editions. Preference of AAP also has been increased remarkably. Adjunctive AAP was not first-line treatment for mild-to-moderate depression in all editions, but was for nonpsychotic depression in 2010 and 2014 and for psychotic depression in all editions. Recommended AAPs have been changed over 12 years: olanzapine and risperidone in 2002 and quetiapine, aripiprazole, and olanzapine in 2014 were first-line AAP.

Conclusion There have been evident preference changes: increased for AAP and lamotrigine and decreased for AD. The high preferences for aripiprazole and lamotrigine in later editions were likely derived from favorable tolerability.

Disclosure of interest The authors have not supplied their declaration of competing interest.

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EV0060

Obesity and quality of life in bipolar disorder



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Introduction Overweight and obesity, despite their comorbidities and mortality, could deteriorate the quality of life of people with bipolar disorder.

Objectives The objective of this study is to evaluate the quality of life among patients with bipolar disorder and investigate a possible interaction between obesity and deterioration of the quality of life.

Aims This study aims to highlight the importance of preventing overweight and obesity in people with bipolar disorder to obtain an adequate quality of life subsequently an acceptable control of the illness.

Methods Fifty euthymic bipolar patients (Hamilton Depression Scale score ≤ 8 , and Young Mania Rating Scale score ≤ 6) received the Medical Outcomes Study 36-Item Short-Form Health Survey in Arabic validated version in order to investigate the quality of life.

Results We examined 50 euthymic bipolar patients (60% men, 40% women). The average age was 46, 5 years (23–70). Most patients (69%) were over weighted (BMI ≥ 25.0 kg/m²) (body mass index), of whom 40% were obese (BMI ≥ 30.0 kg/m²). Seventy-two percent of the investigated patients had an affected quality of life (score < 66.7). The mental items were deteriorated in 80% of the cases. An affected quality of life was correlated with obesity. The BMI was significantly and negatively correlated with the scores of dimensions D4 (mental health) and D8 (perceived health) ($P < 0.01$).

Conclusion The investigation of quality of life in people with mental disorder enables to reveal the social handicap caused by these illnesses consequently emphasizes health care in mental affections.

Disclosure of interest The authors have not supplied their declaration of competing interest.

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EV0061

Research of thinking and memory at persons with the alcoholic dependence complicated by abuse of preparations of sedative and somnolent group



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In recent years, abuse of sleeping medicines with the subsequent formation of an inclination and increase of tolerance to preparations of this group has gained distribution in the Republic of Uzbekistan among the persons suffering from alcoholic dependence.

The assessment of thinking and memory functions was carried on by using a pictogram technique at 40 patients with the alcoholic dependence complicated by abuse of a somnolent preparation. Two groups of patients had similar duration of alcohol abuse, but differing in the length of abuse of hypnotic drugs: 20 patients used it not more than 1 year, 20 patients more than 5 years.

Research has shown that with the duration of abuse of somnolent preparation within 1 year patients with alcoholic dependence had no expressed memory violations: by means of pictogram drawings patients could remember all set of words. Twenty-five percent of patients' drawings had the ordered appearance, steady graphic characteristics; the chosen images were followed by exact, laconic comments. The tendency to prevalence of the concrete images associated with alcoholic situations was found in 75% of patients of this group at a graphic representation of abstract concepts.

Abuse of somnolent preparations more than 5 years at 35% of patients has come to light misunderstanding of sense of the task, 40% of patients – insufficient image differentiation with inability of selection of visions to abstract concepts, 10% of patients – had tendency to the stereotypy and a perseveration. All the patients had a decrease in efficiency of the mediated storing.

Disclosure of interest The author has not supplied his declaration of competing interest.

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EV0062

Bipolar disorders diagnostics in ambulatory medico-psychological service



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Introduction The difficulties of diagnosis and clinical differentiation of bipolar disorders, schizophrenia and schizoaffective disorder have been repeatedly noted both foreign and Russian authors.

Objectives Full medico-psychological service clinical documentation research, including bipolar disorder patient records.

Aims Determination of bipolar disorders in accordance with the DSM-5 criteria among psychiatric outpatients.

Methods A group of 142 patients with established according to ICD-10 diagnoses: schizophrenia, schizoaffective disorder 137 (96.5%); the average patient's age 50 ± 13 and bipolar disorder and mania episode 5 (3.5%) – 55.4 ± 14.4 has been investigated.

Results It was found that 18 (12.7%) of all patients meet the DSM-5 bipolar disorder criteria compared with the primary diagnosis (3.5%). Structure of the diagnosis of bipolar disorder was represented as follows: bipolar disorder type I – 11 (61.2%), bipolar disorder type II – 7 (38.8%). Consequently, due to formal application DSM-5 bipolar disorder criteria BD determination 3.5 times more.

Conclusion Traditionally, the diagnosis of schizophrenia is preferred over bipolar disorder. Manic episode in bipolar disorder can be evidently regarded as an acute schizophrenia manifestation. The diagnostic criteria for DSM-5 are convenient in diagnostics of manic and depressive episodes in case of their combination in I type bipolar disorder.

Disclosure of interest The authors have not supplied their declaration of competing interest.

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EV0063

Is the use of long-acting injectable antipsychotic extended in the outpatient treatment of bipolar disorder? A brief description



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Aims Obtain and analyze information on treatment guidelines, with particular emphasis on the use of antipsychotics, in patients diagnosed with bipolar disorder I and bipolar disorder II who are treated at a mental health center in a district of Madrid (Spain) under the conditions of habitual clinical practice.

Then, compare with recently published literature.

Methods We performed a descriptive study of a sample of 100 patients diagnosed with bipolar disorder (type I and type II) at any stage of the disease who receive regular treatment in a mental health center in a district of Madrid. Information regarding the treatment used, especially the use of antipsychotics (either in a single therapy or in combination with other drugs such as mood stabilizers, antidepressants, hypnotics or anxiolytics), was collected retrospectively from the data obtained from the medical record.

Results Ninety-four percent of patients are taking mood stabilizer treatment (68% lithium, 24% valproate, 1% and 1% carbamazepine and lamotrigine). Four percent take lithium and valproate in combination. Forty-eight percent of patients are taking some antipsychotic (atypical about 90%). Of these, only 10% in injectable form, and 5% take both oral and injectable antipsychotics.

Conclusions The diminished use of injectable antipsychotics, well below recent publications, draws the attention. You can probably explain this low proportion of injectable medication because we are generally dealing with stable patients with a long-term disorder.

Disclosure of interest The authors have not supplied their declaration of competing interest.

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EV0064

Misdiagnose bipolar disorder: About a case report



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Introduction Early stages of bipolar disorder are sometimes misdiagnosed as depressive disorders. This symptomatology can lead to misinterpretation and under diagnosis of bipolar disorders.

Objectives/aims To describe a patient with a new diagnosis of bipolar disorder after 23 years of psychiatric care.

Methods We report a case of a 66-year-old man, with a previous psychiatric diagnosis of recurrent depressive disorder for the last 23 years, after a hospitalization in a psychiatric inpatient unit because of a major depressive episode. In subsequent years, he was regularly followed in psychiatric consultation with description of recurrent long periods of depressed mood requiring therapeutic setting, alternating with brief remarks of not valued slightly maladjusted behaviour. At 65, he came to the emergency room presenting with observable expansive and elevated mood, disinhibited behaviour, grandiose ideas and overspending, leading to his hospitalization with the diagnosis of a manic episode. In the inpatient unit care, we performed blood tests, cranial-computed tomography (CT) and a cognitive assessment. His medication has also been adjusted.

Results Laboratory investigations were unremarkable. Cranial-CT showed some subcortical atrophy of frontotemporal predominance, without corroboration by the neuropsychological evaluation. The patient was posteriorly transferred to a residential unit for stabilization, where he evolved with major depressive symptoms that needed new therapeutic adjustment. Later he was discharged with the diagnosis of bipolar disorder.

Conclusions Our case elucidates the importance of ruling out bipolar disorder in patients presenting with depressive symptoms alternating with non-specific maladjusted behaviour, which sometimes can be a challenging task.

Disclosure of interest The authors have not supplied their declaration of competing interest.

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EV0065

A case report of comorbid Munchausen type factitious disorder with bipolar II disorder



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We present an uncommon case of a 46-year-old woman suffering from Munchausen type factitious disorder comorbid with bipolar II disorder.

The patient was diagnosed with major depression disorder 4 years ago during her hospitalization in the internal medicine department after a suicide attempt and SSRI was prescribed.

Since the onset of the disorder the patient started complaining for physical symptoms, migrating from hospital to hospital seeking pathological and surgical interventions, fabricating her medical history. In the last 3 years, the patient visited the emergency room of university hospital of Ioannina 85 times and she was hospitalized in internal medicine or surgical clinics 16 times, performing 19CR, 11 CT and 4MRI.

Many times, she turned to the police suing the treating doctors. During her hospitalizations she refused psychiatric evaluation. Twelve months ago the patient finally visited a psychiatrist, bipolar II disorder was diagnosed and administrated quetiapine with good results to both, mood and ER visits (7 visits in one year and 1 hospitalization).

During the analysis of her mood switches, we observed non-euphoric hypomanic episodes and association of the hypomanic phase with the factitious behavior.

This case report reinforces the importance of maintaining a clinical suspicion of major psychopathology coexistence with factitious disorder.

Disclosure of interest The authors have not supplied their declaration of competing interest.

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EV0066

Social cognition and bipolar disorder: A preliminary study



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Aim To assess the clinical outcomes associated with social cognition impairment in euthymic patients with bipolar disorder.

Method It was a cross-sectional study with convenience sample. The diagnose of bipolar disorder was performed by psychiatrist, using DSM-IV criteria, at bipolar disorder program – Hospital de Clinicas de Porto Alegre (Brazil), where the sample was recruited. The social cognition was assessed by psychologists using the Reading the Mind in the Eyes Test.

Results We included 46 euthymic BD patients: BD I ($n=39$), women ($n=32$), age (49.11 ± 13.17), and years of education (10.56 ± 3.80). Patients with social cognition impairment were not different of patients without social cognition impairment regarding socio demographic factors (gender, age, educational level, marital status, and employment status). Patients with social cognitive impairment showed higher rates of BD I patients ($P=0.036$) and higher proportion of hospitalization in the first episode ($P=0.033$), as compared to patients without social cognition impairment.

Conclusion This is a preliminary study demonstrating that BD patients with social cognition impairment show worse clinical outcomes. Severe BD onset seems to be an important predictor of social cognition impairment. However, more studies are needed investigating social cognition impairment in subjects with bipolar disorder.

Disclosure of interest The authors have not supplied their declaration of competing interest.

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EV0067

Social cognition and bipolar disorder: A preliminary study

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Aim To assess the clinical outcomes associated with social cognition impairment in euthymic patients with bipolar disorder.

Method It was a cross-sectional study with convenience sample. The diagnose of bipolar disorder was performed by psychiatrist, using DSM-IV criteria, at bipolar disorder program – Hospital de Clinicas de Porto Alegre (Brazil), where the sample was recruited. The social cognition was assessed by psychologists using the Reading the Mind in the Eyes Test.

Results We included 46 euthymic BD patients: BD I (n=39), women (n=32), age (49.11±13.17), and years of education (10.56±3.80). Patients with social cognition impairment were not different of patients without social cognition impairment regarding socio demographic factors (gender, age, educational level, marital status, and employment status). Patients with social cognitive impairment showed higher rates of BD I patients (P=0.036) and higher proportion of hospitalization in the first episode (P=0.033), as compared to patients without social cognition impairment.

Conclusion This is a preliminary study demonstrating that BD patients with social cognition impairment show worse clinical outcomes. Severe BD onset seems to be an important predictor of social cognition impairment. However, more studies are needed investigating social cognition impairment in subjects with bipolar disorder.

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EV0068

Cognitive impairment and its relation to predominant polarity, number of episodes and illness duration in patients with euthymic bipolar affective disorder (BAD)

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Introduction Previous optimistic assumptions about the prognosis of BAD based on the control of mood symptoms is now challenged as majority of patients continue to have cognitive deficits during the euthymic phase.

Objectives To describe cognitive impairment in euthymic BAD and study the association with clinical characteristics.

Aims Identify the prevalence and severity of cognitive impairment (CI); to correlate CI with the first episode, illness duration, number of episodes and predominant polarity.

Methods Patients attending the psychiatry clinic of the National Hospital of Sri Lanka diagnosed with BAD in the remission phase were recruited. An interviewer-administered questionnaire and Montreal Cognitive Assessment test was used to ascertain clinical characteristics and cognitive functions respectively. Scores of 18–26 described as mild, 10–17 moderate and < 10 as severe cognitive impairment.

Results Total sample size was 58. Mean age=48.84 (SD12.5). Fifty-five percent were females. Mean duration of illness was 179.7 months (SD128.5). A mean of 6 episodes were experienced during the course of illness (min=1, max=18); 58.6% had depression,

37.9% had manic and 3.4% had mixed as their first episode. The predominant polarity was depressive in 65.5%. No cognitive impairment – 8.6%, mild – 63.8%, moderate – 27.6% and none with severe. There was a significant association between the presence of cognitive impairment and the predominant polarity being depressive ($r=10.886$, $df=4$, $P=0.028$). No significant association was found between illness duration, number of episodes or the type of first episode.

Conclusions Patients with a predominant depressive polarity are more likely to experience cognitive impairment. Cognitive impairment had no association with illness duration, type of episode or number of episodes.

Disclosure of interest The authors have not supplied their declaration of competing interest.

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EV0069

Aviation mental disorders – An in-flight case of mania

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Introduction Due to recent aviation accidents, like German Wings flight 9525, aviation related mental health disorders have recently received much attention. Several psychological disorders have been associated with aviation ever since its beginning, both in passengers and aviation professionals. A clinical case is revised of a 33 years old air hostess, without previous psychiatric history, who was admitted twice in a manic state, and a third time abroad in Nice, France, after prolonged sleep deprivation due to consecutive transatlantic flights. **Objectives** Scientific revision of psychological disorders in passengers (flight related psychological stress, flight phobia, post-traumatic stress disorders after plane crashes...), aviation professionals (mood changes, sexual function disorders, jet lag, sleep disorders), ground staff, and populations living within close distance to airports (burnout, circadian rhythms disorders due to high noise levels...).

Methods Research in Pubmed, Medscape, scientific literature and other publications, with the following research terms: aviation related mental health disorders, flight related psychological disorders, flight phobia, aerophobia, aviophobia, flight related anxiety, flight related mood disorders, flight induced mania, psychological stress and air travel; articles in English, Portuguese and Spanish.

Results Fifty-eight articles, one book and four publications were considered relevant; the case of the patient is thoroughly described with data retrieved from the clinical file.

Conclusions Several important issues concerning both mental and physical health are highlighted by this clinical case, yet, surprisingly, scientific knowledge has progressed at a rather slow pace and mental health professionals have not given much attention to this issue.

Disclosure of interest The authors have not supplied their declaration of competing interest.

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EV0070

Bipolar versus schizoaffective disorder: Clinical profiles

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Introduction Differentiating between bipolar (BD) and schizoaffective disorder (SAD) can be challenging, especially during early stages of the illness.

Objectives Comparing clinical profiles and socio-demographic characteristics of patients diagnosed with BD and SAD.

Methods The study, conducted between 2014–2016, included 67 inpatients from the Timisoara Psychiatric Clinic, diagnosed with either BD ($n=35$) or SAD ($n=32$), according to ICD-10 criteria. The following parameters were analyzed: number of episodes, number of times hospitalized, onset age, frequency and nature of psychotic symptoms, family history of psychiatric disorders and socio-demographic characteristics (age, sex, marital status). Data were obtained by direct interview and patient files. Symptom severity was measured with Brief Psychiatric Rating Scale (BPRS).

Results There were no significant differences between the two samples regarding age or sex distribution. Schizoaffective patients were more frequent unmarried ($P=0.007$). Onset age was significantly lower in SAD patients (22.41 years for SAD, 28.36 years for BD). SAD patients had the highest number of episodes and needed more frequent hospitalization. Bipolar patients had higher percentage of family history of affective disorders when compared to schizoaffective patients (41% versus 36%). Hallucinations were more frequently found in schizoaffective patients than in bipolar patients ($P=0.004$). We found no significant differences between the two samples regarding the presence or the type of delusions. The SAD sample had significantly higher BPRS total scores than bipolar patients ($P=0.035$).

Conclusions Although this study revealed numerous similarities between BD and SAD, it also identified differences that may be helpful in establishing the correct diagnosis.

Disclosure of interest The authors have not supplied their declaration of competing interest.

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EV0071

Temporality in mania: Phenomenological, neurobiological and therapeutic consequences

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Manic disturbances of temporality are underemphasized in present-day accounts. For example, they are not included among criteria for manic episodes in DSM or ICD. Nonetheless, as already claimed by Binswanger (1964), aberrant temporality is core to the disorder. Persons with mania live almost exclusively in the present and hardly into the future. Especially in the larger scheme of things, their future is already here. There is no “advancing, developing or maturing,” anticipations have already been achieved, all that I strive for is present – if you will just get out of my way! A half century ago, Binswanger spelled out this temporal foundation for mania and summed up consequences. The manic self, not living into the future, “is not, to borrow a word, an existential self.”

This presentation will describe phenomenological characteristics of such a manic self and then present correlating findings from contemporary neuroscience. Importantly, such findings clarify present

and future therapeutic interventions. Of critical importance is manic chronobiology: clocks in our brains afford receptor sites for the lithium ion. At these sites, lithium potently inhibits the circadian rhythm regulator glycogen synthase kinase 3 and alters the biological cascade that follows. By taking a close look, we can comprehend implications for mania as well as for treatment with lithium: Neurobiologically, lithium disrupts manic rhythm dysregulation and restores a more “normalized” temporality. The consequence is no less than the return of the existential self.

A receptor mechanism of action for lithium additionally portends future specific and safer treatment options “after lithium.”

Disclosure of interest The authors have not supplied their declaration of competing interest.

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EV0072

Putting it all together: How disordered temporality is core to the phenomenology and neurobiology of mania

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Disturbances of temporality in mania, underemphasized in present-day accounts, are nonetheless core to understanding both the phenomenology and the neurobiology of the disorder:

– phenomenology: already in 1954, Binswanger had articulated that persons with mania live almost exclusively in the present and hardly at all into the future. Especially in the larger scheme of things, their future is already here. There is no “advancing, developing or maturing,” anticipations have already been achieved, and all that I strive for is basically present if you will just get out of my way! A half century ago, Binswanger summed up the consequence of manic temporality: the manic self, not living into the future, “is not... an existential self.” This presentation will further describe phenomenological characteristics of such a self in mania;

– findings from contemporary neuroscience correlate remarkably well with the above phenomenology, importantly clarifying present and future therapeutic interventions. Of critical importance in mania, clocks in our brains afford receptor sites for the lithium ion. Once bound to the receptor, lithium potently inhibits the circadian rhythm regulator glycogen synthase kinase 3 (GSK3) and profoundly alters the biological cascade that it initiates. In this presentation, by taking a close look, step-by-step, we will clarify how lithium disrupts mania rhythm dysregulation and restores a more “normalized” temporality. The consequence is no less than the return of the existential self. We will also briefly glance, in this presentation, at the window that lithium cellular efficacy offers for treatment options “after lithium.”

Disclosure of interest The authors have not supplied their declaration of competing interest.

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EV0073

Antidepressants induced mania in patients with diagnosed unipolar depression: Case report and literature discussion

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The association of antidepressant therapy with mania in people being treated for unipolar depression reinforces the importance of further clarification of this effect, since it has a huge implication in treatment approach and outcome. With this main objective, authors propose to make retrospective sociodemographic and clinical characterization of a group of patients with antidepressant induced mania in diagnosed unipolar depression, admitted in inpatient unit of Psychiatry and Mental Health Department of Centro Hospitalar de Trás-os-Montes e Alto Douro. Authors also aim to identify features that may increase the risk for mania or hypomania in people who present with an episode of depression, which can guide clinical orientation and improve outcome.

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EV0074

Clinical differences between unipolar and bipolar depression



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Introduction Epidemiological studies indicate that the majority of patients with bipolar disorder are diagnosed many years later. Unipolar depression represents the most frequent misdiagnosis.

Objectives This study aimed to examine the symptom profiles of depressed patients in order to identify clinical specificities of bipolar depression.

Methods A total of 31 depressed patients were recruited from psychiatry outpatient department of Hedi Chaker university hospital in Sfax (Tunisia), during October and November 2016. Unipolar and bipolar patients were compared on a broad range of parameters, including sociodemographic and clinical characteristics. Depressive symptoms were rated using the Montgomery Asberg Depression Rating Scale (MADRS) and Bipolar Depression Rating Scale (BDRS).

Results The total sample comprised 31 patients with 16 men and 15 women. It involved 20 with unipolar depression and 11 with bipolar depression. Patients with bipolar depression had more family history of bipolar disorder ($P=0.037$) and a triggering factor had been identified less often ($P=0.03$). MADRS scores were similar in bipolar and unipolar patient (median score 28.22 versus 28.36; $P=0.964$). BDRS scores were significantly higher in bipolar depressed patients (median score 33 versus 25; $P=0.01$). The mixed subscale (item 16 to 20) scores were particularly higher (median 6 vs. 1.2; $P\leq 0.01$) especially concerning irritability ($P=0.001$). Increased motor drive ($P=0.004$) and agitation ($P=0.008$).

Conclusion Our findings suggest that the presence of mixed symptoms is very important to recognize depressed patients as having a bipolar disorder. We also recommend routine use of the BDRS for patients presenting for treatment of depression.

Disclosure of interest The authors have not supplied their declaration of competing interest.

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EV0075

A case report of patient who had two manic episodes with psychotic features induced by nasal decongestant



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Objective Phenylephrine, pseudoephedrine and ephedrine are the sympathomimetic drugs that have been used most commonly in oral preparations for the relief of nasal congestion. These drugs stimulate the central nervous system that is affected by the alpha and beta adrenergic agonism. Sympathomimetic agents used in the treatment of flu and common cold with ephedrine and pseudoephedrine are case reports. That the manic and psychotic episodes are triggered. In this article, we would like to present a bipolar manic disorder with two manic episodes and both of them triggered by influenza drugs.

Case A 25-year-old man patient was admitted to psychiatric outpatient clinic with increasing complaints such as increasing energy, speaking much, decreasing sleep, increasing the libido after using the flu drug that prescribed to him containing phenylephrine. Also, 2 years ago, he has manic attack triggered after the flu drug.

Discussion In recent years the study of epilepsy and bipolar disorder in common suggests that bipolar disorder may affect the kindling phenomenon. In our case, two of reasons in the neurobiology of developing manic attacks the kindling phenomenon is likely to be effective. First, the possibility of using cold medicine containing ephedrine or pseudoephedrine in the first manic episode, in the second manic episode having spent the attack with FAQ stimulant effect of lower phenylephrine. Second, in the first episode after using the 5–6 tablets developing manic attacks. In the second attack to be triggered with just 2 doses may indicate the effect of kindling.

Disclosure of interest The authors have not supplied their declaration of competing interest.

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e-Poster viewing: child and adolescent psychiatry

EV0076

Posttraumatic stress disorder symptoms and related factors after circumcision operation performed with general or local anesthesia



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Objective Elective circumcision operation for male children can affect their psychological status.

Aim We aimed to investigate the traumatic effect of the circumcision procedure and the predictive factors that could contribute to this effect.

Method One hundred and thirty-four children who admitted to urology and child surgery clinics to perform a circumcision procedure were included in the study. The whole group was divided into two groups including general anesthesia (GA) ($n=71$) and local anesthesia (LA) ($n=63$) groups. The procedure was performed under general and local anesthesia in the relevant groups. All of the participants filled the Child Depression Inventory (CDI), State (SA), and Trait (TA) Anxiety and Childhood Anxiety Sensitivity index (CASI) before the operation, and the Child Posttraumatic Stress Reaction index (CPSRI) 1 month after the operation.

Results CDI, CASI and TA scores of the children were similar in both groups, however, SA scores of the LA group were higher than GA group ($P<0.001$), and CPSRI scores of the GA group were

higher than LA group ($P=0.04$). When the other parameters were controlled in regression analysis, only CDI scores predicted CPSRI scores in LA group ($P=0.02$), and TA scores predicted CPSRI scores in the GA group ($P=0.03$).

Conclusion Children who witness the surgical procedure of the circumcision do not develop serious PTSD symptoms. In contrast, children who experience general anesthesia procedure during circumcision develop more serious PTSD symptoms than children operated with local anesthesia. Trait anxiety and depressive symptom severity may be important in developing PTSD symptoms after circumcision operation.

Disclosure of interest The authors have not supplied their declaration of competing interest.

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EV0077

Parenting styles and anxiety disorders in children – A study in an Albanian clinical population



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Introduction About 20% of children suffer from an anxiety disorder and symptoms may persist in adulthood. About 13 in every 100 children from 9 to 17 years old experience anxiety disorders, girls seem more vulnerable than boys. Theoretical models of anxiety emphasize the effect of parenting on development and maintenance of child anxiety.

Objectives This research aims to study the nature of correlation between parenting styles and anxiety in children who attend Tirana Child & Adolescent Psychiatric Service.

Methods One hundred and seventy-five children and 175 their parents filled Spence Children Anxiety Scale (SCAS) and Parenting Styles & Dimensions Questionnaire (PSDQ) was found a significant correlation between parenting styles and anxiety in children.

Conclusions Parental overprotection produces vulnerable children who become adults ready to give up in front of life difficulties therefore; it is necessary parents' awareness in practicing a balance in their parenting styles, in order to reduce children's anxiety.

Disclosure of interest The authors have not supplied their declaration of competing interest.

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EV0078

Knowledge of kindergarten and elementary schools' teachers regarding attention deficit hyperactivity disorder



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Background Attention deficit hyperactivity disorder (ADHD) is one of the most common mental disorders that manifest among children. Despite the fact that the teacher's role is essential in the assessment and management of pupils with ADHD and the recommendation of participation of teachers for the success and efficiency of diagnoses and treatment, the vast majority of teachers have neither understanding nor knowledge of ADHD.

Objectives The current study explores the kindergarten and elementary school teachers' knowledge regarding early detection and management of ADHD.

Methods Cross sectional survey using stratified random sampling technique was carried out in governmental and private elementary and kindergarten schools in four cities of Qassim region, Saudi Arabia.

Results The study included 1095 teachers, 711 (59.3%) did not get information about ADHD during undergraduate studies. Teachers' overall ADHD knowledge mean was 21.7 + 5.5 out of 38 marks. Teachers with high qualification degree and kindergarten specialty scored 56.4% and 60.2%, respectively. Teachers who attended conferences related to ADHD scored 64.5%, while teachers who read about ADHD or have been ever asked to diagnose/teach an ADHD student had 59.4% and 62.1%, respectively. The sources for those who got their information through reading were statistically significant in overall knowledge, general knowledge and treatment dimensions. As scientific studies and books were the highest with percentage of 24.6% and 23.3%, respectively, 4% and 3.6%, respectively, 3% and 3%, respectively. The level of ADHD knowledge perception showed that 76% of teachers were knowledgeable in relation to overall ADHD perception.

Conclusion Teachers who have higher qualifications or training in identifying ADHD children scored higher in our study.

Disclosure of interest The authors have not supplied their declaration of competing interest.

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EV0079

Affective attitudes towards health are more ambivalent among older adolescents



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Introduction Attitudinal ambivalence is a mediator between attitudes and health behaviors. The present study contributes to our understanding of affective attitudes ambivalence.

Objectives We studied the ambivalence of affective attitudes towards health among adolescents.

Aims We compared the affective attitudes ambivalence between younger (10–14 years) and older (15–16 years) adolescents.

Methods Older ($n=51$, $M_{age}=15.09 \pm 0.30$) and younger adolescents ($n=28$, $M_{age}=12.96 \pm 0.99$) performed a modified Etkind Color Test. We calculated the associations between 13 factors related to health (e.g. sport, risky behavior) and positive emotions, as well as the associations between same factors and negative emotions. Thompson, Zanna and Griffin ambivalence index was a measure of attitudinal ambivalence.

Results Among younger adolescents all 13 correlations between negative and positive attitudes towards health related factors were significant and negative: $-0.402 < r < -0.804$ (which means the greater is the association between a word and positive emotions, the smaller is the association between the same word and negative emotions; and vice versa). Only 5 correlations were significant and negative among older adolescents ($-0.209 < r < -0.463$): environment, risky behaviors, family, sleep, my psychological well-being. The difference in ambivalence indexes was significant in two groups of adolescents [$F(14,64)=5.97$, $P=-0.0001$]. Younger adolescents had significantly lower ambivalence indexes in affective attitudes towards all 13 factors.

Conclusions Older adolescents had more ambivalent affective attitudes towards health related factors compared to younger adolescents.

Disclosure of interest The authors have not supplied their declaration of competing interest.

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EV0080

Clinical case: Gynecological side effects caused by methylphenidate



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Introduction Methylphenidate drugs is prescribed in attention deficit disorder and hyperactivity. Among its rare side effects, include alterations in the gynecological. We report a clinical case and review current evidence regarding the tolerability this drug in this area.

Methods We performed a PubMed search of articles published in English of different types (case reports or case/controls studies). We collected the clinical practice guidelines conclusions regarding adverse drug reactions.

Case presentation Our patient is a 14-year-old male diagnosed of ADHD treated with methylphenidate (0.8–1 mg/kg). He developed bilateral and asymmetric gynecomastia under this treatment plan so a referral was made to rule out other causes of this event. After performing several work up tests, it was concluded that this clinical presentation was caused by methylphenidate. Hence, we initiated crossed titration swapping this drug to atomoxetine. Four months later, he was mentally stable and he experimented a volumetric decrease as concerns his gynecomastia.

As regards methylphenidate, in 2009 a couple of cases in which alterations in the sexual sphere presented with the oros presentation were reported. There are series of reported pharmacological side effects (gynecomastia) and also denoted an improvement of the same months after drug discontinuation.

Conclusions Gynecological clinic secondary to the use of psychotropic drugs in ADHD is uncommon. In line with our case, the current evidence suggests a drug suspension as adverse effects are usually reversible (although it may take several months to complete recovery). Further studies are needed to understand the mechanisms underlying these tolerability issues.

Disclosure of interest The authors have not supplied their declaration of competing interest.

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EV0081

Clinical case: Phelan–McDermid and pharmacological management



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Introduction The Phelan–McDermid syndrome is a chromosomal disorder consisting of a selection on chromosome 22q13.3 associated psychiatric and emotional level, behavioral and traits of autism spectrum disorders. During the neurodevelopmental such chromosomal deletion, which associated with haplo insufficiency Shank 3 causes alterations in the synaptogenesis altering the balance of activating and inhibitory transmission. Throughout the various studies, it is considered that this syndrome has a psychiatric disorder bipolar like.

Case presentation Here, we present s 13-year-old female diagnosed with autism spectrum disorders in childhood and presented regression with catatonia features and behavioral disorders. Interestingly, she presented mutation/microdeletion of the SHANK3 gene, inducing a premature stop codon in exon 21. Different pharmacological treatments (antipsychotics at high doses and

benzodiazepines) failed to improve clinical symptoms and lead to multiple adverse events. In contrast, lithium therapy reversed clinical regression, stabilized behavioral symptoms and allowed patients to recover their pre-catatonia level of functioning. After the first menstruation there was a cycling psychiatric worsening with a similar clinical pattern so risperidone as adjunctive therapy. As a result of this, this patient recovered clinical and socio-functional stability.

Conclusions They are previous cases where there affective and behavioral improvement after use of mood stabilizer molecules such as valproate or lithium. There is also evidence of the benefit of risperidone low to have a beneficial effect on the balance of activatory and inhibitory transmission level doses of NMDA receptors.

Disclosure of interest The authors have not supplied their declaration of competing interest.

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EV0082

Is there a relationship between Gilles de la Tourette and psychosis? A case report considering the continuum psychosis perspective and vulnerability model



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Introduction There has been no evidence so far about significant relationship between Gilles de la Tourette and psychosis. Perhaps a continuum psychosis perspective and the vulnerability model could improve the comprehension of our patients.

Objectives To describe a case in which motor and obsessive symptoms evolve to schizophreniform symptoms and important psychosocial deterioration.

Methods Single case report and literature review.

Results A 20-year-old man, with clinical record of Gilles de la Tourette, and a psychosis episode 6 months before, is brought by his family with a syndrome consistent in motor retardation, whispered speech, poor visual contact, social withdrawal, hygiene neglect, abulia, apathy and blunted affect. In the one-year tracing conceptual disorganization and poor idea association are in the first place. Within child history, we found symptoms congruent with Gilles de la Tourette, obsessive symptoms and others that may be called mild psychotic symptoms (which did not fit in any diagnosis at that moment). We also found a pathological relationship between his parents and among him, as well as a poor economic and social condition.

Conclusions According to the continuum perspective, psychotic symptoms could be found within the obsessive spectrum. Related to the vulnerability model, we found in our case external factors that affected the clinical evolution: family dynamics affected, communication deviation, social and economic impairment, social withdrawal and vital aim loss. These factors should be attended in first place, as they are not only related with the triggering of illness but they also are the main way to recovery.

Disclosure of interest The authors have not supplied their declaration of competing interest.

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EV0083

Features of pubertal patients with schizophrenia neurocognitive profile



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Identifying the patterns of neurocognitive disorders in pubertal schizophrenia is actual.

Methods Benton Test of visual retention, methods of forward and reverse bills, Bourdon correction sample, Wechsler's subtests (subtest 11 – "Encryption", subtest 12 – "Labyrinths" 1, 2, 3, 4, 5), Trail Creating a Test Part A.

Results All patients were divided into 3 groups. The first group (schizophrenia) and second group (other psychic disorders) showed the worst results than healthy subjects. Qualitative analysis of the "Benton Test" results showed similar variations of difficulty and types of errors in the subjects of the first and second groups – ignoring the number of the figure sides, as well as difficulties in the structuring element of the image corners. The "Methods of forward and reverse bills" demonstrated the fatigue and attention instability. "Bourdon test" showed a high level of the stability index ($K=0.09$). Wechsler's subtest "Encryption B" obtained poor results, indicating a pathological decrease in visual-motor speed. During the subtest "Labyrinths 1, 2, 3, 4, 5" the subjects of first and second groups exceeded the allowable time limit, but the first group of schizophrenia patients allowed more blunders during pubertal study (ignored the walls of the maze, torn pencil despite the given instructions). The test groups 1 and 2 while passing "Trail Creating a Test Part A" have shown good results – job data did not cause difficulties and carried out in accordance with the specified instructions.

Conclusions Neurocognitive disorders allow to confirm the presence of morphological and functional brain changes when endogenous mental illness occurs.

Disclosure of interest The authors have not supplied their declaration of competing interest.

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EV0084

Does gender matter? A comparative study of post-traumatic stress disorder among children and teenager

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Introduction Post-traumatic stress disorder (PTSD) symptomatology seems to depend of many variables like age, exposition to trauma, environment. . .

Objectives Compare, basing on gender, socio-demographic and symptomatology of patients with PTSD.

Methods A retrospective and comparative study was conducted at the Child and Adolescent Psychiatry Department of Mongi Slim Hospital (Tunisia) from January 2013 until July 2016. We included all cases of patients followed for PTSD (DSM-5). They were divide into 2 groups according to the gender. Data was collected from patients' records.

Results Our study featured 30 patients: 16 boys and 14 girls. The average age was similar for both teams (boys: 8.43 years; girls: 8.53 years). Boys had twice more personal history of somatic, psychiatric illness (70%), and low socioeconomic status (62.5%). The beginning of the facts were significantly later for the female group ($P<0.001$). Females were more likely to be a witness, while males tented to be directly exposed to the trauma. Physical abuse was the major aggression for both groups.

Female gender was associated to parental trauma exposure ($P=0.023$) and to an ongoing event ($P=0.004$). Meanwhile, male gender was associated to a maternal history of psychiatric illness ($P=0.012$), a single traumatic event ($P=0.010$), and to a school

located aggression (0.04). Girls have developed more hypervigilance, guilt symptoms and aggressive behaviors. Low self-worth, regression, specific phobia and suicidal ideations occurred more frequently among boys.

Conclusions Health professionals must be aware of the youth PTSD warning signs in order to have the earlier right intervention.

Disclosure of interest The authors have not supplied their declaration of competing interest.

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EV0085

Lifestyle factors and internet addiction among school children



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Aim The aim was to determine the association between internet addition [IA] and fatigue, sleep disturbance, depression, and life style factors among school children.

Subjects and methods A cross-sectional survey based on multi-stage stratified random sampling and 1188 students (73.3%) gave consent during October 2011 to December 2012. Data including socio-demographic details, lifestyle and dietary habits Internet Addiction Test (IAT), Fatigue Scale, Epworth Sleepiness Scale [ESS] and Beck Depression Inventory (BDI) test. Univariate and multiple logistic regression analysis were performed.

Results The overall prevalence of IA among school children was 19.8%. The proportion of IA was significantly more among males (56.4%) as compare to females (43.6%; $P=0.035$), school performance ($P<0.001$) and family income ($P=0.032$). Those with IA had significantly less number of sleep hours (6.16 ± 0.80 vs. 6.58 ± 1.29 ; $P<0.001$) as compared to normal. Those with IA had significantly high number of hours internet use (3.82 ± 1.64 vs. 3.03 ± 1.64 ; $P<0.001$) as compared to normal. A significantly larger proportion of IA than normal subjects reported having headaches ($P=0.010$), double vision ($P=0.037$), eye hurt ($P=0.021$), eye tired ($P=0.005$), dizziness (34.4% vs. 27.3%; $P=0.002$), fatigue, and hearing problem ($P=0.048$). A significantly larger proportion of students with IA most frequently gratifying site (19.9% vs. 11.6%; $P<0.001$), browsed games (38.6% vs. 29.9%; $P=0.010$), chat sites (29.7% vs. 22%; $P=0.013$), email (54.2% vs. 63.1%; $P=0.36$), and research (61.0% vs. 69.2%; $P=0.017$).

Conclusion The current study confirmed the of evidence linking problematic internet use with negative fatigue, greater numbers of symptoms, anxiety, sleeping disturbances, depressive and lifestyle risk factors, among vulnerable young children.

Disclosure of interest The authors have not supplied their declaration of competing interest.

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EV0086

Emotion regulation during looking in the mirror in patients with eating disorders



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Emotion regulation is complex ability involving many emotional processes. One of the main assumptions of adaptive emotion regulation is emotional awareness, or the ability to identify and interpret own emotions. The absence of these fractional skills at patients with eating disorders can lead to rigid maladaptive control

strategies that are underlying etiological factor of eating disorders. Sixteen patients underwent a psychological diagnostic focused on work with emotions. In the experimental part, patients were exposed to their own image through the mirror, during which were supposed to regulate their emotions, according to specific instructions. While patients were looking into the mirror, we monitored psychophysiological activity. Latest results based on the data processing of averages excitation of skin conductance describe the course of the experiment as we expected. Calming phases alternated with mirror exposure were clearly noticeable and consistent during changes in skin conductance and varies almost significantly [$F(3,6) = 2.5, P = 0.068, \eta^2 = 0.22$], which supports the suitability of the selected eliciting material. The difference between mirror exposures with instructions on how to regulate emotions and without them is not statistically significant, but the continuance of the skin conductance describes the phases of the experiment consistently. The most striking response was detected at the first exposure to the mirror, which may suggest a lack of internal resources to regulate such an important stimulus as their own body. The results indicate that exposure to mirror is a negative emotional stimulus, with whom the patient can hardly cope.

Disclosure of interest The authors have not supplied their declaration of competing interest.

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EV0087

Prospective predictors of onset, maintenance and cessation of self-injurious behavior during adolescence

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Introduction Epidemiological studies indicate a high prevalence of self-injurious behavior in adolescents in the general population. So far, there are only very few studies on the course of self-injurious behavior in adolescents and young adults.

Objectives The aim of the present population-based study was the analysis of prospective predictors of onset, maintenance and cessation self-injurious behavior in adolescents.

Methods A representative sample of the normal population of adolescents from Germany (initial sample: $n = 1444$; mean age = 14.7, $SD = 0.80$, 52% female adolescents) was studied over a two years period on 4 consecutive points of measurement in the context of the European school-based intervention study SEYLE.

Results There was a high remission rate (70.4%) of self-injurious behaviors at 24-month follow-up investigation. However, there was a substantial rate (29.6%) of adolescents who continued the self-injurious behavior, as well as a group of “new starters”. Self-injurious behavior during the baseline examination proved to be the strongest predictor of self-injurious behavior 2 years later. The extent of depressive symptoms and quality of peer relationships were significantly associated with maintaining self-injurious behavior two years later. Furthermore continued self-injurious behavior over the first 12-month was highly associated with suicide plans/suicide attempts at 24-month follow-up investigation.

Conclusions While both, onset and maintenance of SIB are prospectively associated with an increased risk for suicidal behaviour in late adolescence, SIB cessation significantly reduces the risk for later suicidal behaviour.

Disclosure of interest The authors have not supplied their declaration of competing interest.

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EV0088

Children with opsoclonus myoclonus syndrome: Types of psychological development

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Introduction Opsoclonus myoclonus syndrome (OMS) in childhood still remains unexplored from the perspective of clinical psychology.

Objectives and aims The research was aimed at defining types of psychological development in the group of children with OMS. The study included 18 children between ages 2 years 4 months and 9 years with OMS (8 boys, 10 girls).

Methods The following methods were used: analysis of patient's development and medical record, psychological interview with parents, neurological state assessment and pathopsychological assessment.

Results Patients were divided into three groups according to cognitive development level:

- group with normal intelligence level ($n = 4$);
- group with developmental delay ($n = 11$);
- group with intellectual disability in different forms ($n = 3$).

Several children in group 1 ($n = 3$) and in group 2 ($n = 4$) expressed neurotic behavior with increased levels of anxiety and fear of trying unusual actions during psychological assessment. Children with delay in psychoverbal development ($n = 7$) and with developmental delay ($n = 1$) expressed psychopathy-like states with verbal aggression and had difficulties controlling their emotions. In some cases ($n = 2$), the psychological state of the patient was defined as borderline state with emotional instability, especially in mother–child interaction.

Conclusion Psychological features of children with OMS indicate heterogeneity of their development types that implies different prognosis and developmental dynamics for each type. The results point out the necessity of detailed psychological examination aimed at correlation of psychological help to children with OMS and their families with their psychological state.

Disclosure of interest The authors have not supplied their declaration of competing interest.

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EV0089

Dog assisted therapy for teenagers with emotional and behavioural issues: A multicentre study

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Introduction Further research is still needed to demonstrate the benefits of animal-assisted therapy (AAT) for specific participant profiles, such as children with behavioural disorders.

Objectives We wanted to find out if AAT could be considered an efficient therapeutic strategy for the treatment of children with behavioural disorders.

Aims We wanted to study the effects of a preestablished AAT program on the behaviour of children with emotional and behavioural issues in 6 different reception centres for children under government guardianship.

Methods Forty-five children (12 to 17 years old) with emotional and behavioural issues participated in a 14-session AAT program. Behavioural measures were those routinely scored as part of therapy; an observational report of 3 different problematic behaviours (such as impulsivity, lack of social skills or lack of personal recognition) was made twice a week for each child (with a score of frequency and intensity). A pre- and post-treatment “global behaviour score” was calculated for each child, as an average value of the 3 problematic behaviours measured during the month pre-treatment and the month post-treatment.

Results The 45 participants attended, on average, 72.8% of AAT sessions. Independent behaviour scores differed between the pre- and post-intervention evaluations ($n = 135$ behaviours) (Wilcoxon test; $P < 0.0001$). Based on the global behaviour score for each child ($n = 45$), significant change was found between pre- and post-intervention evaluations (Wilcoxon test; $P = 0.0011$).

Conclusions Our results suggest AAT could be a beneficial intervention for children with behavioural issues in terms of program adherence and behaviour improvement.

Disclosure of interest The authors have not supplied their declaration of competing interest.

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EV0090

Exercise for depression in adolescents: A meta-analysis of randomised controlled trials

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Background The reported lifetime prevalence of depression in adolescents has increased drastically in recent decades. Depression in this population can be particularly damaging and can frequently have a long-lasting adverse impact. The common treatment approach includes psychological therapy and/or anti-depressant medication. However, the efficacy of these approaches, both singularly and combined, is far from conclusive. Recently, there have been an increased number of studies investigating the effect of exercise and physical activity on adolescent depression, however, despite this increased attention, there are no recent reviews and meta-analyses synthesising such studies.

Aim The review examines the treatment effect of exercise on depression symptoms for adolescents aged 13–17 years of age.

Methods A systematic search of seven electronic databases identified relevant randomised controlled trials. Screening, data extraction and trial methodological quality were undertaken by two independent researchers. Standardized mean differences were used for pooling post-intervention depressive symptom scores.

Results Eleven trials met the inclusion criteria, eight of which provided the necessary data for calculation of standardized effect size. Exercise showed a statistically significant moderate overall

effect on depressive symptom reduction. Sensitivity analyses were also conducted and will be presented.

Discussion Exercise and physical activity appear to improve depression symptoms in adolescents, especially in clinical samples, suggesting that exercise may be a useful treatment strategy for adolescents with depression.

Conclusion Despite the positive findings, large clinical trials that adequately minimise bias are required for firmer conclusions on the effectiveness of exercise as an antidepressant treatment.

Disclosure of interest The authors have not supplied their declaration of competing interest.

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EV0091

Sixteen-year population-based cohort study of main class International Classification of Diseases associated with psychiatric disorders in a sample under the age of two years

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Introduction This paper illustrates the use of cohort data from a population to describe the early life prevalence and odds ratios (ORs) of the main classes of International Classification of Diseases (ICD) associated with any mental disorder arising at any time during the 16 year study period.

Objectives The main ICD disorder classes were examined in relation to psychiatric disorders over 16 years in a cohort under the age of two years between April 1st, 1993, and January 1st, 1995.

Aims To demonstrate the utility of studying the complete profile of associated diagnoses over time in a population cohort.

Methods The total number of individuals under the age of two years before 1995 ($n = 17,603$) were tallied within each main class of ICD disorder by year and expressed as ORs of those with and without any 16-year psychiatric disorder.

Results The greatest annual rates observed in the early years of life were for the following main ICD classes of disease: respiratory system, sense organs, symptoms signs ill-defined conditions, no diagnosis, injury poisoning, and skin subcutaneous tissue disorders. These disorders also had the highest ORs in early life given the presence of a mental disorder at any time during the study period.

Discussion Knowing the early life main class diagnoses associated with psychiatric disorders could guide both basic science research as well as early intervention social and health investment policies.

Disclosure of interest The authors have not supplied their declaration of competing interest.

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EV0092

Drawing in autistic spectrum disorder children

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Introduction Drawing can be a tool to complete the psychodiagnose process, especially in children with expression and verbal problems.

The autistic spectrum disorder (ASD) children have problems to describe their feelings and emotions, they can provide us many information drawing their own world.

Objective The purpose of this study was to discover the psychopathology of children with ASD through their drawings.

Methods A4-sized booklets were given for ASD children from 6 to 16 years to draw an imaginary family (L. Corman), a human figure (Buck) or a free drawing.

Results In most of the drawings of ASD children, we could find at least one of the three criteria of ASD: social deficits, communication difficulties and restricted interests.

Conclusions A projective technique as drawing could help us to discover additional information about our patients, specially children and mainly the ones who had problems with the expression of feelings like ASD children.

The act of drawing can be used to understand children's struggles, their internal world. Moreover, it could also help the children gain insight and review progress through drawing records.

Disclosure of interest The authors have not supplied their declaration of competing interest.

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EV0093

Reconceptualizing agitation in autism as primary affective dysregulation: Case report and literature review of use of quetiapine in a patient with Treacher–Collins syndrome and autism

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This case report describes the successful use of low dose quetiapine in the treatment of agitation in a patient with Treacher–Collins syndrome (TCS) and suspected autistic spectrum disorder (ASD). Results from this case report found better efficacy in controlling symptoms of agitation in ASD utilizing lower doses of quetiapine. TCS is a genetic disorder that is characterized by a mandibulofacial dysostosis but is not associated with developmental delay, nor is it associated with a high risk of co-morbid autism, and to our knowledge, there are no previous reports of a co-occurrence of TCS and ASD in the extant literature. There are reports of mandibulofacial dysostosis associated with co-morbid developmental delay that are similar but distinct from TCS, however these reports do not comment on the treatment of agitation in this patient population. The results described in this case report demonstrate a reduction of agitation with low dose quetiapine, and offers support for the reconceptualization of agitation in ASD as a primary affective dysregulation which is also in line with evidence from the extant literature regarding the neurobiologic basis of aggression.

Disclosure of interest The authors have not supplied their declaration of competing interest.

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EV0094

Compassionate Attributes and Action Scale for adolescents: Adaptation and validation

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Introduction Compassion can be defined as an intentional sensitivity to the suffering, with a motivation and commitment to try to relieve it, which can have a positive impact on individuals' emotional and psychological well-being. The relevance of compassion focused therapies is well established and this makes the development of reliable instruments for the assessment of the

different facets of compassion targeting different age groups crucial for research and clinical practice. The Compassionate Attributes and Actions Scale (CAAS) aims to assess compassion on three directions: self-compassion, compassion for others or compassion received from others. Each of the scales assesses one's compassionate attributes and compassionate actions separately when dealing with difficult or painful situations.

Objective/aim This study aimed to adapt the CAAS for adolescents and to explore its factor structure and psychometric properties in a sample of Portuguese adolescents.

Methods A total of 336 Portuguese adolescents with ages ranging from 12 to 19 years old participated in the study. Several exploratory factor analyses were conducted.

Results Exploratory factor analysis showed that, except for the attributes section of the self-compassion scale (that showed to be bi-factorial), all the other scales (and their sections) presented a single-factor structure. The three scales, and its sections, demonstrated a good reliability and excellent test-retest reliability and good convergent and discriminant validity.

Conclusion Results were in line with the factor structure found in the adults' version. The scales and its sections have shown good psychometric characteristics and constitute a useful instrument to assess and investigate the three directions of the compassion.

Disclosure of interest The authors have not supplied their declaration of competing interest.

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EV0095

Assessment of test anxiety in Portuguese adolescents: Psychometric properties of the Cognitive Test Anxiety Revised

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Introduction Test anxiety represents a considerable personal burden due to its interfering nature and is associated with a range of deleterious life trajectories, encompassing school difficulties and health consequences. Although test anxiety seems to be highly prevalent and the pathological symptoms are similar to those of other childhood anxiety disorders, there are specificities that deserve a more in-depth approach. Given that adolescents seem to experience test anxiety in several school grades there is a need for a valid and reliable scale to measure test anxiety in school age students.

Objective This study aims to adapt and analyse the psychometric properties of the Cognitive Test Anxiety Revised (CTAR25) for Portuguese adolescents. In addition, the convergent and divergent validities were examined with related constructs.

Methods Participants were 279 adolescents, with ages between 12 and 19 years old, attending middle and high schools. Together with CTAR₂₅, participants also filled out self-report questionnaires assessing tests anxiety (TAI), self-esteem (RSES), procrastination (QPE) and worry (PSWQ-C).

Results The scale showed good internal consistency, good test-retest reliability, and good validity. Factor analysis revealed the existence of two factors with good internal consistency.

Discussion Results showed that the Portuguese version of CTAR-25 is a valid and reliable self-report instrument for the assessment of test anxiety in adolescents, replicating the findings of the original version.

Disclosure of interest The authors have not supplied their declaration of competing interest.

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EV0096

Sensory processing in children with and without attention deficit hyperactivity disorder: A comparative study using the Short Sensory Profile



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Background Attention deficit hyperactivity disorder (ADHD) is one of the sensory modulation disorders among others like autism, Asperger syndrome and Fragile X syndrome. Little is known about patients with ADHD and their sensory processing issues in Sri Lanka.

Aims To investigate differences in sensory processing among children between (3–10) yrs with attention deficit hyperactivity disorder and those who are typically developing in Sri Lanka.

Methods A descriptive cross sectional study of 75 children aged (3–10) yrs attending child guidance clinic at Lady Ridgeway Hospital (LRH) were compared with 75 age matched peers who were typically developing, using the Short Sensory Profile (SSP).

Results Out of the sample population of 150, there was a significant difference in sensory processing total score ($P=0.001$) (df=29) of children with ADHD when compared to the typically developing group. The greatest differences were reported on the tactile ($P=0.013$), taste ($P=0.000$), under responsiveness ($P=0.002$), auditory filtering ($P=0.002$) & low energy ($P=0.017$). Out of the raw items commonest sensory processing problems were difficulty standing in line, distractibility if there is a lot of noise around, being unable to work with background noise & difficulty paying attention due to auditory deficits.

Conclusions Majority of children in this sample were reported to have difficulties with processing and responding to sensory input on the SSP. Further studies are needed to assess sensory issues in children with ADHD, to carry out effective interventions.

Disclosure of interest The authors have not supplied their declaration of competing interest.

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EV0097

Significance of oral language delays and writing for early detection of developmental disorders



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Introduction The study of the oral and written language delayed at the school makes possible the early detection of scholar, behavioral and psychiatric disorders. These difficulties could affect to the personal and professional development.

Objectives To confirm the relationship between language oral and written delayed for the early detection of developmental disorders.

Method A sample of 350 subjects among 5 and 23 years of age is analyzed with oral and/or written language difficulties. It is studied diagnosis, gender, age, reason for treatment, grade and submitter.

Results The specific learning disabilities (SLD) request a 62.3% of the treatment among 7–10 years. The percentages of SLD

are: reading comprehension difficulties (17.4%), dysorthography (13.4%), reading fluency and reading comprehension difficulties (12.9%), reading fluency (11.7%) and, dysorthography and reading fluency (6.9%). There exist percentage differences between repeaters (39.4%) and no repeaters (22.9%) students with DALE. The oral/written language provides the early detection of Intellectual disabilities (8.6% of the simple). The relation between the reason for treatment and diagnosis do not coincide: the consults was 3.7% for oral language delay, 2.6% for reading comprehension difficulties, 1.4% for dysorthography and 0.9% for reading fluency. The school demand more treatment (50.9%), next to medical centers (22.3%) and family initiative (15.7%).

Conclusions The oral/written language delayed – especially the reading comprehension difficulties – are a good early detection for the developmental disorders (intellectual disabilities minor, SLD and TDAH at the primary stage). There is more percentage of boys than girls (2:1) with language delayed, except at Intellectual disabilities, because there is an identical percentage (4.3%).

Disclosure of interest The authors have not supplied their declaration of competing interest.

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EV0098

Executive functions disorders in high functioning autism and rehabilitation implications



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Introduction The term executive functions (EFs) includes a set of cognitive processes such as planning, working memory, attention, problem solving, inhibition, mental flexibility, multi-tasking, and initiation and monitoring of actions. EFs are the higher order control processes to guide behaviour.

Some studies on the relationship between EFs and autism spectrum disorder (ASD) showed deficit in the cognitive flexibility and speed processing, particularly with Asperger syndrome. Recently, Merchán-Naranjo et al. [1] supported that children's and adolescents with autism without intellectual disability are insufficient in at least 5 domains: attention, working memory, cognitive flexibility, inhibitory control and problem-solving.

Aims Our work is aimed at verifying if the presence of a dysexecutive syndrome significantly impacts on the adaptive functioning of people with high functioning autism.

Methods A group of young adults with ASD were administered traditional neuropsychological assessment, specific assessment, focusing on the planning strategies for solving problems (Test Tower of London), abstraction and categorization (Wisconsin Card Sorting Test), and the Dysexecutive Questionnaires.

Results The results showed the presence of a specific deficit in the executive functioning in an average cognitive functioning.

Conclusions Integrate the standard cognitive screening with a specific EFs assessment resulted to be very useful for the clinician to realize neuropsychological and psychotherapeutic individualized treatment.

Disclosure of interest The authors have not supplied their declaration of competing interest.

Reference

[1] Merchán-Naranjo J, Boada L, del Rey-Mejías Á, Mayoral M, Llorente C, Arango C, et al. La función ejecutiva está alterada en los trastornos del espectro autista, pero esta no correlaciona con la inteligencia. Rev Psiquiatr Salud Ment (Barc) 2016;9:39–50.

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EV0099

Adolescence and self-injuries

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This article is a reflection on the current affairs and an invitation to think about worrying phenomena in youngsters: self-injuries or cuts in the arms in eight young adolescent patients. We try to figure out the underlying cause of such behavior, which is more common every day and reveals some characteristics of society. Sociocultural, individual and family changes are analyzed, showing possible connections among these instances, identity and self-injuries. We suggest that the difficulties in identity development may be related to practices such as self-injury or others, which are related to mentalization problems. In the sociocultural level we find a way to socialize in which subjective discomfort has increased, there is overabundance, mass consumption, and the traditional social institutions (family, school and religion) have failed. Youngsters do not know themselves nor their projects. This difficulty is accompanied by an individual's failure in mentalization capacities (name one's feelings), leading the suffering youngster to practices such as self-injuries, which become permanent. Finally, the particulars of family relationships are described: distance between parents and their offspring, with the life experiences of the former being less appreciated by their offspring while forming their own identity, this is, they are responsible of becoming the architects of their own identities. They are orphans without traditions, which are sources of identity and innovation; to know who we are we must know where we come from.

Disclosure of interest The authors have not supplied their declaration of competing interest.

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EV0100

Determining the influence of game treatment on decreasing divorce children's stress

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Introduction One of the main challenges facing the fact that every society has always called divorce. Phenomenon in modern societies is growing at a rapid rate and adverse effects of economic, social and especially psychological, parents and children.

Aim This study pays to determining the influence of game treatment on decreasing divorce children's stress.

Methods The method of study is of testing in which statistical society of study includes all children (girl and boy) of divorced parents. From all statistical society, we have selected a sample about 26 persons by randomly sampling. The instrument for gathering information in this study includes children stress test (SCARED) in which has been studied sample after measuring its narration and stability.

Result The result of dependent *t*-test and covariance analysis showed game treatment has meaningful and positive influence on children stress.

Conclusions The amount of its interference on decreasing divorce children stress is about 83%. It means 83% of the whole remained scores variance is related to game treatment interference.

Keywords Game treatment; Children's; Stress

Disclosure of interest The author has not supplied his declaration of competing interest.

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EV0101

A validation study of the Mood and Feelings Questionnaire, Danish version

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Introduction The Mood and Feelings Questionnaire (MFQ) was developed to measure depressive symptoms in children and adolescents. It includes a child self-report part and a parent report on child part. The MFQ has been validated and proven clinical useful in several countries.

Objectives To validate the MFQ in a population of Danish children and adolescents.

Aims There is a need of a standardized questionnaire for Danish children and adolescents tapping into affective symptoms. Before routine use the MFQ must have been validated in Denmark. This study examines the validity of MFQ in Danish children and adolescents.

Methods The study included two samples of probands aged 8–18 years. A population-based sample of school children and their parents, and a clinical sample including two subsamples:

– patients referred for Child and Adolescent Mental Health Services with depressive symptoms;

– in-patients at the paediatric department of a University Hospital. All included probands and their parents filled out the MFQ and the clinical samples in addition answered the depression section of the Beck Youth Inventories, and were interviewed using the depression part of "K-SADS-PL".

Results Preliminary results from both samples will be presented at the EPA 2017 in Florence.

Conclusions Depending on the results of this study, the MFQ might be used as a screening instrument and as a clinical tool to monitor depressive symptoms in Danish children and adolescents.

Disclosure of interest The authors have not supplied their declaration of competing interest.

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EV0102

Mind your anger habits: For teen (group CBT for teens with anger behavioral problems)

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Problematic anger behaviors of children and adolescents represent a significant challenge to the clinical community. Although a number of direct and indirect factors are theorized to contribute to the etiology of aggressive behavioral problems, the cognitive-behavioral model focuses on the cognitive processes that play a significant role in the generation of anger and the aggressive responses to provocation. "Mind your anger habits: for teen" manual, is based on the cognitive-behavioral conceptualization of anger and anger management problems functions, it consists of 10 group sessions for teens and 8 group sessions for their parents.

In the "Mind your anger habits: for teen"; anger is identified as a stress reaction with three response components: cognitive, physiological, and behavioral. The cognitive component is characterized by one's perception of social stimuli and provocation cues in the social context, by one's interpretation of these stimuli, by one's attributions concerning causality and/or responsibility, and by one's evaluation of oneself and the situation. This component represents a significant area for intervention with aggressive adolescents as their perceptions and attitudes serve to prompt most

behavioral responses to provocation. Research on the social and cognitive processing in aggressive youth indicates that distorted interpretations, attributional biases, and deficiencies in problem solving can all influence the selection of aggressive behavior responses. Furthermore, cognitive processing patterns are likely to become more rigid over time, and as such the maladaptive aggressive behaviors prompted by dysfunctional cognitions will be maintained.

Disclosure of interest The author has not supplied his declaration of competing interest.

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EV0103

Association between depression and alexithymia in adolescents with *Acne vulgaris*



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Introduction *Acne vulgaris* is a common skin disease that affects the majority of adolescents. The physical changes of acne may have negative effects on the psychological structure of adolescents such as anxiety and depression. Alexithymia has been suggested to be an important symptom in psychodermatological patients.

Objective Our study aims to access depression in adolescents with *A. vulgaris* and to evaluate its relationship with alexithymia.

Methods This is a descriptive cross-sectional study regarding 50 adolescents followed in the outpatient dermatology unit of Hédi Chaker University hospital in Sfax (Tunisia). To assess depression, we used a psychometric tool: Beck Depression Inventory (BDI). The Toronto Alexithymia Scale (TAS-20) was used to evaluate alexithymia. The severity of acne was evaluated with the Global Acne Evaluation (GEA) Scale.

Results The mean age of adolescents was 15 years 9 months. Almost all of adolescents was female (82%), and live in urban area. The severity of *A. vulgaris* was mild in 50%, moderate in 32% and severe in 18%.

The prevalence of depression was 48%. Twenty-four percent of them have a major depression. Forty-six percent of patients scored positive for alexithymia.

The occurrence of depression was significantly associated to alexithymia ($P=0.003$).

Conclusion This study showed a positive correlation between alexithymia and depression.

These results can be useful in treatment based on processing of emotional information and regulation of emotions.

Disclosure of interest The authors have not supplied their declaration of competing interest.

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EV0104

Mental health promotion and co-evolution appreciation of familiar history: Case study



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Introduction The developments of familiar therapy allows a systemic (collaborative) approach centered in what functions best in the system, integrating action plans which presupposes a family appreciation concept as a transformer system.

Objectives/aims Presentation of a family clinical case (X family) in which one of the members is diagnosed with “elective mutism”, this being labelled as a “a family problem” which led to familiar therapy.

Methods In the therapeutic process we use a number of resources centered in family strengths as strategies directed to the solution and system change. We incorporate an innovating strategy, which we call “differentiated spectularity”, trying to make something different based on therapy concepts centered on solutions. The presentation of exceptions and the use of scales allowed us to monitor the change process.

Results The strategy materialization, where family members in their family environment saw the film of their latest session in a favourable context for the enlargement of their own vision as a family, allowed change expansion amplifying its complexity. The family members perceive themselves as having a moderate cohesion level, increasing the levels of adaptability, which places the X family in a “balanced” class. The family member with a diagnosis of elective mutism, after six months of family therapy, showed changes in withdrawal, anxiety and shyness behaviour.

Conclusions Sharing family members different versions allows us to tell the story over and over again. The questioning emerging from the pro-active mirror effect is the core element of the change registered with incidence in the emotional and behaviour domains.

Disclosure of interest The authors have not supplied their declaration of competing interest.

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EV0105

Evaluating the effectiveness of methylphenidate with a combination of magnesium, zinc and calcium for the treatment of patients with ADHD in the city of Zahedan



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Introduction This study aimed to investigate the therapeutic effect of a combination of magnesium, calcium and zinc as a complementary treatment in a population of the children with ADHD in Zahedan.

Material and method In this clinical trial, 40 patients with ADHD aged 6 to 12. The simple convenience sampling was done and the patients were randomly divided into two groups of receiving methylphenidate plus magnesium + zinc + calcium, and methylphenidate plus placebo.

Results The mean severities of the symptoms in the group treated with methylphenidate plus the supplements were $40/4 \pm 2/4$ before the treatment, and $19/5 \pm 6/1$ after 8 weeks of treatment ($P < 0.001$).

Conclusion This study shows that zinc, magnesium and calcium supplement is useful in the treatment of ADHD and can be used to treat patients.

Keywords Methylphenidate; Attention deficit hyperactivity disorder; Zinc; Magnesium; Calcium

Disclosure of interest The authors have not supplied their declaration of competing interest.

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EV0106

Low salivary secretory IgA levels correlate with hyperreactivity in children with autism



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Introduction Autism is a neurodevelopmental disorder characterized by deficits in communication and social skills as well as stereotypical behaviors. There are multiple lines of evidence, suggesting that the immune system is involved in autism. Since secretory IgA (sIgA) is the predominant antibody isotype in saliva and a marker of mucosal immunity, the aim of the study was to assess if the severity of clinical and behavioral parameters of autistic children was associated with low levels of sIgA in saliva.

Objectives To assess possible associations between salivary levels of sIgA and the severity of behavioral outcomes related to autism. In addition, were studied sIgA in saliva of children with autism and the frequency of respiratory tract infections diagnosed in the first 3 years of life.

Methods Saliva samples were obtained from 3–10 years old autistic children and age-matched typically developing Caucasian children from Patagonia, Argentina.

Results Autistic children with reduced levels of salivary sIgA had a higher incidence of respiratory diseases compared to controls. The reduction in sIgA levels inversely correlated with the severity of the behavioral disorders. The patients with the most severe impairment in autism-related behaviors had the lowest levels of sIgA in the cohort studied.

Conclusions These findings suggest that sIgA could be an early non-invasive indicator of the dysregulation of the immune system in some children with autism. Clearly, the characterization of immunological parameters has important implications for detection of subgroups of children with ASD, and should be considered when designing therapeutic strategies to treat behavioral impairments of ASD.

Disclosure of interest The authors have not supplied their declaration of competing interest.

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EV0107

Clinical and social outcome of children and adolescents presenting in the emergency room for disruptive behavior in Lyon and the Rhône-Alpes region: A multidisciplinary approach



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Over the last decade, the frequency of emergency room (ER) visits for pediatric psychiatric disorders has increased in the most western countries. Although data available in France is scarce, a similar trend was observed concerning violent or runaway youth. There is no medical consensus on the status and care management of

disruptive behavior (DB) in children and adolescents in ER. Seclusion and physical restraint are often requested to treat violence. With a blur lawful framework for minors, such coercive measures raise ethical issues while contradicting the idea of the patients' autonomy and well-being. Moreover, consulting in the ER for such situations could lead to an inappropriate use of the healthcare system, a poor assessment of associated psychiatric disorders or co-morbidities and an underestimation of suicide risk. Thus, the ER visit for a disruptive child or adolescent is characterized by its uncertainty. It represents a situation of heterogeneity in care management as well as a stake of social exclusion and of dangerous behavior.

The study aims to:

- analyze these uncertainties by presenting a multidisciplinary and integrative research methodology through combining clinical evidence and social sciences comprehension;

- to implement a cohort to describe children and adolescents admitted to the ER for DB (aggressiveness, violence, fugue or theft), their care management and their social and clinical outcome;

- to pool these clinical data with an ethnographic fieldwork focused on DB as a “trouble” experienced by various professionals in the ER. We will focus our presentation on these methodological considerations.

Disclosure of interest The authors have not supplied their declaration of competing interest.

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EV0108

Child and adolescent service and community mental health center: HoNOS findings in a joint take in charge model in Trieste



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Introduction A collaboration between the Child and Adolescent Unit 2 (Badof-2) and Community Mental Health 2 (CMHC-2) started several years ago in order to have a joint take in charge of under 25 people presenting needs to either one of the services. A major focus has been put, in this period, on early psychotic onset.

Objectives The impact of schizophrenia and other psychotic disorders on daily life has been very well studied in clinical populations and in general ones, leaving some gaps on which are more heavily involved in the resulting disability. In this study, we have used the HoNOS scale, in the Italian validated version, in order to evaluate the single items.

Methods We have enrolled all the under-30 people taken in charge by the two aforementioned services in the period 2013–2016 with a ICD-10 F20–F29 diagnosis, dividing them in two subgroups ('13–'14 and '15–'16) in order to find if there was an impact of the prolonged time of take in charge. A HoNOS evaluation has been submitted to all the 21 people found.

Results HoNOS scores of the first subgroup are generally lower than the ones of the second subgroup (median: 6 vs. 16.5). Self-harmness, cognitive disorders and post-psychotic depression have a heavier impact in daily life than the classic positive and negative symptomatology. Focusing on psychosocial recovery programs, this area has been partly marginally affected.

Conclusions The two subgroups show different HoNOS scores, with lower ones in the '13–'14 group. More studies on general population and covariates should be conducted.

Disclosure of interest The authors have not supplied their declaration of competing interest.

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EV0109

Association of adolescent symptoms of depression and anxiety with daily smoking and nicotine dependence in a sample of Tunisian teenagers



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Aims To examine the association of adolescent depression and anxiety symptoms with daily smoking and nicotine dependence in Tunisians teenagers.

Design A cross-sectional study including teenagers ($n = 162$) from two colleges located in Gabes (south of Tunisia) and used a self-administered anonymous questionnaire. Adolescent depression and anxiety symptoms were assessed using the Hospital Anxiety and Depression scale translated and validated in Tunisia. adolescent tobacco use was defined as: daily use (6 or 7 days per week) and the loss of autonomy over tobacco use was evaluated with the Hooked on Nicotine Checklist (HONC).

Findings The prevalence of smoking was 61.7%. It was 92% for boys and 8% for girls. In our sample, 30.7% of teenagers used manufactured cigarettes and chicha; 93.8% of daily smokers had already lost control of their smoking. Their average score the HONC was 5.5 (gap deviation 2.4). Of these, 61.3% had a score greater than or equal to 5. Rates of anxiety and depression were respectively 43% and 20%. Nicotine-dependent adolescents were significantly more anxious than non-dependent: 68.3% vs. 48.7% ($P = 0.04$). We do not note significant differences between depressed teenagers and adolescents without depression, regarding nicotine dependence.

Conclusions Smoking is frequent among teenagers in Gabes. Adolescent smokers with anxiety symptoms are at increased risk for nicotine dependence. These results incite to pursue work that takes account of the specific diagnosis and treatment of tobacco dependence among adolescents, especially when psychiatric comorbidity makes smoking cessation more difficult.

Disclosure of interest The authors have not supplied their declaration of competing interest.

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EV0110

Efficacy of romantic and sexual psycho-educational training for adolescent with high-functioning autism spectrum disorder: A pilot study



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Introduction Romantic and sexual functioning in individuals with autism spectrum disorder (ASD) are understudied. Recent findings evidenced that adolescents and adults with present romantic and sexual behaviors comparable with their neurotypical peers. However, it is worth to note that dysfunctional and inappropriate romantic and sexual behaviors are often described in this population.

Objectives To investigate efficacy of a psycho-educational training in a small group of adolescent with high-functioning ASD (HFA, $QI > 70$).

Methods Six adolescents (all males, range age 14–16 years) have been evaluated before (T0) and after (T1) a 10-session sexual and

romantic psycho-educational structured group training, of 90' each session. Clinical evaluation included parent-report questionnaires, as SBS for sexual behaviors and CBCL for behavioral problems, and a self-report questionnaire for sexual behaviors, called SESAMO. Moreover, autistic symptoms were investigated with ADOS-2 at T0.

Results Preliminary analysis revealed a statistically significant differences between T0 and T1 in sexual education ($P = 0.02$) and frequency of dysfunctional sexual behaviors ($P = 0.02$) of SBS and in sexual expectations about the partner in SESAMO ($P = 0.04$). No differences were found in CBCL.

Conclusion Preliminary results showed an improvement of romantic and sexual functioning in adolescent boys with HFA, as reported by either parents and adolescents, after participating to a structured psycho-educational training. More sexual education and information, less inappropriate sexual behaviors and more-appropriate expectations about potential partner were reported at the end of the training. These results should be confirmed in studies including larger ASD and control sample.

Disclosure of interest The authors have not supplied their declaration of competing interest.

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EV0111

Attention deficit hyperactivity disorder (ADHD) and borderline personality disorder (BPD) – intersections systematic review



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Given the well-known overlap of symptoms and diagnosis criteria between attention deficit and hyperactivity disorder (ADHD) and borderline personality disorder (BPD), recent studies have been made in this mental health research field. It is frequently observed that adults with a BPD diagnosis show a history of childhood ADHD symptoms, as well as a diagnosis for both diseases as adults. Even though many hypotheses have been presented, the nature of the relation between these two conditions is yet to be established. Thus, the authors consider the revision of the existing studies concerning how ADHD and BPD are related to be pertinent.

PUBMED was used as a research source, with the search terms attention deficit and hyperactivity disorder and borderline personality disorder. Thirteen studies showing different possibilities and association mechanisms between ADHD and BPD were eligible for revision. All the studies have shown a statistical association between both diseases.

The data mostly support the hypotheses that the two perturbations correspond to the same disease in different stages of evolution; that both are different diseases sharing a common etymological basis; that both perturbations are synergic, mutually powering each other while in comorbidity or that childhood ADHD may be a precursor to BPD during adolescence/adulthood.

The necessity for more studies becomes evident, namely about the influence of the precocious treatment for ADHD and the development of BPD in the future and other potential factors that may be involved in this association.

Disclosure of interest The authors have not supplied their declaration of competing interest.

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EV0112

Sons of mothers with borderline personality disorder: Identifying fostering strategies



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Introduction There is a higher incidence of borderline personality disorder (BPD) in families and offspring of people with the disorder, suggesting that both genetic and environmental factors are vulnerable to the condition that is passed from generation to generation.

Objectives Identify the parenting strategies used by these mothers as potential targets for psychological intervention.

Method Literature review of the scientific literature.

Results The literature shows that mothers with BPD often have very characteristic parenting practices and that they are conditioned by what is inherent to BPD – oscillations between a search for excessive control of the other person for fear of abandonment and neglect behaviors, attachment insecure or disorganized. They are between extremes of over-involvement and lack of involvement with the child, that is, mothers who show themselves in some cold, avoidant and rejecting moments and in others that are excessively demanding, invasive and over-involved with the child, consistently denoting a pattern. Of relationship that goes from one end to the other.

Conclusions Attachment-based interventions work through corrective experiences in the therapeutic relationship, work on their attachment style, giving the mother an opportunity to reflect on her own childhood experiences with her caregivers and how they led her to have an insecure or disorganized attachment, while being encouraged to connect these reflections with your current experiences with your child.

Disclosure of interest The authors have not supplied their declaration of competing interest.

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EV0113

Effect of multi-dimensional training program, using a combination method of TICH and ABA, on improve autistic children's behavior



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Introduction Autistic children could not organize their social life direction and understanding and interpreting other sensation and only achieve so many information by looking others and instinct for creating the best space for achieving success.

Objective The present study was designed to evaluate the efficacy of a multi-dimensional training program, using a combination of TICH and ABA on improving the behavior of autistic children in the city of Karaj.

Method The population in this study was all autistic students in a boys exceptional children school in city of Karaj. All participants ($n = 16$) were randomly assigned in two groups, experimental group ($n = 8$), and control group ($n = 8$). This research was carried out experimentally, and multi-dimensional training program was carried out on experimental group in the context of 12 training session for 2 months and two-hour sessions per week. During this time, the

control group did not receive any training. In order to collect data the Autism Diagnostic Inventory that was proven its validity and reliability has been used.

The collected data were analyzed with co-variance method.

Result The results showed that the multi-dimensional training program had significant influence on social and verbal communication skills and the reduction of stereotyped behaviors in autistic children.

Conclusion Therefore, we can plan a multi-dimensional approach as a comprehensive training program for this group of children and used it weekly as an independent course in autistic children academic schedule.

Keywords Multi-dimensional training program; Social skills; Autism; Stereotyped behaviors

Disclosure of interest The authors have not supplied their declaration of competing interest.

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EV0114

The relationship between childhood traumas and depression and anxiety in high school students in Turkey



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The aim of this study is to investigate the relationship between childhood traumas and depression and anxiety levels of high school students in Sakarya. The sample of the present study consisted of 145 students 79 are girls and 66 are boys are chosen from five different school. To measure depression levels of students "Beck Depression Inventory" is used. To measure anxiety levels "Beck Anxiety Inventory" is used. To collect data about childhood traumas "Childhood Trauma Questionnaire" is used. Data were analyzed using SPSS 16.00. In result of this study, 86 people had symptoms of depression. And also there is a relationship between depression symptoms and anxiety symptoms. However, there is no relationship between childhood traumas and anxiety symptoms and depression symptoms.

Disclosure of interest The authors have not supplied their declaration of competing interest.

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EV0115

Mother-reported and prescription registry data on use of hypnotics for children 0–18 months as a risk factor later development of ADHD



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Introduction Sleep problems are common in infancy. Some infants are prescribed sleep-inducing drugs even if not approved for the age group. Poor sleep as toddler is a risk factor for development of behavioral problems in childhood. It is unknown if this is true also for attention deficit and hyperactivity disorder (ADHD).

Objectives To evaluate two sources of information on toddler drug use (mother-reported questionnaire-data and prescription database for hypnotic drugs for children aged 0–18 months) and see if these predict receiving a later diagnosis of ADHD.

Aims Are sleeping problems as measured by the use of hypnotics in toddlers a risk factor for ADHD?

Methods Prescription database information data was collected for 47,413 children participating in the Norwegian Mother and Child Cohort, where mothers report on toddler drug use. These two datasets were used as predictors of diagnoses of ADHD as seen in the Norwegian Patients Registry in a 7-year follow up period.

Results Agreement between mother-reported drug use and hypnotics use as measured was less than 50% for all hypnotics (min 19% and max 48%). The two datasets will be further used to investigate the relationship between toddler drug use and a later childhood diagnosis of ADHD.

Conclusions Considering the low to moderate agreement between mother-reported survey data and data from prescription databases it is of value to use both data sources in a study looking at the predictive value of sleeping problems and hypnotics use in toddlers on later development of ADHD.

Disclosure of interest The authors have not supplied their declaration of competing interest.

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EV0116

Sluggish cognitive tempo symptoms and psychosocial well-being in adolescents – an epidemiological study in the Northern Finland Birth Cohort 1986



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Introduction The investigation of sluggish cognitive tempo (SCT) concept has renewed interest in recent years. Apart from previous studies linking SCT items to ADHD, current research now shows further evidence for the relationship between SCT items and impairment in several domains. Despite it is not a clinical entity, SCT items are often seen in clinical child and adolescent psychiatric populations and, thus, further investigation of these symptoms is clearly needed both in clinical and in community samples.

Objectives Our aim was to investigate the relations between SCT items and psychiatric symptoms, as well as psychosocial and academic functioning in a large general population sample of adolescents.

Methods Fifteen-year old adolescents from the Northern Finland Birth Cohort 1986 ($n = 9432$) completed a postal questionnaire on their health and well-being with a participation rate of 80%. The questionnaire included the Youth Self Report (YSR) which has the following SCT items: I feel confused or in a fog, I daydream a lot, and, I don't have much energy, as well as items constructing the subscales depressed/anxious, withdrawn, somatic complains, social problems, thought problems, attention problems, rule-breaking behavior, and aggressive behavior.

Preliminary results Around 8% of adolescents rated themselves above the 90% cut-off in the sum score of SCT items. They also reported more symptoms in all YSR subscales, lower grade marks in academic field, less friends, and lower life satisfaction than adolescents scoring below the 90% cut-off.

Conclusion SCT may relate to various psychiatric problems and reduced psychosocial well-being.

Disclosure of interest The authors have not supplied their declaration of competing interest.

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EV0117

Atypical onset of a manic episode in adolescence – case report



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Introduction The clinical practice and available literature attest the presence of affective symptoms in psychosis and affective disorders with psychotic elements, allowing their conceptualization as entities of the same nosologic spectrum.

Objective The description of a clinical picture that is part of the aforementioned pathology, installed under a treatment that has indication in the spectrum, which leads to supporting different pathophysiological mechanisms of those pathologies.

Aim Presentation of an atypical onset of a manic episode in adolescence.

Method At the age of 14, a male adolescent had an acute psychotic episode, in complete remission after three months of treatment with risperidone. The antipsychotic treatment continued for seven months, when the adolescent had a decompensation consisting in a manic episode.

Results Considering the mode of onset of the manic episode, we have assumed a lack of compliance with the antipsychotic medication. The mother denies this possibility. We have continued the treatment with risperidone, which had no effect over the manic clinical picture, and we added valproic acid, failing to alleviate the symptoms. The clinical picture improved, with complete remission, under treatment with aripiprazole and valproic acid. After a month in which he refused to take the medication, the patient had another decompensation in the form of a manic episode with psychotic symptoms. This time we have decided to start long-acting injectable antipsychotic medication.

Conclusion Through this case study, the authors wish to bring into notice the surprises that the clinical practice still offers and the necessity to research the underlining pathophysiological aspects of the disorder.

Disclosure of interest The authors have not supplied their declaration of competing interest.

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EV0118

Determining the relation between the internet addiction in Turkish secondary school students and the perceived family support



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Objectives The purpose of this study is to determine the relation between the internet addiction levels of secondary school students and the perceived family support.

Methods The study was conducted in the cross-sectional and descriptive design, and the data were collected from 3391 students who were studying at 5th and 7th grades at 23 secondary schools in the city of Burdur and its central villages. The Personal Information Form, the Internet Addiction Scale, and the Social Support Received from the Family Scale were used to collect the data. The data were collected between the dates 15.11.2013 and 15.01.2014. After the necessary explanations were made to the students, the informed

consent form were sent to their parents/legal guardians, and the students who returned these forms were included in the study. The numbers, percentages, average values, and standard deviation, which are among the descriptive statistical methods, were used in evaluating the data. The Pearson correlation and regression analysis were applied between the continuous variables of the study.

Results It was observed in the study that 4.6% of the students had internet addiction at pathological level. The factors that influenced the internet addiction were determined as the social support received from the family, being male, low school success, weekly allowance being high, studying at senior grades, and going online frequently.

Conclusions When the study results are analyzed it is observed that the internet addiction in secondary school students in our country is at a rate that has to be taken seriously.

Disclosure of interest The authors have not supplied their declaration of competing interest.

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EV0119

The screening of the risk of autism spectrum disorders in children aged 16–24 months in Russia, 2015

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Introduction Improving the mental health diagnosis in young children is the high-priority problem in reducing the rate of child disability due to mental illnesses. In 2015, the Ministry of Healthcare (Russia) introduced the pilot project – the total screening of the paediatric population at an early age, detecting autism spectrum disorders (ASD) risk group.

Objectives To determine the broad range of mental disorders: from minor borderline states (states of risk) to serious mental disorders, with an emphasis on determination of ASD in children aged 16–24 months in general population.

Methods The survey was conducted by the total screening in primary health care institutions (in the three largest regions of Russia: Volgograd, Novosibirsk, Chelyabinsk regions). The screening tool: checklist for parents aimed at detection of risk of occurrence of ASD in early children, for screening in general population.

Results and conclusions During 2015, 34,770 parents of children aged 16–24 were questioned. Of these 4102 children or 11.8% (118:1000) formed the risk group in ASD. By the risk group in ASD predisposition (diathesis) is understood, that does not correspond fully to the clinical criteria of illness. This state of predisposition may last for several years and pass either to illness or to health.

The part of the children of the risk group in ASD were consulted by psychiatrist on a voluntary basis (2774 cases). Fifteen children (0.4:1000) were diagnosed with prominent clinical disorders in ICD-10 (F84). This prevalence rate cannot be extrapolated on the general population of the children at the considered age.

Disclosure of interest The authors have not supplied their declaration of competing interest.

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EV0120

The use of guanfacine (Intuniv XR) in the treatment of disruptive mood dysregulation disorder – Clinical experience from telepsychiatry

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Background Disruptive mood dysregulation disorders (DMDD) is new to DSM-5 and represents children with rage episodes. Medical treatment is critical but few randomized trials. DMDD may be a replacement for the diagnosis of Bipolar Disorder noted in DSM-IV with a heavy use of atypical neuroleptics. DMDD reflects a more moderate treatment of these symptoms.

Method Telepsychiatry referrals 6–9 year old children randomized into $n = 12 =$ group A (11 males/1 female), $n = 13 =$ group B (11 males/2 females). ANOVA not significant (NS) in age and gender. Group A received guanfacine (GUA) titrated to weight between 3–4 mg. Both groups received behavior support. Group B did not receive medications. Analysis by *t*-test comparison.

Results Group A showed significant improvement in frequency but not in intensity of rage episodes ($P < 0.05$). Major side effects include sedation and gastric irritation. Dropouts from original sample of 22 per group were based on inability to titrate, cost of drug, inability to swallow pills, worsening of symptoms with addition of an atypical neuroleptic.

Conclusion GUA is a possible treatment for DMDD but there are limitations requiring further study. Group B did show improvement reflecting the utility of behavioral strategies (future studies require control groups) but GUA may provide a useful alternative to neuroleptics. Cardiovascular issues were not a problem and were assessed. Future studies are warranted.

Disclosure of interest The author has not supplied his declaration of competing interest.

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EV0121

Telepsychiatry: The new reality of psychiatry in the future

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Background Do we need to work from offices in psychiatry? The clinical interface has been debated particularly in child and adolescent psychiatry with continued beliefs related to the differences in therapeutic alliance when compared to face-to-face practice. That literature clearly shows that telepsychiatry is equal in its therapeutic effects. But not much has been written about the other advantages of telepsychiatry, which may be intuitive but needs to be documented.

Methodology The University of Toronto Telepsychiatry Program is the largest in the world with over 60 psychiatrists and 1400 sites. This is an anecdotal review of 25 years of practice using this medium outlining the advantages (ADV) and disadvantages (DADV) to this medium.

Results ADV: convenience from home, complete access to hospital files, physician safety during sessions, able to see multiple sites and include multisystem professionals including schools, cost effective (when compared to outreach psychiatry), simplicity of connection with minimal interference. DADV: novelty to client, quality of video to pick up very subtle nonverbal information, technical support required, capital cost to set up, mental health biases to technology.

Conclusion This technology is evolving. It is essential physicians understand the issues whether it be privacy, cost, utility and clinical application. The long-term impact will likely affect future practice and allow resource sensitive care to outlying areas with the ability



to impact a country's mental health significantly. Health economic data is required for future research.

Disclosure of interest The author has not supplied his declaration of competing interest.

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EV0122

Yes we can – Positive CAMHS

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Yes We Can Youth Clinics has fundamentally innovated (mental) health care for children and adolescents just by taking a different approach: the force of Positive Health!

The WHO definition of Health, adopted in 1948 and since then never amended, has become obsolete: "Health is a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity."

A new, more positive definition ought to replace the obsolete.

"The ability to adapt and self-manage physical, mental and social well-being challenges."

Different approach WHO.

Health care is to be claimed unlimitedly, making sure you get better, free from symptoms, against any price, something you undergo and releases you from the responsibility to self-manage and recover.

YES WE CAN.

Care appealing to personal strength and possibilities. Care that also demands commitment, not a lack thereof. Care that apart from physical/mental functioning also deals with a spiritual dimension within a personal context. Care that deals with purpose (life goals) for both the patient and the caretaker.

Conclusion Yes We Can and Positive Health has been very successful:

- perfect climate for recovery: e.g. role models, positive group dynamics, expert experience, no coercion or compulsion, structured healthy program;
- focus on strength hand abilities, coping skills, learn what is important, moral, values;
- system oriented: family therapy is mandatory;
- after-care (helping back to school/work);
- be Aware: old fellows help with prevention by visiting various schools.

Illustration Vision of Yes We Can and life story of a fellow.

Disclosure of interest The author has not supplied his declaration of competing interest.

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EV0123

Teenagers with addictive behaviour: Characteristics of the addiction and the psychiatric comorbidities

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Introduction Addiction at a young age constitute a problem of public health. Adolescence is a period at risk for the addicting conducts.

Objectives To establish the characteristics of the addiction and the psychiatric comorbidities.

Methods We led a retrospective descriptive study which concerned 62 teenagers, having addicting conducts, followed in the outpatient clinic of the hospital Razi between January, 2013 and December, 2014.

Results Tobacco is the most consumed product with 90,3% of users, followed by the alcohol (59.7%).

Fifty percent consumed the cannabis.

Benzodiazepin, Trihexyphenidyl chlorhydrate, buprenorphin with high dosage and the organic solvents were raised respectively to about 14.5%, 22.6%, 12.9% and 14.5% of the patients.

The average age of initiation for tobacco was 12 years.

The most frequent motive for consultation was behaviour disorders (37.1%).

Among our patients, 43.5% had psychiatric family history, 11.3% had undergone sexual abuse during their childhood, 17.7% had histories of suicide attempts.

The found diagnoses were the dependence in a substance (25.8%), followed by the major depressive episode (14.5%), the adjustment disorder with depressed mood (11.3%) and the bipolar disorder (8.1%).

Seventeen percent of them had personality traits who would evoke the borderline personality and 11.3% antisocial personality.

Conclusion It is essential to diagnose and to take care of the teenagers having addicting conducts, as early as possible, to avoid transition to a chronic state in the adulthood.

Disclosure of interest The authors have not supplied their declaration of competing interest.

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EV0124

6-months follow up of lisdexanfetamine in adolescent with attention deficit hyperactivity disorder comorbid with severe conduct disorder



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Introduction Adolescents with conduct disorders (CD) often associate symptoms of executive dysfunction and developmental history of attention deficit hyperactivity disorder (ADHD). There is high-quality evidence that psychostimulants have a moderate-to-large effect on conduct problems in youth with ADHD. Lisdexanfetamine (LXD) reduces impulsivity and others ADHD symptoms, has better daylong coverage and less abuse potential than others stimulants.

Aims To evaluate the efficacy of lisdexanfetamine associated to psychological and family interventions in these multi-problem cases.

Method This work presents for discussion the preliminary measures of the effectiveness and security of LXD (range between 50–70 mg, during 6 months), prescribed to seven boys, ages 15 to 17 with ADHD comorbid with severe conduct disorders. All of them were living in a Young Offender Centre, received intensive psychological and psycho-educational treatment during 6 months before and during the use of LXD. Structured clinical assessment, ADHD and Conduct Disorder Scales were performed before the onset and followed 3 and 6 months.

Results Measures of ADHD, and CD symptoms improved at 3 and 6 months comparing to basal measures. Secondary effects were well tolerated and all patients showed a good adherence to treatment except for one of them who was drop out because of increase of anxiety.

Conclusions Evidence indicates that LXD can be beneficial and well tolerate for impulsive and aggressive behaviours in teenagers

with ADHD and severe CD. Limitations are the small number of cases and those related to the controlled observation method used.

Disclosure of interest The authors have not supplied their declaration of competing interest.

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EV0125

The psychological profile and the counter attitudes of encopretic children's mothers: A Tunisian study



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Introduction Persistent encopresis is part of a fairly specific pathologic complex including personality, and familial factors. To a very large extent, interest in encopresis issues has revolved around the mother–child relationship.

Objectives In this study, we aimed to assess the psychological profile and the counter attitudes of encopretic children's mothers.

Methods We led a retrospective and descriptive study carrying on 91 medical records of children with encopresis, followed in the outpatient child psychiatry department of the Hédi Chaker university hospital of Sfax over a period of seven years, going from January 1st, 2000 till December 31st, 2006.

Results In our study, emotional deprivation was noted in 62.2% of cases. Besides, repeated separations from mothers were noted in 26.4% of cases with 2.2% cases of prolonged separations. Our study also revealed that 19.8% of mothers have obsessive personality traits while 14% have rather anxious traits. Furthermore, 6.6% of encopretic children's mothers were found to have anxio-depressive spectrum disorders according to the DSM-IV-TR. Mothers' intolerance towards encopresis was estimated at 53.3%. This intolerance was mainly reflected in physical punishment, depreciation, blame and humiliation. Toilet training was rigid in more than half of cases (62.2%).

Conclusion Childhood encopresis can be viewed as a result of a maternal-child conflict. In fact, the mother–child relationship appears to be directly involved in the genesis of encopresis. Nevertheless, the role of the own child neurodevelopmental state in response to the family system should not be ignored.

Disclosure of interest The authors have not supplied their declaration of competing interest.

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EV0126

The synergistic relationship between perceived autonomy and environmental factors in adolescents with prosocial behaviour



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Introduction Perceived autonomy (PA) can be considered as the key mediating variable in promoting intrinsic motivation. Therefore, an environment that encourages autonomy increases intrinsic motivation and leads to continuance intention.

Objectives The main purpose of this study was to assess the social conditions which give rise to autonomous forms of motivation.

Methods We led a transversal study, over four months, from June until September 2016. It included 90 adolescents aged 14–20 years and members of voluntary association in Sfax (Tunisia). PA was assessed using the “perceived autonomy in life domains” (PALD) for the life spheres of leisure, interpersonal relationships, school, and general domains.

Results The average age of participants was 16 (14 to 20 years). The sample was female-dominated (53%). All participants were secondary school pupils. Almost 70% were from a high socioeconomic level and over 60% had parents' high level of education.

The mean scores of PA ranged from 117 (SD = 4.5) in general domain to 15 (SD = 4.5) in school domain.

There was a significant correlation between PA and parents' level of education ($P=0.01$), parental relationship ($P=0.01$), level of family communication ($P=0.00$), giving compliments ($P=0.01$) and rights in decision-making ($P=0.05$). The other factors that significantly enhance PA were having a good network of friends ($P=0.01$) and having sports and extracurricular activities ($P=0.03$).

Conclusion The present findings provide additional support for the synergistic relationship between family dynamics and family relationship perceptions and PA, and emphasize the role of parents to encourage autonomy.

Disclosure of interest The authors have not supplied their declaration of competing interest.

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EV0127

Social and family characteristics of children with stuttering in Tunisia



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Introduction Stuttering constitutes for children a psychological and social disability, in which the environmental context plays an important role in the installation, stabilization and aggravation or attenuation.

Objective Our study aims to describe the socio-familial characteristics of children with stuttering.

Patients and methods This is a descriptive and analytical-retrospective study carried out on 80 children with stuttering and had been followed-up in the child psychiatry department of UMC Hédi Chaker Sfax (Tunisia) for more than 3 years (January 2012 to 31 December 2013).

Results In our study, the prevalence of stuttering in child psychiatry consultation department of Sfax is 4%. Most of the patients were either the youngest (36.25% of cases) or seniors (35% of cases). Personal history of speech disorder had been reported in 8 children (10% of cases). Family history of speech disorder was reported in 33.75% of cases. These disorders had been kind of stuttering in 60.66% of cases, speech delay in 18.52% of cases and sound speech disorder in 7.41% of cases.

The parent–child relationship is marked by a parental rigidity in 18.6% of cases. The existence of triggering factor was noted in 37.5% of cases: traumatic situation (30% of cases), the birth of a younger sibling (22% case).

Conclusion The emergence and evolution of stuttering depend on predisposing, precipitating and chronicising factors. Identifying these factors and adopting a favorable parental attitude contribute to the fight against stuttering in children and, at least, avoid aggravation and chronicity of this disorder.

Disclosure of interest The authors have not supplied their declaration of competing interest.

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EV0128

The identifying of depression' risk in students with impaired hearing and vision

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Introduction The depressive states in adolescents have their specificity: they are often poorly understood by the children themselves as reduced mood and can be expressed in the growth of aggressive behaviour, stubbornness, oppositional behavior, care. Even the pre-clinical level of depression can have a significant negative impact on the lives of adolescents.

Materials One hundred and seventy-three visually and 139 hearing impaired students of correctional boarding schools, 7–18 years old.

Methods Children's Depression Inventory (CDI) M. Kovacs, statistical (nonparametric test Mann–Whitney).

Results At 20.8% the increased and at 3.1% the high risk of depression was identified. For students with visual impairments often were characterized by significantly higher scores on a scale of "anhedonia" and "incompetence". The girls revealed significantly higher scores for total scale depression, the scale "negative mood", "interpersonal problems" and "negative self-esteem".

A comparative analysis of data, obtained by different researchers was held. There were no literature sources, which would have provided data about the level of depression of children with sensory impairments.

Conclusions Children with sensory impairments have a greater risk of developing depression in comparison with pupils of general education schools. Therefore, a screening of children in this category on the level of depression should be obligatory in addition to clinical examination. The detected data must be taken into account in psychotherapeutic and preventive measures.

Disclosure of interest The author has not supplied his declaration of competing interest.

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EV0129

Behavioral problems in Silver–Russell syndrome – Case report

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Objectives The aim of this study is to present two cases of Silver–Russell Syndrome patients with behavioural problems. The male is diagnosed with ADHD, and the female shows antisocial behaviour.

Background Russell–Silver syndrome (RSS) is a rare disorder characterized by intrauterine growth retardation and postnatal growth deficiency along with a handful of common physical characteristics and a range of other symptoms.

Methods Clinical observation, tests (EEG, psychological tests – IQ scale, JEPQ, Projective techniques) and interviews with the patients and their parents and foster parents.

Results S.H. (20 years) – is opponent, aggressive, refuses every kind of cooperation with delayed mental development.

V.M. (10 years) – premature baby (born in the sixth month) in a 40 years old mother (second pregnancy); blind on right eye and very low vision on the left eye; lost both of his parents at the age of 1.6 in a car accident; had several operations and is always under some treatments. V.M. had low school performance. The foster parent noticed that he has an attention deficit. Besides, he is very aggressive verbally and physically, has low frustration tolerance, borderline intelligence.

Conclusion According to several studies that claims that patients with Silver–Russell syndrome have behavioural problems and among them, the most common are attention deficit problems; our study improves that hypothesis. Both of our patients have attention deficit problems.

Disclosure of interest The authors have not supplied their declaration of competing interest.

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EV0130

The neurocognitive development of premature infants at 5 months corrected ageS. Kiselev^{1,*}, O. Lvova², E. Suleimanova²¹ *Ural Federal University, Clinical Psychology, Ekaterinburg, Russia*² *Ural Federal University, Laboratory for Brain and Neurocognitive Development, Ekaterinburg, Russia*

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It is known that prematurity is a risk for neurodevelopmental disorders, particularly for ADHD and autism. However, the impact of prematurity on neurocognitive functions in the early stages of development is not investigated thoroughly.

The aim of research was to reveal the differences in neurocognitive development in premature infants and full-term infants at 5 months age.

The participants were 26 premature infants and 26 gender matched healthy full-term infants. The gestational age of preterm infants was between 29 and 35 weeks.

The Bayley Scales of Infant Development were used to evaluate the neurocognitive abilities in infants.

The one-way ANOVA has revealed that premature infants performed significantly ($P \leq 0.05$) more poorly than the full-term infants on cognitive scale, receptive language and gross motor. No significant differences were found between preterm and full-term infants on expressive language and fine motor.

Two-way ANOVA has revealed no significant ($P \leq 0.05$) differences between female premature infants and full-term female infants on gross motor in comparison to male infants.

It was proposed that the prematurity has specific (not global) negative effect on neurocognitive development at 5 months age with gender effect on development of gross motor.

Disclosure of interest The authors have not supplied their declaration of competing interest.

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EV0131

Visual delayed memory in ADHD children

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It was shown that children with ADHD have deficit in cognitive abilities. Particularly, in our previous research we have revealed that children with ADHD have weakness have deficit in memory for faces and for names in delayed recall condition.

The goal of this research was to examine the hypothesis that children with ADHD have weakness in visual memory in delayed recall condition.

The experimental group included 19 children with ADHD at age 6–7 years. The control group included 19 typically developing children. The children from experimental and control group were matched for IQ, gender and age.

Children from both groups were assessed with visual memory subtest from Luria's neuropsychological assessment battery. This subtest is designed to assess the ability to perform the visual

memory for objects in immediate and delayed conditions. Two-way ANOVA was used to reveal group differences in reproducing the objects in two conditions.

We have not revealed significant differences between children from experimental and control group in the reproducing the objects in immediate condition. However, the interaction of condition type and group was significant ($P \leq 0.05$). ADHD children were less successful in reproducing the objects in delayed condition.

In view of the obtained results, it can be assumed that children with ADHD have specific deficit in memory domain – weakness in delayed memory.

Disclosure of interest The author has not supplied his declaration of competing interest.

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EV0132

Child obsessive-compulsive disorder presenting with catatonic-like features: Case presentation



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Introduction Although catatonia was conceptualized as a subtype of schizophrenia, it is now recognized to occur most commonly in the course of other psychiatric disorders, in drug-induced disorders [1] or neurologic conditions [2]. Catatonia is rarely seen together with OCD and there are a limited number of case reports in the literature [3,4].

Objective We describe the case of a 12 year boy who presented in our clinic with mutism, negativism, immobility, social withdrawn, rigid posture, refusal to eat.

Method We performed a thorough psychiatric diagnostic assessment of the child as well as laboratory tests and MRI of the brain.

Results The child's first symptoms appeared 2 years ago: initially the child became socially withdrawn, spent most of time at his room, and became preoccupied with rituals of hand washing, walking back and forth, preoccupations with food contamination, became aggressive if someone would interrupt what he was doing, stopped going at school, and stopped calling his parents "mother" or "father". Brain MRI showed lateral ventricular asymmetry and suboccipital cyst.

Conclusions The child was put on therapy with lorazepam and sertraline. His obsessive-compulsive symptoms improved, and the apparent catatonic like features resolved and did not return over follow-up.

Discussion Catatonia is not uncommon among children and adolescents, and the relationship between OCD and catatonia is still misunderstood, but it may be an indicator of the severity of the OCD.

Disclosure of interest The authors have not supplied their declaration of competing interest.

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EV0133

Clinical and psychopathological aspect of electrophysiological abnormalities in adolescents with behavior disorders



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Medical and social significance of behavioral disorders in adolescents and their consequences makes the relevance of the study of clinical manifestations and causes the need for early preventive intervention.

Aim Studying the role of neurophysiological disorders in the formation of behavior disorders in adolescents.

Two hundred and two adolescents aged 11–15 years with behavior disorders were observed. The diagnostic methods included electrophysiological, clinical psychopathological and statistical methods. In the structure of behavioral disorders, psychopathological syndromes in adolescents have been identified: psychopathic ($n=106$), asthenoneurotic ($n=50$), asthenoabulic ($n=26$) and anxiety-depressive ($n=20$).

As a result, it was found that high seizure activity commonly observed in adolescents with anxiety-depressive syndrome ($66.67 \pm 10.33\%$); less frequently in adolescents with asthenoneurotic ($40.00 \pm 6.79\%$), psychopathic ($38.71 \pm 4.64\%$), asthenoabulic ($28.57 \pm 8.68\%$) syndromes.

At the same time, diffuse changes with dysregulation of the diencephalic-stem structures were observed in the majority of adolescents with psychopathic ($61.29 \pm 4.64\%$), asthenoneurotic ($60.00 \pm 6.79\%$), asthenoabulic ($57.15 \pm 9.51\%$) syndromes and much less frequently in adolescents with anxiety-depressive symptoms ($33.33 \pm 10.33\%$).

Dystonic rheoencephalography type was observed in a third of adolescents with psychopathic ($35.48 \pm 4.55\%$), asthenoneurotic ($30.00 \pm 6.35\%$) and anxiety-depressive ($33.33 \pm 10.33\%$) syndromes, while the hypertensive rheoencephalography type was prevailed in adolescents with asthenoabulic symptoms ($14.29 \pm 6.73\%$).

Liquor hypertension in adolescents with asthenoneurotic ($15.00 \pm 4.95\%$) and psychopathic ($9.67 \pm 2.81\%$) syndromes was more common.

The statistical analysis indicated that violations of bioelectric properties of the brain with high seizure activity and dysfunction of the low stem structures and disorders of cerebral hemodynamics by dystonic type are risk factors for the formation of behavioral disorders in adolescents.

Detection of neurophysiological disorders in adolescents is an informative diagnostic method of early signs of behavioral disorders.

Disclosure of interest The authors have not supplied their declaration of competing interest.

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EV0134

Guide for adults in the children's therapeutic tale: "I conquered my fears"



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The book “I conquered my fears” was created as a result of the clinical experience of the author. It is a therapeutic tale, which is valid as a resource to be used by health workers and parents so as to help children overcome their fears at bedtime.

Because experience is important for an adult so as to better reflect on the theme, the book also includes an appendix to help accordingly.

The adult is invited to express what he/she likes to hear the most and the least, when waking from a sleepless night, and is also invited to dynamically interact with the book, give answers and create hypothesis, with no fear of making mistakes.

The parents, after reading the book, refer a better stress management capacity at critical moments experienced with the children at bedtime.

Disclosure of interest The authors have not supplied their declaration of competing interest.

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EV0135

Children’s trilogy “LILI, from conflict to conflict Meditation” (“Lili, do Conflito à Mediação de Conflitos”)



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The author has devoted her life to matters relating to communication, whether in business contexts, or as a mediator, trainer and moderator.

The trilogy “Lili, do conflito à Mediação de Conflitos” aims to help create more informed citizens, starting from an early age, namely in terms of the new forms of solving conflicts.

In the first book: “Lili and the conflicts” (“Lili e os Conflitos”), we find the theme of conflicts; how to deal with them; respect for the different other; to put oneself in the place of the other.

In the second book: “Lili and Conflict Meditation” (“Lili e a Mediação de Conflitos”), we find the space created by conflict mediation so the parts in conflict can be heard; the enormous need to listen to the other; the needed empathy so as to know the reality of the other. In the third and final book: “Lili and the Conflict Mediator” (“Lili e o Mediador de Conflitos”), we explain what it is to be a conflict mediator, this “new” profession, distinguishing it from other professions which also use the word “Mediator”.

The author makes presentations of the books and its topics, bringing these issues to debate and making them known to the school environment, both to students and teachers, as well as staff and parents.

Disclosure of interest The authors have not supplied their declaration of competing interest.

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EV0136

A study on adolescent suicide ideation consulting in emergency



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Introduction Suicide is one of the most leading cause of death for teenagers in the world. Suicide ideation is known risk factor for suicide completion. Suicidal adolescents rarely asked for help. The

contact with the health care system is an opportunities to screen for suicidal ideation.

Aims The aim of this study is to examine the prevalence and the risk factors of suicidal ideation among adolescents consulting in emergency.

Methods Our study was a transversal type, descriptive and analytic. It was conducted with 106 adolescents consulting in emergency for somatic complains. Each participant filled out demographic questionnaire and suicidal ideation questionnaire (SIQ). The SIQ is a self-report instrument for suicidal ideation, appropriate for adolescents. The SIQ has 30 items. The respondent is asked to choose from a 7-point continuum (6 = “Almost every day” to 0 = “I never had this thought”) to assess the frequency of that particular thought within the last month. Cut-off score for the SIQ is a sum of 41 and higher, indicating the presence of serious suicidal ideation.

Results Adolescents were aged between 12 and 19 years with an average age 16.34 ± 2.54 years; 47.2% were boys. According to the SIQ, the prevalence of suicide ideation during the last month were 14.2%.

The risk factors for suicidal ideation among Tunisian adolescents were the female gender, middle school level, low family income, parents’ divorce, parental neglect, family conflicts and previous psychiatric disorder.

Conclusion General physicians should regularly screen for suicidal thoughts in their adolescent patients with these characteristics.

Disclosure of interest The authors have not supplied their declaration of competing interest.

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EV0137

Screening for depressive symptoms among adolescent consulting in emergency



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Introduction Amongst adolescents, depression is a common mental health problem. Adolescent depression is associated with distress, functional impairment and difficulties in relationships with peers and family members. Depressive symptoms, even if sub-threshold to meet diagnostic criteria for a depressive disorder, are also risk factors for these difficulties. Adolescents rarely consult for their psychological distress. Emergency departments, which are often used by adolescents in this context, constitute a privileged place to detect this suffering.

Objectives The objective of this study was to estimate the prevalence and correlates of psychological distress among adolescents seen in emergency department.

Methods Our study was a transversal type, descriptive and analytic. It was conducted with 106 adolescents consulting in emergency department. All adolescents completed a sociodemographic data and the Adolescent Depression Rating Scale (ADRS), a screening questionnaire for depression.

Results The study included 106 adolescents. All of them consult for a somatic complain and none of them goes to the emergency department for a psychiatric reason. The mean age was 16.34 ± 2.54 (12→19 years). Sex ratio (σ/φ) = 0.89. The ADRS score was considered normal (score < 4) for 54.7% of the sample ($n = 58$) and 45.3% of adolescents ($n = 48$) had depressive symptoms (score ≥ 4). Depression was significantly correlated to bad school results ($P = 10^{-3}$), tobacco use ($P = 0.014$), personal psychiatric history ($P = 10^{-3}$) and family problems ($P = 10^{-3}$).

Conclusion Depressive symptoms are frequent among adolescents. Their consultations within emergency department provide a potential opportunity for their identification and for signposting to appropriate specialist services.

Disclosure of interest The authors have not supplied their declaration of competing interest.

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EV0138

Retarded sexual maturity and adolescent conflicts



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Most of the educational psychologists believe that co-education can help the young people to have their sexual instincts activated so that they could release their sexual emotions easily during puberty. In contrast, Islamic educational authorities in Iran strongly insist that children arriving elementary schools must be separated and the teachers and textbooks are chosen according to their sexes. Therefore, men are teaching in boys' schools and women in girls' schools. There has been great effort to include men's pictures in boys' textbooks to prevent from the sexual arousal. As there are not enough universities in the country, the university candidates are mixed in their classes and courses. This can bring flame to the ashes of hidden sexuality and involve the students in abnormal behaviours to control or suppress them. The conflict of interaction with the opposite sex in university with that in the family setting or even society has been proved to create depression among the first year students especially those coming from small and closed environments and rural settings. The statistics of referrals to the counselling office in the university show that self-involvement to control sexual instincts have been the great concern of the students. They spend most of their time thinking about their classmates of different sexes. This paper aims to study the psychological and social outcomes of suppressed instincts for young people having entered the university and the effect on marriage.

Keywords Sex; Education; Segregation; Sexual instinct

Disclosure of interest The author has not supplied his declaration of competing interest.

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EV0139

Autism, psychosis and marfan: The Lujan–Fryns syndrome



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Objectives We report the case of a 19-year-old male who was brought to our psychiatry consultation by his family for behavioural disorders and poor school performance of years of evolution.

Results We found ourselves before a tall, thin, childish, suspicious, perplex, inhibited and minimizer patient, so we sent him to our hospital for psychiatric admission, where he showed a flowery delirium of mystic, religious and megalomaniac content; complex visual and auditory hallucinatory phenomena; and where he was diagnosed of acute polymorphic psychotic disorder and autism spectrum disorder with marfanoid habit. Therefore, we suspected a Lujan–Fryns syndrome and requested genetic confirmation. Risperidone was prescribed as solo treatment, with a rapid control of the symptoms.

Conclusions Lujan–Fryns syndrome, first described in 1984, corresponds to a sequence mutation in exon 22 of med12 gene of chromosome X. It is hard to suspect and diagnose before puberty. Those affected have marfanoid habit and also other psychiatric manifestations such as autistic behaviour, mild-moderate mental retardation (there are some reported cases

with normal intelligence), language disorders, emotional instability, aggressiveness, hyperactivity, shyness which can be extreme, obsessive-compulsive disorder, isolation, delusions, visual and auditory hallucinations, and there are cases that describe schizophrenia. Its diagnosis requires adequate physical and psychopathological examination, and it is established with clinical suspicion and genetic confirmation. There are very few cases described and there is little bibliography available about Lujan–Fryns syndrome [1].

Disclosure of interest The authors have not supplied their declaration of competing interest.

Reference

[1] Gastaminza XA, et al. Síndrome de Lujan–Fryns. Revisión bibliográfica y presentación de un caso seguido durante 16 años. *Rev Psiquiatr Infanto-Juvenil* 2013;2:110–3 [AEPNyA.2013].

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EV0140

Investigating the effectiveness of transactional analysis therapy group on improving parent–child relationship among adolescent girls in Tehran City



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Introduction Adolescence has significant effect on parental relationship. Group therapy in transactional analysis method is an effective method for the treatment program.

Aim Therefore, in this study, transactional analysis group therapy to improve the quality of parent–child relationship in adolescent female, were used.

Method The sample was 40 adolescence high school girls were divided randomly into an experimental group and a control group. Both groups responded to measures of parent–child relationships. Eight sessions of one and a half hours, the components of the experimental group was trained in transactional analysis. The results were analyzed using *t*-test.

Findings The results showed significant effect of transactional analysis group therapy on parent–child relationship adolescence, compared with the control group.

Results Transactional analysis in the area of parent–child relationship requires further attention.

Disclosure of interest The authors have not supplied their declaration of competing interest.

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EV0141

Effectiveness of attention-shaping training in reinforcing attention and academic development and self-efficacy for primary school children with attention deficit hyperactive disorder



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Introduction The present research have done with concentration on examining the impact of selected and divided attention-shaping training in reinforcing attention and the academic improvement and self-efficacy of primary school children with attention deficit-hyperactivity disorder.

Method The research method was a quasi-experimental design with per- and post-test and follow-up with control group. Sta-

tistical society contained all of the primary school children with attention deficit-hyperactivity disorder in Rafsanjan City. Forty children with attention deficit-hyperactivity disorder were chosen by the method of random sampling and randomly assigned in control and experimental groups (20 children in experimental group and 20 children in control group). At first in pretest stage used academic self-efficacy questionnaire and the software of selected and divided attention. For measurements of academic improvement were used the scores of a teacher build test mathematic and spelling. Then, experimental group take 8 sessions education of selected and divided attention-shaping Training. The data were analyzed by analysis of variance with repeated measurement test. **Results** Results of this research show that selected and divided attention training improved the amount of divided and selected attention and academical improvement of children <but it's not effective significantly on reaction time and academic self-efficacy of children with attention deficit disorder-hyperactivity. **Conclusion** Attention training can be effective to increase attention and academical achievement in children with ADHD. **Keywords** Attention training; Selected attention; Divided attention; Academic improvement; Academic self-efficacy; Attention deficit hyperactivity disorder **Disclosure of interest** The author has not supplied his declaration of competing interest.

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EV0142

Long-term injectable antipsychotics in adolescents. A case report



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Introduction Actually psychiatrists around the world are treating children and adolescents (despite limited medical indications in this age group) with atypical antipsychotics at increasing rates for a range of psychiatric illnesses (schizophrenia, bipolar disorder, behavioral changes...). Over the last few years, a number of new long-term injectable treatments (ILD) have emerged, the advantages of which are found in adult (adherence, functionality, consistent blood level without daily peaks...) but we do not have enough data in minors.

Objectives Discuss utility of ILD in adolescents.

Methods We expose a case report about a 17-year-old man, when he was a child he was diagnosed with attention deficit disorder and autism spectrum disorder and also he had a story of disrupted behavioural and aggressively. After been hospitalized in our hospital we remake his clinic history and he was diagnosed with schizophrenia. Before the injectable treatment (ABILIFY MAINTENA[®]) this patient tried various treatments (mood stabilizers, antidepressants...) and many hospitalizations.

Results After the ILD, our patient has good functionality, he is now living with his parents and studying in the high school. He has not needed another hospitalization after the last one.

Conclusions The ILD in adolescents must be a therapeutic option in mental disease, in this group is very difficult the complementation of the treatment, it's frequent the comorbid use of substances, this population are not used to take medications... so every treatment that facility this kind of problems must be a perfect weapon

to improve their mental health and to prevent relapse and hospitalization.

Disclosure of interest The authors have not supplied their declaration of competing interest.

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EV0143

A child with Pica. A case presentation



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Description/clinical case A. is a 10-year-old girl of Moroccan origin appearing in pediatric specialist of A.P repeatedly by unspecific stomachache, nausea and vomiting. After several visits to the same reason for consulting an exploratory interview alone with the patient in that regard that "sometimes when calms nervous scratching the walls and eating them" is performed. The mother says intrafamily difficulties. Information reported by the patient's mother confirms next visit also providing pictures on the wall of your room is returned. Referral to child and adolescent mental health is decided.

Exploration/complementary tests There is no single test for pica. It is carried out systematic blood, biochemical (iron, zinc, lead...) to assess toxic substances and nutritional levels. Abdominal Rx. Both normal.

Diagnosis Pica (F98.3).

Differential diagnosis Ingestion of nutrients can occur in the course of other mental disorders (for example, a pervasive developmental disorder, schizophrenia), mental retardation, in the Kleine-Levin syndrome... In these cases, should only be established an additional diagnosis of pica if the feeding behavior is sufficiently severe to warrant independent clinical attention.

Conclusions Pica disorder has been studied by pediatricians, gynecologists, dermatologists, psychiatrists, psychologists, nutritionists, anthropologists, etc., which has been interpreted as a conduct disorder, food, mental illness, poverty, hunger... but really the cause it is unknown. Although morbidity and mortality is unknown and difficult to study, include poisonings, parasitosis and surgical abdomen as serious complications. Finally, like all other eating disorders, the overall management of this entity requires the coordinated intervention of various professionals.

Disclosure of interest The authors have not supplied their declaration of competing interest.

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EV0144

Approach to somatomorphic disorders in children. A case presentation



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Description of clinical case Patient 10-year-old pediatrics sent from service due to history of frequent admissions for recurrent abdominal pain. In the bypass request indicate that this is a patient of perfectionistic traits; detect dysfunctional family dynamics highlighting the rivalry in the phratry, and with an equal difficulty in the field. From 2010 to 2016, he has made more than 30 visits to hospital emergency combined intervention of psychiatry and psychology and multidisciplinary service available with a pediatric surgery and pediatrics is performed.

Exploration and complementary tests From 2011 to 2016, it has made 44 blood tests, sonograms 9 full abdomen, abdominal renal scintigraphy without significant findings.

Diagnosis F45.5 pain disorder.

Differential diagnosis Symptoms due to a medical condition. Other symptoms substance-induced mental disorders: non-specific conversion disorder, pain disorder, hypochondriasis, body dysmorphic disorder, somatization disorder, simulation, factitious disorder, medical symptoms. . .

Conclusions Psychosomatic disorders are one of the most common clinical forms of mental disorders in childhood and adolescence expression. Knowing the stages of development and operating characteristics. In clinical practice, mainly in primary care, tend to find an organic cause somatic complaints in children, so prevalence data and/or referral to specialized services vary depending on mental consulted sources is critical to understand the pathogenesis of these disorders.

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EV0145

Adolescent type outpatient in an addictive behavior unit profile – child and youth



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Morbidity and mortality during adolescence is primarily the result of certain risk behaviors. Today, it is observed that early teens contact form with snuff, alcohol and legal drugs and not many of them have a high intake of these substances. Habits such as those mentioned on many occasions not only maintained during adolescence, but the rest of life extend causing major consequences for public health.

Objectives To know the magnitude and characteristics of the use of legal drugs (alcohol and snuff) and illegal (marijuana, cocaine, heroin, inhalants) in the – adolescent/child – population who come regularly to addictive behavior unit of a rural environment.

Material and methods Descriptive study of a sample of adolescent patients ($n = 30$) who came in the past two years to addictive behavior unit. Data collection of such patients is performed by assessing sociodemographic characteristics (age, sex, population, education level. . .), age of onset and type of use of psychoactive substances, and comorbidity of psychiatric disorders.

Results/conclusions The average age of the adolescent patient is 14.5 years (SD 1.09) with an age of onset in the consumption of toxic 13.6 years (SD 1.03). As for sex, 20% were women. The dropout among adolescents of this sample is 43.3% (SD 1.05). A complete prevalence of marijuana use (100%), and mono-consumers only 10% was observed. Seventy percent of the sample has associated psy-

chiatric disorders and 46.15% in psychiatric family history there; 38.4% up to legal problems are collected.

Disclosure of interest The authors have not supplied their declaration of competing interest.

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EV0146

Non-suicidal self-injury in adolescents: A diagnostic and psychopathological approach. A case presentation



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Self-injurious behavior is a major public health problem. An increase in the number of self-injuring adolescents has been observed since the mid-1960s.

Description of clinical case C. is a 14 teenager who comes to a mental health center for the first time a year ago for having numerous self-injuries in the forearm. She says that she cannot avoid doing so in moments of anxiety and that, in addition, when she is hurt she calms down. Throughout the interviews, C. relates that after the death of her best friend in a traffic accident she is alone and with episodes of anxiety.

Exploration and complementary tests It is important to analyze the risk factors of self-injurious behaviors in adolescence such as:

- personal characteristic;
- psychiatric disorders;
- family characteristics;
- mass media.

Diagnosis Depressive episode (F32).

Differential diagnosis In general, self-injury is considered as a symptom or characteristic of a specific psychiatric disorder. Stereotyped self-injury is characteristic of processes of cognitive deficit of the level of severe and profound mental retardation. Compulsive self-harm involves symptomatic habits such as severe scratching of the skin or already differentiated psychiatric entities, such as trichotillomania, onicofagia or delusional parasitosis. . . Important psychotic disorder.

Conclusions Following the Task Force's criteria, in relation to probably effective therapies, it can be concluded that the therapy based on mentation for adolescents (MBT-A) is the first effective treatment for the treatment of self-harm in adolescents.

Disclosure of interest The authors have not supplied their declaration of competing interest.

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EV0147

Must we fear antidepressants in adolescents?



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Introduction Epidemiological studies have established that teenager's prevalence rates of major depression are significant (10%). The media has given a good deal of attention to the potential risks of antidepressants and their connection to increased suicidality (especially in children and adolescents). These concerns have had a significant impact on both the prescribing of antidepressants and the parental fears about their use. It is interesting to note

that in large groups' studies of adolescents treated with selective serotonin reuptake inhibitors there have been no evidence of increased suicidal risk.

Objective Understand if there is a significant association between antidepressant treatment and suicidality in a 3-months follow-up study of the adolescent's consultation of Centro Hospitalar Lisboa Norte.

Methods Analysis of 81 adolescents with an initial diagnosis of major depression treated with an antidepressant for at least 3 months.

Results After the follow-up period there has been an improvement in sadness in 92.6% of the adolescents, a remission of death thoughts in 98.8% and an absence of suicides attempts. In 61.7%, it was necessary to introduce also an antipsychotic in a low dose and in 12.3% another antidepressant with a hypnotic effect.

Conclusion It is clear that untreated major depression carries significant suffering and disability. Although treatment with antidepressants may take several weeks before clinical improvement appear and depression may worsen in the first days, its therapeutic effect should not be underestimated even if becomes necessary to add another medication in the first days. In evaluating these kinds of concerns, we must always differentiate between media hype and scientific data.

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EV0148

Is bipolar over diagnosed in adolescents?



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Introduction Since the mid-1990s, the diagnosis of bipolar disorder has increased significantly: two-fold among adults, four-fold among adolescents and 40-fold among children. Mood instability is a hallmark symptom of many psychiatric disorders but does not imply necessarily a diagnosis of bipolar disorder. Misdiagnosis is not just an academic issue: mood stabilizers have significant adverse effects and expose patients to side effects that range from mild to potentially life-threatening.

Objectives Discuss the potential overestimation of bipolar diagnosis in the adolescent population through a statistical analysis of a sample from the adolescence's consultation of Centro Hospitalar Lisboa Norte.

Methods Analysis of 106 patients taking into account the initial diagnosis and the diagnostic stability over 6 months. Non-systematic review of the literature.

Results From this sample, 39.2% of the adolescents have a diagnosis of unipolar affective disorder, 0.02% of bipolar disorder and 0.1% of disruptive mood disorder. These diagnoses did not change over the follow-up period.

Conclusion It is important to try to understand the reasons of this potential discrepancy (influence of pharmaceutical company marketing, of parents' desire, of doctors' fear) to reduce controversy and confusion and to adjust treatment.

Disclosure of interest The authors have not supplied their declaration of competing interest.

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EV0149

Emotion dysregulation and sex working belief in sample of adolescents



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Introduction In the last decade, international study attention to the problem of risk of sexual behavior in adolescents has grown. Some research has shown emotion dysregulation to be an important predictors of forbidding outcomes for example alcohol and drugs abuse or risky sexual behavior.

Objectives The aims of this study are analyze emotion dysregulation in adolescents and their belief regarding sex working of adolescents.

Methods The sample is composed by 123 participants (58 male adolescents, and 65 female adolescents, they is 14–15 years). All participants completed a self-report questionnaire, Difficulties in Emotion Regulation Scale. Them, participants responded to questions on prostitution.

Results Frequency analysis showed that 78% of participants believe that prostitution is wrong; 1.4% of adolescents believe that the voluntary prostitution is not wrong; 2.4% believe that prostitution is not wrong if it can economically help their parents; and 4.9% believe that prostitution is wrong only if the customer is an adult. Regarding emotion dysregulation, test t analysis highlights some differences between male and female. The female presents difficulties ($P=0.025$) to strategies respect male adolescents and they manifest a tendency to significative difference in impulse ($P=0.061$) and goals ($P=0.067$).

Conclusions These preliminary results show that females may experience greater difficulties to take functional strategies to regulate emotions and could risk adopting risky sexual behavior such as prostitution.

Disclosure of interest The authors have not supplied their declaration of competing interest.

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EV0150

Repetitive behavior among autistic children 3–10 years old and a control group in Albania



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Introduction Autism is a lifelong disability that impairs 3 main areas: communication skills, social interaction and behavioral patterns.

Objectives To investigate the repetitive behavior in autistic children 3–10 years old.

Aims Comparison of repetitive behavior between autistic children with a control group of clinically healthy children matched for age and sex.

Methods Repetitive Behavior Scale (RBS-R) questionnaire was translated, validated and provided to examine children ($n=70$) in each group.

Results Children with autism show significant behavioral problems as compared to healthy children in all subscales and the full

RBS-R. Results of the *t*-test for independent samples indicated a significant difference in mean score for the children with autism of age 3–6 year old ($M=53.1$) and for control group ($M=11.9$), $t=-13.3$, $P<0.01$. Also, the mean score of children with autism of age 7–10 year old ($M=54.9$) is significantly higher, compared to control group ($M=13.7$), $t=-12.2$, $P<0.01$.

Conclusion This comparison provides information on particular forms of repetitive behavior to further our understanding on these important symptoms.

Disclosure of interest The authors have not supplied their declaration of competing interest.

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EV0151

The case of successful treatment of gender identity disorder of childhood



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Gender identity disorder of childhood refers to a rather rare disorders, but according to the literature girls with the disorder in the future may become homosexual or transsexual. The necessary diagnostic criterion for gender identity disorder of childhood is the presence of a constant desire to belong (or the conviction of belonging) to the opposite sex, coupled with a strong denial of the behavior, characteristics and/or clothing specific to the registered sex. Usually the disorder is manifested in the preschool years, but for diagnosing it is necessary that it manifests before the onset of puberty. Both sexes may have a rejection of anatomical structures inherent in his own sex; however, such unusual display is rare.

Patient V. came to the appointment with psychiatrist with parents 3 years ago. During the interview reported that she starts to feel the boy at the age of 9 years. This announcement provoked outrage from parents. With the beginning of the critical days began to position herself in a male person. The patient met all diagnostic criteria for gender identity disorder of childhood. The patient underwent a course of systemic therapy combined with nootropics. Currently, patient name is the name of a female, the patient wears women's clothing, identifies herself as a woman. The patient continues to meet with a psychotherapist, is satisfied with the treatment, thoughts on sex change does not express. Thus, in the case of diagnosis of this disorder can become effective systemic therapy in combination with nootropics.

Disclosure of interest The authors have not supplied their declaration of competing interest.

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EV0152

Access and participation: What factors influence the provision and utilisation of health care services by children with learning disabilities?



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Aims The aim of this literature review is to explore the range of factors that influence the degree of access to health care services by children and young people with learning disabilities.

Background Children with learning disabilities are at increased risk of a wide range of health conditions comparing with their peers.

However, recent reports by UK government as well as independent charities working with children and young people with learning disabilities demonstrated that they are at risk of poor health outcomes as a result of barriers preventing them from accessing most appropriate services.

Methods Comprehensive searches were conducted in six databases. Articles were also obtained through review of references, a search of the grey literature, and contacting experts in the field. The inclusion criteria were for studies evaluating access to healthcare services, identification and communication of health needs, organisational aspects impacting on access and utilisation, staff attitudes where they impacted on access, barriers, discrimination in patients with intellectual disabilities age 0–18. The literature search identified a sample of 36 papers. The marked heterogeneity of studies excluded conducting a meta-analysis.

Results Barriers to access included problems with identification of healthcare needs by carers and healthcare professionals, communication difficulties, the inadequacy of facilities, geographical and physical barriers, organisational factors such as inflexible appointment times, attitudes and poor knowledge base of healthcare staff.

Conclusion The factors identified can serve as a guide for managers and clinicians aiming to improve access to their healthcare services for children and young people with intellectual disabilities.

Disclosure of interest The author has not supplied his declaration of competing interest.

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EV0153

Body image, food behavior and models esthetic in university students



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A growing host is currently evident in young people all about sports culture where interest in body image and a strong cult of the body whose main purpose in many cases prevails is to achieve aesthetic purposes based body models of society, which may be related to an increase in risk eating behaviors and habits of excessive exercise. This research aims to examine the possible presence of three variables: eating behavior, aesthetics models and body image in male college gym users and nonusers. The variables were evaluated by applying Inventory eating disorder EDI 2, which measures the presence of symptoms associated with eating disorders. The Adonis complex Questionnaire which is used to assess the degree of concern about physical appearance and The Questionnaire Body Influences of Aesthetic Model CIMEC-40 which evaluates the internalization of cultural aesthetic ideals. The sample consists of 50 subjects, aged 18 and 24 years, students from the one University of the city of Montería – Colombia.

The results indicate that the user group show greater trend scales obsession with thinness and social insecurity than non-users, like greater influence of verbal messages regarding the cultural aesthetic models, however none of the groups expresses serious or pathological concern about body image.

Disclosure of interest The authors have not supplied their declaration of competing interest.

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EV0154

The origins of mental toughness–internalizing and externalizing problems at the age of 5 years predict higher mental toughness scores at the age of 14 years



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Background The concept of mental toughness has gained increasing importance among non-elite athletes for its psychological importance and explanatory power for a broad range of health-related behaviors. On the flip side, no study has focused so far on the psychological origins of mental toughness. Therefore, the aims of the present study were three-fold: to explore, to what extent psychological profiles of preschoolers at the age of five years predicted mental toughness scores and sleep disturbances at the age of 14 years, and to explore possible gender differences.

Method Nine years after their first assessment at the age of five years (preschoolers), a total of 77 adolescents (mean age: 14.35 years; SD = 1.22; 42% females) took part in the present follow-up study. At baseline, both parents and teachers completed the Strengths and Difficulties Questionnaire (SDQ), covering internalizing and externalizing problems, hyperactivity, negative peer relationships, and prosocial behavior. At follow-up, participants completed a booklet of questionnaires covering socio-demographic data, mental toughness, and sleep disturbances.

Results Preschoolers with high prosocial behavior and low internalizing and externalizing problems, as rated by parents and teachers, at the age of 14 years self-reported higher mental toughness and lower sleep disturbances. At the age of 14 years, and relative to their male counterparts, female participants reported lower MT scores and higher sleep disturbances.

Conclusions The pattern of results suggests that mental toughness traits during adolescence have their origins during pre-school years.

Disclosure of interest The authors have not supplied their declaration of competing interest.

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EV0155

Psychopathological approach of unsafe games among teenagers: A case report

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Introduction Voluntary asphyxiation by practicing unsafe games such as choking, hanging, strangulation or other means of inducing hypoxia/anoxia is not uncommon among adolescents and can lead

to unintended death but it stills not very well-known so underestimated by parents and underdiagnosed by health professionals.

Objectives Study of clinical, psychological and psychopathological features in adolescent practicing unsafe games through a case report and a literature review.

Methods We will present the case of a 14-year-old boy followed up in the Child and Adolescent Psychiatry Department of Mongi Slim Hospital (La Marsa, Tunisia) for behavioral disorders and recurrent syncope. This case report will be supported by a literature review.

Case report S.B., 14-year-old boy, unique child of two divorced parents, with precarious family socio-economic conditions, no apparent medical problems and no known history of drug or alcohol abuse, suicidal ideation or suicide attempts, consulted first time in the department for behavioral disorders. The diagnostic of dysthymia was made. Seven months later, he was hospitalized in the medical intensive care unit for postictal coma. All medical investigations were normal. In the following, S.B. revealed that he used to practice voluntary asphyxiation by compressing the two carotids using his fingers until loss of consciousness. The diagnosis of paraphilia (DSM-5) was established.

Conclusions Early recognition of such cases and awareness of psychological and psychopathological motivations might prevent serious complications and lethal outcome for these “unsafe-young-players”.

Disclosure of interest The authors have not supplied their declaration of competing interest.

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EV0156

Risk factors of problematic video game use among teenagers in Sfax



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Objective To identify correlates that might constitute risk factors for problematic video game use (PVU) among urban Tunisian secondary school students.

Methods This multivariate cross-sectional study was carried out on 587 secondary school students, aged 14 to 20 years. They were randomly selected from seven secondary schools in the urban area of Sfax. The self-administered Fisher's nine-item questionnaire was used in this survey. To identify an associated problematic internet use video game addiction, Young's eight-item questionnaire was used. A self-administered, anonymous questionnaire covered socio-demographic, individual and family data.

Results The prevalence of PVU was 14.01%. In multivariate logistic regression analysis, we found that the individual risk factors for problematic video game use were anxiety symptoms ($P = 0.034$) and an associated problematic Internet use ($P < 0.001$). Playing sport was a protective factor ($P = 0.011$). The poor relationships within the family ($P = 0.001$), the lack of parental supervision of time spent on playing video game ($P < 0.001$) and mother profession as mid-to upper level manager ($P = 0.002$), predicted PVU.

Conclusion The identification of risk factors can help to determine individuals at high risk, and alert mental health providers to be careful to screen these patients for PVU. Total avoidance of the Internet is unrealistic and inadvisable; but a sensibilisation outreach for youth, their families and health professionals may help to limit the onset of PVU among young people.

Disclosure of interest The authors have not supplied their declaration of competing interest.

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EV0157

Quality of life in parents of children with attention-deficit-hyperactivity disorder



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Aim The aim of our study was to investigate and compare the quality of life of parents of children with ADHD and parents of children within psychiatric troubles.

Methods We conducted a cross sectional and comparative study, on 20 families of children with ADHD, followed in child and adolescent psychiatry department of Sfax, Tunisia, and 20 control families. We used the Short Form Health Survey (SF 36) translated and validated in Arabic to evaluate the quality of life of the parents of the two groups.

Results The average age of the patients of our survey was 9 years 8 months with a predominance of boys. We objectified a significant difference between the overall scores of the quality of life of parents of children with ADHD and the control sample. A highly significant difference was noted in the following areas: mental health, bodily pain and social functioning. The difference was significant in vitality score. The difference was not significant in 4 scores: general health, physical functioning, role physical, and role emotional.

Conclusion Families with a child with ADHD have many challenges which impact certainly in their quality of life. As a child and adolescent's psychiatrics, we should be aware of these consequences in order to help the parents to improve their quality of life.

Disclosure of interest The authors have not supplied their declaration of competing interest.

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EV0158

Developing and implementing digital-assisted parent training intervention for disruptive behavior in primary health care



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Background According to many epidemiological studies early prevention of mental health problems is essential in childhood. The objectives are:

- to determine whether a digital-assisted intervention using whole-population screening that targets the most symptomatic 4-year-old children is effective at 12 months after the start of treatment;
- to describe the Finnish Strongest Families intervention model in primary health care.

Methods The target population was children with high level of DBD symptoms screened from the population of 4-year olds attending annual child health clinic check-ups. The RCT study was conducted in southwest-Finland between 2011 and 2013. In the control group, participants ($n = 232$) were given access to a parent training website and a telephone call from a coach. Participants ($n = 232$) in the intervention group received internet and telephone delivered the Finnish Strongest Families program.

Results During the 12-months follow-up results of the intervention showed the behavioural problems of the four-year-old children reduced significantly in the families who participated in the 11-week program compared to the control group. So far, this evidence-based intervention has been implemented in 13 municipalities in Finland and the nationwide implementing process is in progress.

Conclusions Training parents online and over the telephone significantly decreases preschool children's disruptive behavior. Therefore, it is important to provide low threshold, digitally delivered, family oriented promotion, prevention and early intervention programs in the primary care. More studies are needed to evaluate the long-term effects and cost-effectiveness of digital interventions in preventive mental health care.

Disclosure of interest The authors have not supplied their declaration of competing interest.

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EV0159

Communication in ASD – parents as partners for improving language development



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The increase in the prevalence of autism spectrum disorder (ASD) has important consequences to the health and educational systems. The need for specialized care that can improve the chances for a good prognosis must be considered in the research about intervention proposals. Parents can be very important participants in this process. Several intervention programs include the participation of parents but there is relatively little information in the literature about the results of these proposals. This poster will present the results of three different intervention programs with the participation of parents in three different regions of Brazil. In Rio de Janeiro, the parents were instructed about everyday attitudes and interactive management in six monthly group sessions discussing specific issues. In Rio Grande do Sul, specific themes regarding communication awareness and language development were discussed with parents in eight individual sessions conducted once each month. In Sao Paulo, parents were instructed once a week, during ten weeks, about executive functions stimulation. Participants were 18 children and they were all receiving regular speech-language therapy before, during and after the period of instruction to the parents. The results regarding the social-cognitive and communicative performance show a clear effect of the parents' instruction. Each program's results will be discussed individually but the overall results point out to the value of including parents as partners in language and communication intervention processes.

Disclosure of interest The authors have not supplied their declaration of competing interest.

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EV0160

Neurobiological marker for child and adult ADHD diagnoses



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Attention deficit hyperactivity disorder (ADHD) is one of the most common neurodevelopmental disorder. It is a chronic disease where 50–60% of ADHD cases persist into adult life. ADHD is associated with a range of clinical and psychosocial impairments. In children hyperactivity, impulsivity and inattention are the core

symptoms of ADHD. In adults these core symptom are also present but inattention is more prominent. Correct diagnosis of ADHD remains challenging, especially as several other psychiatric and medical disorders show the similar symptomology.

Objectives The diagnosis of ADHD is clinical based upon a cluster of symptoms and criteria established by guidelines such as the DSM-5. Yet, objective markers are needed to support the clinical ADHD diagnosis in children and adults. Studies suggest that a neurobiological marker (eye vergence i.e. where the eyes move in opposite directions) can detect ADHD in children and adults. The eyes converge during orienting attention, as evidenced by visual event related potentials at parietal locations. This attention related vergence is impaired in ADHD patients.

Methods We review the neurobiology and findings of eye vergence and the relevance of its measurement for the clinical diagnosis of ADHD.

Results Neural circuits underlying eye vergence and attention largely overlap. Using machine learning, eye vergence measurements can classify ADHD in children and adults with high (> 90%) accuracy.

Conclusions Eye vergence is a promising candidate for an objective clinical diagnosis of ADHD.

Disclosure of interest Part of this research was paid by Braingaze. HS is co-founder and shareholder of Braingaze.

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EV0161

Anxiety-depressive disorders in children: Neurobiological and neurohormonal aspects



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Objective The need for diagnosis and correct classification of depression among children is dictated by its burdeness with age, high risk of recurrence at further stages of child development and propensity to suicidal behavior.

Materials and methods One hundred and sixty adolescents with ADD were included in our study. The study design comprised: clinicopsychopathological, somatoneurological, psychological and neurohormonal methods.

Results Clustering symptom of anxiety and depression have shown that for children in early puberty is typical more formation of somatic (35.2%), behavioral (21.6%), phobic (21.6%) variants of depression, less-anxiety (13.5%), asthenia (8.1%). For children in puberty – apathetic (30.1%), anxiety (28.9%), dismorfofobic (27.7%), behavioral (13.3%) variants. The proportion of suicidal behavior of depression increases in proportion to age, mainly due to suicidal thoughts, sayings, auto-aggressive behavior. Analysis of the formation conditions of anxiety and depression in children showed a significant correlation of genetic, biological and socio-environmental components.

Symptoms of the minimal brain dysfunction (MBD) at an early ontogeny (prognostic value = +4.8), loaded natal period (PV = +4.2), frequent colds in the medical history (PV = 3.7), signs of cerebro-organic failure (PV = +3.8) and obesity as an endocrine disorder (PV = +2.1), sex and age of the manifestation of the first depressive episode in the early stages ontogenesis in boys aged 7 years (PS = +5.3), in girls aged 9 years (PS = +3.9) have been registered among biological risk factors for the ADD formation. Prognostic

significance of neurohormonal parameters as regards the risk for ADD formation in adolescents is based on a decreased serotonin level in patients with depressive anxiety (PV = +2.8) and a reduced melatonin level, irrespective of the variant of clinical depression (PV = +2.4).

Conclusion Determination of neurobiological and neurohormonal risk markers for the development of the ADD makes it possible to carry out psychoprophylactic measures.

Keywords Children; Anxiety-depressive disorder; Prognostic value; Neuro-biological; Neurohormonal aspect

Disclosure of interest The authors have not supplied their declaration of competing interest.

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EV0162

A technology for providing therapeutic training of children with the anxiety-depressive disorders, comorbid with obesity



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Background and aims The study considers the problem of the anxiety-depressive disorders (ADD) in children with concomitant obesity in the context of the search for effective methods of their correction.

Materials and methods Included 64 children at puberty with the anxiety-depressive disorders, comorbid with obesity. Design comprised: clinicopsychopathological, somatoneurological, psychological monitoring (CDRS-R); the Spielberger, "Me and my illness" and "Man in the Rain" projective drawing tests.

Results The symptoms of emotional and vegetative tension, depression registered in all studied children.

In the developed model of support, the interventions of primary level are aimed on family and closest encirclement of the child (family psychotherapy, psycho-educational programs for children and their parents). Strategies:

- stressful situation in the family (practical, psychological support and education of parents);
- for relief of depressive and vegetative-anxious symptoms (using art therapy, cognitive behavioral therapy);
- for education of patients in the wider context – quality of life, coping, motivation and modification of inappropriate behaviors (modeling of new cognitions).

The technology includes the diagnosis of the psychosomatic core of the disease, areas of neurotic fixation of the child with ADD and obesity, correction of emotional homeostasis and cognitive imbalance by activation of the personality individual resources as a result using cognitive-behavioral and art-dynamic therapy, as well as a "Control of eating behavior" training program, and solving certain situational problems by a child with the disease.

Conclusion Our method makes the tactics of psychotherapeutic and psycho-educational intervention at an early stage of the disease.

Keywords Children; Anxiety-depressive disorder; Art-therapeutic intervention

Disclosure of interest The authors have not supplied their declaration of competing interest.

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EV0163

Pediatric acute onset neuropsychiatric syndrome associated with Epstein–Barr infection in child with Noonan syndrome



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Introduction Pediatric acute onset neuropsychiatric syndrome is associated with various infections (i.e. *Streptococcus*, *Mycoplasma pneumoniae*).

Objectives We describe a case of PANS associated with mononucleosis, in a patient with Noonan syndrome.

Aims To report a case of EBV-related PANS.

Methods A 13-year-old patient, diagnosed with Noonan syndrome, was referred to the pediatric unit of our hospital in August 2016 because of aggressive behavior and suicidal ideation. He had no personal or family history of psychiatric disorder. His parents and him denied substance abuse. His symptoms had begun abruptly one month prior to our evaluation, after watching an internet video, and consisted in intrusive thoughts and images associated with mental compulsions. Suicidal thoughts and verbal aggressiveness emerged because he felt overwhelmed by these symptoms.

Results He was initially treated with sertraline 25 mg, and subsequently switched to aripiprazole because of increased anxiety. Throat cultures and anti-streptolysin titer (ASO) were negative, as well as Ig(M) and Ig(G) antibodies for *M. pneumoniae*. Erythrocyte sedimentation rate (ESR) and C-reactive protein (CRP) were also negative. Epstein–Barr virus Ig(M) and Ig(G) were positive. He continued therapy with aripiprazole 10 mg after hospital discharge with partial benefit.

Conclusions Epstein–Barr virus infection has been reported to precede various neuropsychological disorders, but to the best of our knowledge, rare cases of PANS following mononucleosis have been described in literature. In our case, psychopharmacological treatment for OCD symptoms was the only treatment performed and led to a partial remission of symptoms.

Disclosure of interest The authors have not supplied their declaration of competing interest.

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EV0164

Behavioral disorder of adolescents with Prader–Willi SY



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Introduction The paper discusses the problem of psychiatric treatment of rare diseases and “diagnostic screening” of certain psychic symptoms that affect people with intellectual disabilities. Prader–Willi (PWS) is a genetic syndrome that belongs to a group of rare diseases and is caused by deficiency or loss of function of genes on chromosome 15 inherited from the father. This disease affects both sexes and its main characteristics are: obesity, hyperphagia, mental retardation and hypogonadism. Chronical feeling of insatiable hunger and slow metabolism leads to excessive body weight which is, according to existing data sources and monitoring studies, the primary cause of premature death of patients with PWS. Anxiety, psychomotor agitation, behavioral problems, difficulties with short-term memory, frequent skin injury in the form of wounds and bruises are the symptoms of this disease that hinder

diagnosis and treatment. Research suggests that patients with PWS have unusual reactions to the standard drug dosages, specifically anxiolytics.

Aim We shall present a multidisciplinary approach of pharmacological and psychotherapeutic treatment of a 16-year-old female patient with PWS.

Result This patient responded well to a small dosage of quetiapine, at the same time monitoring other physical parameters. Pharmacotherapy, combined with psychotherapy, along with providing counseling and support for parents resulted in decreased psychomotor restlessness and, subsequently, better control of food intake and prevention of weight gain.

Conclusion This paper has emphasis on the importance of a multidisciplinary approach, as well as experience from clinical practice in the treatment of complex and rare syndrome diseases.

Disclosure of interest The authors have not supplied their declaration of competing interest.

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EV0165

Handwriting disorders in children with developmental coordination disorder (DCD): Exploratory study



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Introduction Although more than 85% of children with DCD are affected by handwriting disorders, their characteristics and underlying mechanisms remain poorly known.

Objectives We aim to better identify the nature of handwriting disorders in subtyping DCD children.

Methods School children aged between 5 to 15 years and exhibited a DCD (according to DSM-5) are eligible for inclusion. They were classified in three subtypes of DCD: ideomotor (IM), visual-spatial and/or constructional (VSC), and mixed (MX). They were assessed with a standardized handwriting evaluation including quality and speed and a clinical observation of motor gestural developmental and temporal-spatial organization of handwriting highlighting six qualitative criteria: irregular handwriting (criterion 1), immaturity of handwriting gesture (criterion 2), excessive pressure of the pen on the paper (criterion 3), neuro-vegetative responses (criterion 4), trembling (criterion 5), slow handwriting velocity (criterion 6). Two groups are established: children with poor handwriting (PH) and children with dysgraphia (DysG).

Results While 89% of children have handwriting disorders, only 20% exhibit dysgraphia. IM DCD is characterized by an immaturity of handwriting gesture and is associated with PH. Dysgraphia appears only in VSC and MX DCD which are characterized by the association of criteria 1, 2, 3, and 4. This association appears to more than 80% in DysG. Slow handwriting velocity is constant between PH and DysG.

Conclusion Immaturity of handwriting gesture is a possible underlying mechanism of poor handwriting. Dysgraphia is associated with specific impairments in spatial organization of letters and in motor control of handwriting gesture.

Disclosure of interest The authors have not supplied their declaration of competing interest.

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EV0166

Self-mutilations – an addictive behavior?



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Introduction Self-mutilations are defined as an intentional behaviour that involves direct aggression to the person's body, without aware suicide intention. The Diagnostic and Statistical Manual of Mental Disorders IV (DSM-IV) included self-mutilation as part of the diagnostic criteria for the other specified disruptive, impulse-control, and conduct disorder or borderline personality disorder. Later, the DSM-5 suggests that this behavior constitutes a separate diagnostic entity. Despite the growing concern regarding the increased incidence of self-mutilation among adolescents, there is still no consensus on the pathogenesis of this behavior. Recent studies have suggested that, in some cases, non-suicidal self-injurious behavior may be understood as an addictive behavior. Based on this hypothesis, several researchers have conducted genetic, neurobiological and clinical studies, to verify the existence of common pathways between these two nosological entities.

Objectives The aim of this study is to conduct a literature review of studies that propose an additive model for self-injurious behavior, discussing its implications in the diagnostic and therapeutic interventions.

Methodology Articles indexed in the Pubmed database were analyzed as well as book and studies published in scientific journals.

Conclusion A better understanding of the pathogenesis of self-mutilation is crucial to our diagnostic and therapeutic interventions. Unfortunately, studies done on this topic in the past were inconclusive. Further clarification, through new studies, is needed in order for us to help adolescents with this behavior in a more effective way.

Disclosure of interest The authors have not supplied their declaration of competing interest.

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EV0167

Face processing in autism spectrum disorder



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Background Autism spectrum disorder (ASD) is a lifelong neurodevelopmental disorder that is characterized by impaired social and communicative abilities as well as restricted, repetitive, stereotyped pattern of behaviors, interests, and activities. Significant difficulties in social interactions in autistics are manifested by impairment in eye-to-eye contact, social reciprocity, and response to emotional cues.

Objective Highlighting the neurological basis of normal face processing and its abnormalities in ASD with percussions on the management plan of autistic children.

Summary Human face processing that was proved to be compromised in autistic individuals is pivotal for proper social interactions. Such simple spontaneous perceptual task in normal children is carried out by face processing areas of the brain; fusiform gyrus, superior temporal sulcus, and amygdala. Behavioral, electrophysiological, and neuroimaging studies showed evidences of dysfunction of such areas in autistics who often focus on face periphery and cannot interpret that it tells something about a person's state of mind. Very early targeted intervention can stimulate face processing areas of the brain during the early developmental phases of social brain circuitry which in turn will help autistics to pay attention to faces and learn to understand emotional expressions.

Conclusion Eventually, prevention or at least significant amelioration of severity and symptomatology spectrum of autism might be possible.

Disclosure of interest The author has not supplied his declaration of competing interest.

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EV0168

Depression episode in a patient with ataxic syndrome (case report)



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Introduction The etiologic diagnosis of ataxic syndrome is a challenge itself, requiring a complete history, physical examination, and sometimes neuroimaging, as well as extensive laboratory evaluation but despite that in many cases, the etiology remains uncertain. But in this case report, we are focused on a complication due to this syndrome, depression episode in a patient suffering from an yet unknown etiology of ataxic syndrome.

Case presentation An 18.5 years old Albanian female visits for the first time the child and adolescent psychiatry clinic suffering from insomnia for at least 3 months, had difficulties in taking care of her personal hygiene, did not communicate to anyone, loss of appetite, spent 2–3 hours crying without reason and depressive humor. She also manifested tremor and gait abnormalities, which according to her medical history a year ago, in Italy she was diagnosed with ataxic syndrome, but the etiology is not yet specified. BECK Depression Inventory at the first presentation scored 47 points. The girl was hospitalized and treated in our clinic.

Conclusion Patient suffering from ataxic syndrome have many neurologic complication with the passing of the years, but there has been little information or focus on the psychiatric ones and in the literature is described a syndrome called cerebellar cognitive affective syndrome with similar symptoms. In this case, we describe a patient with life-threatening situation due to her mental health condition and by treating the depression we noticed that the neurologic symptoms improved as well.

Disclosure of interest The authors have not supplied their declaration of competing interest.

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EV0169

Comparison of cognitive functions children with the autism spectrum disorders and schizophrenia



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Introduction Autism spectrum disorder and early onset schizophrenia have many similar symptoms, however, these are different disorders. It is important to identify the main similarities/differences in the structure of cognitive impairment to define further assistance these children correctly. We distinguished two options for cognitive defect (total and partial) in children with schizophrenia.

Aims Comparison of cognitive functions at children with autism spectrum disorder and early onset schizophrenia.

Objectives Two groups with autism spectrum disorder (ASD1 – 22 patients of MHRC mean age 8.9; ASD2 – 27 pupils of special school mean age 7.4). Two groups with early onset schizophrenia

(F20.8 – 16 patients of MHRC mean age 10,2; F21 – 18 patients of MHRC mean age 10.0).

Methods Battery of pathopsychological tests for assessing cognitive functions (memory, attention, thinking), test figures of Leeper for visual perception. Z-scales were used for estimation of cognitive deficit or defect.

Results Patients demonstrate variety of cognitive functioning. Normal cognitive functioning: ASD1* – 22%, F20.8 – 18%, F21* – 50% (* – $P \leq 0.05$); partial cognitive defect: ASD1 – 27%, F20.8 – 18%, F21 – 22%; total cognitive defect: ASD1** – 50%, F20.8 – 64%, F21** – 27% (** – $P \leq 0.01$). ASD1 and F20 were the worth in thinking. Children ASD1 and ASD2 demonstrate similar success in recognizing Leeper's figures.

Conclusions There are some common features of cognitive development in children with severe forms of ASD and early onset schizophrenia, first of all in thinking.

No significant differences obtained between severe – mild forms of autistic disorders in visual perception (ASD1 and ASD2).

Disclosure of interest The authors have not supplied their declaration of competing interest.

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e-Poster viewing: Classification of mental disorders

EV0170

Complicated grief: Is there a place in psychiatry?



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Introduction Grief is as normal reactive to a significant personal loss. It is characterized by affective, cognitive, behavioural and physiological symptoms. The grieving process is usually divided in five different stages, but in most cases presents a benign course, with decreased suffering and better adaptation to the new context. However, when high levels of emotional suffering or disability persist over a long time period, it becomes a case of complicated grief (CG), which should be adequately addressed.

Objectives To review the characteristics of CG, the evidence that supports it as an individual pathological entity, and its place in current classification systems.

Methods We performed a bibliographic search in Pubmed and PsychInfo, of articles written in English, Portuguese and Spanish, containing the key words: grief, bereavement, psychiatry, classification.

Results The main issue regarding grief is the degree to which it is reasonable to interfere with a usually benign process. Since DSM-III bereavement has been referred to as an adaptive reaction to an important loss, which should not be diagnosed as major depressive disorder or adjustment disorder. However, DSM-5 has stated persistent complex bereavement disorder as an independent entity. In fact, CG fulfils the general criteria of every psychiatric syndrome, namely regarding specific diagnosis criteria, differential diagnosis from depressive disorders and post-traumatic stress disorder, and improvement with adequate treatment.

Conclusion It is important to correctly approach CG, since it presents with characteristic diagnosis features and much improvement may be achieved once adequate treatment is provided.

Disclosure of interest The authors have not supplied their declaration of competing interest.

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EV0171

Bipolar spectrum – A helpful concept?



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Introduction Many patients seen in clinical practice have a mood disorder not well described by the existing diagnostic categories. Formally, they would be called “not otherwise specified” but this creates a huge single category for many patients that belies the richness and complexity of their symptoms.

Objectives Review the existing information regarding the bipolar spectrum concept and reflect about its importance and utility.

Methods Nonsystematic review of the literature – scientific publications from Pubmed and Psychiatry Textbooks.

Results The “bipolar spectrum disorder”, designating those patients who fall in the middle of the mood spectrum between the classic unipolar and type I bipolar extremes, would represent recurrent severe depression, but with a family history of bipolar disorder or antidepressant-induced mania or a number of other features of bipolarity in addition to depressive symptoms, course, or treatment response. The presence of hyperthymic or cyclothymic mood temperaments has also been suggested as part of this bipolar spectrum concept. Several arguments can be found supporting the existence of this spectrum. A validated bipolar spectrum concept will allow a decrease in the diagnostic underestimation of bipolar disease and a more differentiated investigation and treatment model. Bipolar spectrum concepts will help identify those patients to whom antidepressants are not the best therapeutic approach, in relation to mood stabilizers and/or neuroleptics.

Discussion The bipolar spectrum concept has considerable supporting evidence and utility, theoretical as well as practical. Its development and diagnostic acceptance shall allow new discriminated investigation and better patient outcomes.

Disclosure of interest The authors have not supplied their declaration of competing interest.

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EV0172

The profile of female crack users undergoing treatment on psychosocial care center for alcohol and others drugs in Brazil



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Background The prevalence of crack cocaine on Brazil reveal an increase since 2009 and represents a public health problem.

Aims To describe and study the socio-demographic profile of female crack users undergoing treatment in psychosocial care center for alcohol and others drugs (CAPS AD).

Methods This is a qualitative, ethnographic study of 9 female crack users that was conducted from February until September 2015 at CAPS AD in Brazil. This study is part of a research entitled “The daily life of female crack users: public service access”.

Results These women are young, have children that most of them are separated and have at least primary school. All of them have a long time using crack and different attempts of abstinence. They access different public health programs.

Conclusion The results show the vulnerable profile of female crack users. These findings indicate the need specific public intervention in order to improve social and health conditions.

Disclosure of interest The authors have not supplied their declaration of competing interest.

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EV0173

The WHO ICD-11 classification and diagnosis of mental disorder in people with disorders of intellectual development (PWDID): An international study on clinical utility

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Introduction Constituting 2% of the population, PWDID are a vulnerable group with a higher prevalence of mental disorders than the general population. ICD diagnostic criteria often rely on adequate cognitive functioning and hence diagnosis of mental disorders in PWDID can be difficult, consequently leading to inequity of treatment, prognosis and stigma. Our study critically analysed the available evidence base and explored the feasibility of applying modified diagnostic criteria within the context of cumulative iterative iteration. We present the outcome using diagnosis of DID and anxiety disorder as examples.

Aims Address current shortcomings in ICD classification regarding PWDID by contributing effectively to the WHO ICD-11 consultation process in collaboration with international stakeholders.

Objectives Facilitate accessibility of ICD-11 criteria for diagnosis of mental disorders capable of engendering robust evidence based epidemiological data and healthcare in PWDID.

Methods We evaluated current evidence via a systematic literature search utilising PRISMA guidelines and developed pragmatic guidelines to adapt ICD diagnostic criteria in PWDID. A brief screener [Glasgow Level of Ability and Development Scale (GLADs)] for detecting DID was also studied internationally within the context of clinical utility ($n = 136$).

Results The evidence base relating to mental disorders in PWDID is poor, significantly hampered by difficulties in applicability of diagnostic criteria. The GLADs appears to be a promising screening tool with good clinical utility for detecting disorders of intellectual development (DID) particularly where resources are scarce.



Conclusions Pragmatic modifications to ICD-11 diagnostic criteria and the GLADs tool facilitates its clinical utility for PWDID and contributes significantly to enhancing research based evidence, and, ultimately their health access and well-being.

Disclosure of interest The authors have not supplied their declaration of competing interest.

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EV0174

Body dysmorphic disorder: Classification challenges and variants

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Introduction The main feature of body dysmorphic disorder (BDD) is impairing preoccupation with a physical defect that appears slight to others. Previously, its delusional and nondelusional variants were sorted in two separate categories, but owing to new data suggesting that there are more similarities than differences between them, DSM-5 now classifies both as levels of insight of the same disorder.

Objectives To enunciate the similarities and differences between the two variants of BDD.

Aims To better understand the features and comorbidity of BDD, so as to improve its management and treatment.

Methods Taking DSM-5 and DSM-IV-TR as a reference, we have made a bibliographic search in MEDLINE (PubMed), reviewing articles no older than 5 years that fit into the following keywords: body dysmorphic disorder, delusions, comorbidity, DSM-IV, DSM-5.

Results Both the delusional and nondelusional form presented many similarities in different validators, which include family and personal history, pathophysiology, core symptoms, comorbidity, course and response to pharmacotherapy.

Conclusions The new classification of delusional and nondelusional forms of BDD as levels of insight of the same disorder, which places them closer to the obsessive-compulsive spectrum than to the psychotic one, not only improves treatment options, but also reinforces the theory that delusions are not exclusive of psychotic disorders, setting a precedent for the understanding and classification of other disorders with delusional/nondelusional symptoms.

Disclosure of interest The authors have not supplied their declaration of competing interest.

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EV0175

Underestimation of autism spectrum disorders according to DSM-5 criteria: A pilot study

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Introduction Recent studies on autism concern the number of individuals diagnosed with pervasive developmental disorder (PDD) according to DSM-IV-TR who may no longer qualify for diagnoses under the new DSM-5 autism spectrum disorder (ASD). ASD is diagnosed using the impairments in two dimensions: – the social and communication dimension;



– the restricted and repetitive interests and behaviors (RRIB) dimension whereas PDD is diagnosed using impairments in three dimensions.

All the studies indicate between 50 and 75% of individuals will maintain diagnoses.

Objectives The aim of the study is to quantify how many individuals with previous PDD diagnoses under DSM-IV-TR criteria would maintain a diagnosis of ASD under DSM-5 criteria.

Methods Our sample consists of 23 cases (21 males, 2 female) related to the treatment Centre “Una breccia nel muro” of Rome and Salerno. All the cases previous received a PDD diagnose according to DSM-IV TR criteria. The mean age of cases was 7.7 years. All the cases were diagnosed by our team according to DSM-5 criteria, clinicians also used to make diagnoses: the Autism Diagnostic Observation Schedule-2, the Autism Diagnostic Interview-Revised.

Results Eighty-seven percent of cases with PDD were classified as ASD using DSM-5 criteria. Thirteen percent of cases, that previous received an Asperger diagnose, did not meet the ASD criteria (Fig. 1).

Conclusions DSM-5 criteria may easily exclude cases with high functioning from ASD because they tend to be atypical for ASD according to this study.

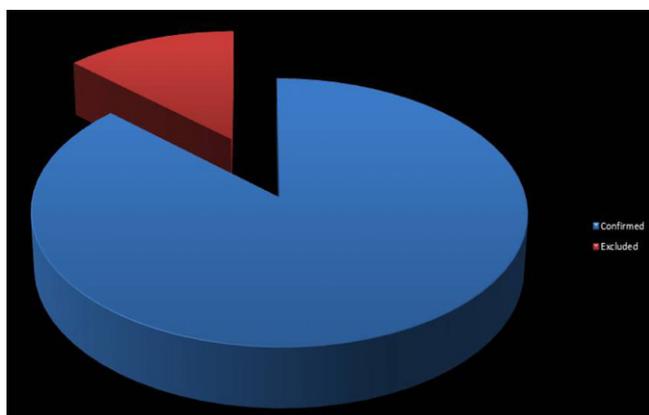


Fig. 1 Autism spectrum disorder according to DSM-5.

Disclosure of interest The authors have not supplied their declaration of competing interest.

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EV0176

Pattern of online technology and its impact on productivity at workplace

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Background Internet use has affected the pattern of working style at the workplace. Recent years have seen an increased use of online activities (especially pornography/gaming) at the workplace. It has been shown to affect productivity at the workplace. There is a dearth of literature from the Indian context in this area.

Aim This study was conducted to explore the pattern of pornography use and gaming at the workplace and its dysfunctions.

Setting and design The present study was a cross-sectional prospective study.

Materials and methods The objective of the study was to assess the pattern of pornography use at the workplace. Five hundred employees having experience of internet use for more than a year of various government/private sector organizations in Bengaluru were assessed using background data sheet, DSM-5 criteria, internet addiction test and pornography addiction screening instrument. Users who were unwilling to participate were excluded from the study.



Results Seven to 9% reported preference for Internet to work, meals, personal hygiene, sleep, and interaction with family members and effects on productivity. Three to 4% have excessive use of pornography and game.

Conclusions The present study has implications for evolving psychoeducational modules for the promotion of healthy use of technology.

Disclosure of interest The author has not supplied his declaration of competing interest.

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EV0177

Mental Health Europe’s “beyond the bio-medical paradigm task force” issues on ICD-10

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Introduction Recent developments in psychiatric diagnosis risk downgrading psychological and social aspects of personal recovery and marginalise the individual needs and aspirations of people, considered in their local context. The publication of the fifth edition of the Diagnostic and Statistical Manual for Mental Health Disorders (DSM-5) by the American Psychiatric Association (APA) prompted MHE to establish the Beyond the Biomedical Paradigm Task Force (BBPtf) to investigate, debate and report on these issues.

Objectives Mental Health Europe (MHE) – along with others both within and outside mainstream psychiatry – has noted with concern the increasing dominance of a biological approach to mental health problems. We see a risk of diagnoses being misused when they become part of a complex managerial health system responding mainly to the economic and issues of safety or social control. This kind of misuse could breach the principles of the UN CRPD. MHE welcomes the role of the WHO in coordinating internationally appropriate classification systems. However, we want to ensure that systems based on biomedical, economic and managerial issues are balanced with systems based on knowledge of personal experiences, life stories and direct relationships, which have proven outcomes and which respect human rights and dignity.

Aims This workshop will explore the complex philosophical issues associated with psychiatric diagnosis and, in particular, the ICD-10 revision process.

Disclosure of interest I am President of the British Psychological Society and a member of both Mental Health Europe’s “Beyond the Bio-Medical Paradigm Task Force” and the Council for Evidence Based Psychiatry. I am currently in receipt of funding from the National Institute for Health Research (NIHR) and the Economic and Social Research Council (ESRC), and I have previously received funding from a variety of sources.

The others authors have not supplied their declaration of competing interest.

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EV0178

Vintage mode: Expansive paraphrenia

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Introduction Paraphrenia is a poorly defined process whose uncertain origins date back to the German psychiatry mid-nineteenth century. Paraphrenia would be a subtype of schizophrenia characterized by a more benign clinical course in terms of volitional and emotional involvement. Certain types of serious sensoriperceptive distortions and paranoid symptoms are characteristics of this clinical variant. Despite its diverse presentation, its chronic development and its presence in the daily lives of the patient, the overall functionality is not deeply affected.

Objectives To discuss the validity of this and other clinical processes based on classical clinical descriptions for diagnostic approach of our current patients, in contrast to the common use simplified concept (forgetting in ICD-10 or disappeared in American manuals).

Materials and methods Clinical case a middle-aged woman diagnosed with longstanding paranoid schizophrenia who suffered from a highly systemized delusional and hallucinatory syndrome with chronic evolution after a first relapse due to abandonment of treatment, but keeping high functional performance even during phases of partial remission.

Conclusions Schizophrenia presents multiple symptomatic and prognostic paths. Classical authors named these different subtypes. Revisiting these subtypes could be useful as a complementary tool for predicting clinical outcome based on their descriptions, especially in the absence of reliable material instruments.

Disclosure of interest The authors have not supplied their declaration of competing interest.

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EV0179

A new syndrome? The sport identification addiction and the case of Italian football ultra-fanatical support

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The new DSM-5 has a number of changes to addictions and substance-related disorders. Internet Gaming for instance is a "Condition for Further Study". This means that it is not an "official" disorder in the DSM, but one on which the American Psychiatric Association request additional research.

The DSM diagnostic criteria for addictions to the X-subject generally include:

- repetitive use of X, that leads to significant issues with functioning;
- preoccupation or obsession with X;
- craving/withdrawal symptoms when not dealing with X;
- the person has tried to stop or curb X, but has failed to do so;
- the person has had a loss of interest in other life activities, such as hobbies;
- a person has had continued overuse of X even with the knowledge of how much they impact a person's life;
- the person uses X to relieve anxiety related to other issues;
- the person has lost or put at risk and opportunity or relationship because of X.

I suggest that some sport fans may:

- meet the above mentioned criteria;
- be subject to over-identification with "their team performances", superstitious conditioning and loss of self-consciousness that may lead to a full blown addictive syndrome, along with comorbidity with pathological gambling.

This seems particularly true in Italy, for example, as far as the phenomenon of ultra football supporters is concerned.

I argue that further research might be needed to explore the psycho-social consequences of obsessive sport addiction and how this may impact on a person's overall functioning.

Disclosure of interest The author has not supplied his declaration of competing interest.

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EV0180

Depression across DSM and ICD editions: Psychiatric nosology's 'Black Dog'



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Introduction The diagnosis of depressive disorders has suffered important modifications throughout DSM and ICD editions. The history of those modifications is an important subject to fully understand the current diagnostic criteria and classification, with milestones often set not by scientific or theoretical data but rather by political decision and conflicting interests.

Objective The authors propose a review of how the concept of major depression has evolved along the several DSM and ICD editions.

Methods The results were obtained searching literature included on the platforms PubMed, Google Scholar, PsycINFO and Psychology and Behavioral Sciences Collection.

Results The current diagnostic entity lacks validity and utility and that is an obstacle to both scientific research and clinical practice.

Conclusion The authors also discuss alternative models which may contribute to a paradigm shift more suitable to clinical reality and to provide a useful framework for all levels of research.

Disclosure of interest The authors have not supplied their declaration of competing interest.

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EV0181

A descriptive study of a sample of 42 male diagnosed psychotic disorder



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The aim of this study is the approach to mental illness and specifically in serious mood disorders, long-term treatments that improve adherence as continuous treatments ensure compliance are needed, they minimize the risk of relapse and readmission and therefore increase the chances to have a good fit and social, relational and even occupational functioning. We analyzed a sample of 42 male diagnosed with schizophrenia, schizoaffective disorder, chronic delusional disorder that starts treatment with paliperidone palmitate in outpatients. It is analyzed the dose of paliperidone palmitate employed for stabilization and family satisfaction at the time of stabilization is analyzed in the study. Our results are that the mean dose of paliperidone palmitate is 138 mg. The patient diagnosed with schizophrenia are 47.6% and the average dose is 132.5 mg. Chronic delusional disorder is 2.3% and the mean dose 50 mg. Other comorbidity mood disorders are 21.4% and the mean dose is 183 mg. Other disorders (F70, F72. . .) are 28.5% and mean dose 133 mg. The average family satisfaction (minimum 1 up to 5) is 4, with the high-

est score among patients diagnosed with F20. Schizophrenia. To conclude, long lasting injectable achieves important adherence and high percentage of antipsychotic monotherapy, thus reducing the side effects although our sample 4.7% which has occurred removed therefore.

Disclosure of interest The authors have not supplied their declaration of competing interest.

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EV0182

Adherence to treatment program in mental health rehabilitation service



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Aims After several years of research to improve the action of antipsychotic medication and to reduce its side effects, we have realized the importance of an accurate intake of antipsychotic medication and because of it we started up a program in our Mental Health Rehabilitation Service. Therefore, we can affirm that outpatients behavior influence their intake medication and also the efficiency of the drug prescription. The main consequence of inadequate treatment compliance is an increase in relapses and hospital admission.

The aim of this program is to improve adherence to pharmacological treatment, to promote the quality of life for a better social integration, to know the use of prescribed medication, to know the health resources of the network to acquire the medication and to acquire skills for greater autonomy in the management and management of medication.

Method We analyzed a sample of 13 outpatient diagnosed with severe mental disorder that started up into our Program "Adherence to treatment" and their stabilization (less relapses and less admissions) in two years' time.

Results One of the patients have completed the aims of the program and he is living on his own, nine of them continue the program without relapses or admissions, one dropped out the program because of relapse and another one have also completed the program but he died because of somatic disease.

Conclusions The experience of this program in group format is positive, since patients acquire skills, knowledge and strategies in their own treatment in line with the recovery model in psychosocial rehabilitation.

Disclosure of interest The authors have not supplied their declaration of competing interest.

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EV0183

Profile of side effects on a sample of outpatient treated with long-lasting injection paliperidone (LLIP)



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Aim Assess the profile of side effects on sample of outpatients treated with long-lasting injection paliperidone LLIP.

Method Study of a population of 67 patients, 25 people are female and 42 are male. In female sample, more than 52% are diagnosed of Schizophrenia and the majority of female do not refer side effects (88%) and only a little percentage of 12 refer side effects such as amenorrhea (F20), stiffness (F20) and relapse (F25). In male sample, more than 54.7% are diagnosed of Schizophrenia and the majority of male do not refer side effects (80%) and only a little percentage of 20 refer side effects (F70) such fear of injection and sexual dysfunction (F21).

Results and conclusions In our sample, the number of women diagnosed with schizophrenia have a greater number of side effects respects to men with the same diagnosis. However, it would be important to increase the sample size of women to conduct a comparative study men/women to assess research in this field.

Disclosure of interest The authors have not supplied their declaration of competing interest.

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EV0184

Ganser's syndrome: A nosographic approach



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Introduction Ganser described a peculiar hysterical state, called Ganser's syndrome. This syndrome raises many etiological and psychopathological unresolved issues.

Objectives This article proposes to present the place of the Ganser's syndrome in the current nosographic framework through the analysis of a clinical case and a literature review.

Observation A 28-year-old man was admitted for fugue and memory loss. This symptomatology evolves since three days after an emotional conflict.

He complained from headache. He showed incoherent speech with approximate responses, lability, anxiety, auditory hallucinations, unstructured mild delusional ideation, cognitive difficulties, altered sleep-wake rhythm and anorexia.

Memory gaps were observed with difficulties in abstract thinking. Symptoms totally regressed after one week under anxiolytic treatment.

Comments Ganser's syndrome was evoked in the presence of suggestive symptoms: presence of a stressor factor, cardinal symptoms (approximate answers), associated symptoms (hallucinations + confusion + somatoform symptoms) and rapid restitution. Ganser considered this syndrome as a special case of crepuscular state, belonging to hysteria. Ganser's syndrome was included in DSM-III but located in factitious disorders against Ganser's position. In DSM-IV, it was positioned in unspecified dissociative disorders. In DSM-5, its place was reduced to a few words in the end of the introduction of dissociative disorders, and was no longer used as dissociative disorder.

Conclusion Although Ganser's syndrome is not part of current diagnostic criteria for dissociative disorders, clinical descriptions of Ganser remain of clinical interest by nosographic questions they have raised, in particular the link between simulation, psychiatric disorder and non psychiatric disorder.

Disclosure of interest The authors have not supplied their declaration of competing interest.

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EV0185

Psychotic and obsessive symptoms: A case report



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A 28-year-old patient who began three months of symptoms of low mood, apathy and anhedonia. The patient in this last month had accepted a job but the first day had left by “feeling incapable”. He asked for specialized help. He was diagnosed with severe depressive episode and antidepressant treatment. Some weeks of patient treatment did not improve. He began to voice greater feelings of hopelessness and ideas of active death secondary to his process. He was admitted a partial hospitalization for further control and evaluation. In his evolution, visual hallucinations and a mild delusional ideation of unstructured surveillance and injury were observed. The patient verbalized with little repercussion these sensor-perceptive alterations. Neuroleptic treatment was given but we could not manage high doses because of poor tolerance and side effects of treatment. The symptomatology did not improve and the patient’s anguish increased. In the moments of greater distress, the patient performed superficial cuts on his forearms that he criticized. During the following months, symptoms of an obsessive type were observed, which had already pre-entered but had been reactivated. He began to perform rituals of verification with important repercussion.

Discussion In the scientific literature the relationship between psychosis and obsession has been studied on many occasions, without reaching firm conclusions. In 2004, Poyurovsky postulated the possible diagnosis of a subgroup called “schizo-obsessive” that included both disorders.

Disclosure of interest The authors have not supplied their declaration of competing interest.

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EV0186

Safety and efficacy of sildenafil citrate in treating erectile dysfunction in patients with combat-related post-traumatic stress disorder: A double-blind, randomized and placebo-controlled study



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To evaluate the safety and efficacy of sildenafil citrate for treating erectile dysfunction (ED) in patients with combat related post-traumatic stress disorder (PTSD).

Patients and methods In all, 266 combat-exposed war veterans with ED (aged 37–59 years) were recruited. They met the Diagnostic and Statistical Manual of Mental Disorders-IV criteria for PTSD according to the Structured Clinical Interview for Patients, Investigator Version. The patients were also evaluated with the Clinician-Administered PTSD Scale, both to establish the diagnosis of PTSD and to measure symptom severity. Only patients with psychogenic ED were included in the study. The patients were randomly divided into a group of 133 who received 100 mg of on-demand sildenafil 0.75–2 h before sexual stimulation, and 133 who received placebo. Patients were asked to use ≥ 16 doses or attempts at home.

Results Sildenafil did not produce significantly and substantially greater improvement than placebo in each of the primary and secondary outcome measures ($P=0.08$). A normal EF domain score (≥ 26) at endpoint was reported by 13 (9.8%), and 11 (8.3%) of patients on the sildenafil and placebo regimens, respectively ($P=0.09$). Patients treated with sildenafil had no statistically significantly greater improvement in the five sexual function domains of the IIEF questionnaire than those treated with placebo ($P=0.08$). The incidences of treatment-emergent adverse events were significantly greater in the sildenafil arm than in the placebo group ($P=0.01$).

Conclusions Sildenafil is no better than placebo in treating PTSD-emergent ED.

Disclosure of interest The author has not supplied his declaration of competing interest.

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EV0187

Resilience and risk, mental health and well-being: How do these concepts relate?



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Introduction Resilience and well-being have become commonplace and increasingly used terms in a wide range of scientific as well as mental health political contexts.

Objectives There is much confusion about the relationship of the two constructs: while some use well-being as a proxy measure of resilience, others treat one concept as a component of the other or see interchangeably one as the prerequisite of the other.

Aims To study the definition of these two concepts in relation to each other.

Methods Literature review.

Results Both ‘resilience’ as well as ‘well-being’, have so far defied universal definition and common understanding of their respective measurement. Part of the confusion around these two concepts is the overlap in their components, in particular with regard to resilience and psychological well-being, and the lack of research on these concepts both by themselves, in relation to each other and in relation to other concepts like mental health, risk or protective (or promotive) factors.

Conclusion Our critical and comparative inspection of both concepts highlights the need for more conceptual cross-sectional as well as longitudinal studies:

- to uncover the composition of these constructs and to reach agreement on their definition and measurement;
- to detect their potential neurobiological underpinnings;
- to reveal how they relate to each other;
- to determine the potential role of developmental and cultural peculiarities.

Thus, the use of the terms resilience and well-being should always be accompanied by a brief explanation of their respective meanings and theoretical framework.

Disclosure of interest The authors have not supplied their declaration of competing interest.

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EV0188

Translational inhibitors as potential therapeutic tool of human neuroblastoma through mitochondrial gene expression



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Neuroblastoma is a solid neuroendocrine tumour and most common type of cancer of infancy. It is a complex heterogeneous disease and many factors such as molecular, cellular and genetic features are involved in its development. Mitochondria play a pivotal role in neuronal cell survival or death. Neurons are highly reliant on aerobic oxidative phosphorylation (OXPHOS) for their energy needs. Defective activities of mitochondrial complexes I, II, III and IV have been identified in many neurological and neurodegenerative

diseases. Human mitochondria with its own genetic material meet the needs required for the assembly of subunits of the oxidative phosphorylation (OXPHOS) complexes. A number of translational inhibitors are known that could potentially effect translation of mitochondrial protein synthesis. Among these puromycin, homoharringtonine and cyclohexamide were selected for the present study. The effect of these translational inhibitors on mitochondrial gene expression for the treatment of neuroblastoma are not well established. Therefore, in this study, we have investigated the effects of these translational inhibitors on the expression of human mitochondrial gene expression in SH-SY5Y neuroblastoma cells.

We observed a significant effect on the level of mitochondrial transcripts upon exposure to these translation inhibitors in SH-SY5Y cells, however, the effects on expression of mitochondrial proteins were minimal. This suggests that translational inhibitors might not directly affect the abundance of mitochondrial proteins. Translational inhibitors induce significant effect on mitochondrial gene expression that can be lead to the new-targeted therapy for treating neuroblastoma.

Disclosure of interest The author has not supplied his declaration of competing interest.

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25th European Congress of Psychiatry ePoster viewing part 2

e-Poster viewing: Comorbidity/dual pathologies

EV0189

Behavioral disorders in emergencies. Differential diagnosis and treatment

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Introduction The clinical case has been submitted because it presents a number of difficulties in diagnosis. After seven psychiatric hospitalizations, it does not present a definitive diagnosis, poor prognosis and multiple relapses.

Objectives Both analyze clinical, psychopathological and epidemiological characteristics of behavioral disorders in relation to a clinical case and review causes, incidence, prevalence, diagnostic, therapeutic tools and the importance of an appropriate differential diagnosis to reach a correct therapeutic approach.

Methods Review of the impact literature for the last five years concerning behavioral disorders: prevalence, incidence, pathogenesis and its relationship with psychiatric disorders encoded in DSM-V.

Results It is evident that the patient has behavioral disorders and psychotic symptoms in the context of cocaine intoxication. Although sometimes the dose of cocaine has been very small and probably not justifies in all cases a toxic psychosis, it is true that withdrawal periods have been short; therefore difficult to assess. Also mania-like symptoms have been discussed because the patient has an increased activity, dysphoric mood, anxiety and decreased need for sleep.

Conclusions Response to treatment and hyperactivity, impulsivity and inattention characteristics make us consider the diagnosis of adult Attention Deficit Hyperactivity Disorder (ADHD). ADHD in adults and adolescents have significant comorbidity with substance abuse, particularly cocaine, amphetamines and psychostimulants, also alcohol, tobacco and cannabis, and with other psychiatric disorders: oppositional defiant, personality (especially cluster B: antisocial, etc), anxiety (generalized anxiety, phobias, panic..), affective or eating disorders.

Disclosure of interest The authors have not supplied their declaration of competing interest.

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EV0190

The connection between drugs of abuse and personality disorders



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Introduction Patients who are suffering from different type of drugs have special individual and psychological problems. These changes are important for regulation and to control their behaviour.
Objectives To study the psychological characteristics and personal resources of the patients who are suffering from abuse of drugs.

Methods Fifty patients were studied, 63.3% men and 36.7% women and in the ages of 18–21 years. Following psychodiagnostic methods are used: Kettel's sixteen personality factor test, Leonhard-Shmishek's personality test, scale of reactive and personal anxiety Spielberger-Hanin.

Results Amount those patients were suffering from different type of drugs: synthetic cannabinoids-66.7%, 20% were dependent on synthetic cathinone and 13.3% were dependent on opiates (heroin). According to Leonhard-Shmishek's scales, the most often of personality disorders were dysthymic type, hyperthymic type and explosive type. According to Kettel's scale were indicated the leading individually-psychological properties in more than half of the subjects is the development of abstract thinking, free thinking, impulsiveness, lack of confidence to the authorities, the high emotional tension, emotional instability and irresponsibility. An analysis of global factors indicative of the severity indices of extraversion. According to Spielberger-Hanin's scale, 80% of patients with substance abuse had mild level of situational and personal anxiety, which can be identified as an important psychotherapeutic resource.

Conclusions According to scales, the most often of personality disorders were dysthymic type, hyperthymic type and explosive type. Eighty percent of patients with drug abuse had mild level of situational and personal anxiety. This feature is main of predictor as an important psychotherapeutic resource.

Disclosure of interest The authors have not supplied their declaration of competing interest.

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EV0191

Bipolar disorder and substance use disorders in a Tunisian sample

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Aims Describe the sociodemographic and clinical profile of patients suffering from bipolar disorder and substance use disorders comorbidity and assess the consequences of this comorbidity on prognosis and evolution of bipolar disorder.

Methods A case-control study, 100 euthymic patients treated for bipolar disorder, recruited in the department of psychiatry C of Razi hospital. Two groups of 50 patients were individualized by the presence or not of substance use disorders comorbidity. The two groups were compared for sociodemographic, clinical, therapeutic and historical characteristics.

Results Compared to bipolar patients without addictive comorbidity, those with this comorbidity had the following characteristics: we found more male, less family cohesion, more domestic violence, more criminal records, more time spent abroad, more personality disorders especially antisocial and borderline, fewer triggers of bipolar illness, more mood episodes, more psychotic features, higher impulsivity BIS-10 score, an increased need to put in a neuroleptic long term treatment, poor adherence to treatment, lower response to treatment, lower score of global assessment of functioning (GAF), more rapid cycles, shorter period of remission, longer duration of the last mood episode, poor socio-professional integration and poor quality of intervals between mood episodes.

Conclusions It seems important to insist on the identification and the treatment of bipolar disorder or substance use disorders when one of them is diagnosed. This needs to set up urgently facilities and care structures for patients with substance use disorders and to create more addiction consultations.

Disclosure of interest The authors have not supplied their declaration of competing interest.

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EV0192

Bipolar disorder and co-occurring cannabis use disorders

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Aims Assess the prevalence of cannabis use disorders (CUD) in patients with bipolar disorder, describe the demographic and clinical profile socio bipolar patients with comorbid addictive and assess the implications of this comorbidity on prognosis and evolution of bipolar disorder.

Methods A case-control study, 100 euthymic patients treated for bipolar disorder, recruited in the department of psychiatry C of Razi hospital. Two groups were individualized by the presence or not of cannabis use disorders comorbidity. The two groups were compared for sociodemographic, clinical, therapeutic and historical characteristics.

Results The prevalence of CUD was 27.53% ($n = 19$) in our sample. Comparing bipolar patients according to the presence or absence of CUD, we found the following results with patients with CUD comorbidity: younger, mostly male, a disturbed family dynamic, low educational level, poor socio-economic conditions, more time abroad history, more suicide attempts in history, more criminal record, more psychiatric family history, an earlier onset of the disease, a longer duration of undiagnosed bipolar disorder, more personality disorder, more frequent presence of a triggering factor for bipolar disorder, more psychotic features during mood episodes, more need of antipsychotic long-term treatment.

Conclusions The frequency of CUD in BD is higher than the prevalence in the general population and CUD is a factor in the evolution and prognosis of bipolar disorder and promotes the development of mood disorders in predisposed patients.

Disclosure of interest The authors have not supplied their declaration of competing interest.

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EV0193

Comparison of insight in bipolar disorder with and without co-morbid substance use disorders

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Aims Compare the level of insight in bipolar disorder (BD) with and without substance use disorders (SUD).

Methods Case-control study during a period of six months from July 2015 to December 2015. One hundred euthymic patients with BD (type I, II or unspecified) were recruited in the department of psychiatry C Razi Hospital, during their follow-up. Two groups were individualized by the presence or not of SUD co-morbidity. We evaluated and compared insight with Birchwood IS scale (with its three sub-scales).

Results The mean age was 40.6 years (± 16.4). The sex ratio was 2. Sixty-six percent of patients were diagnosed with bipolar disorder type 1 and type 2 bipolar disorder remains.

There is no statistically significant difference between bipolar with and without SUD in terms of quality of insight.

As for the subscales, bipolar patients with comorbid SUD had lower scores of awareness of any symptoms, whereas there was no significant difference regarding the awareness of illness and the need for treatment between the two populations.

Conclusions Co-morbid SUD can affect the quality of insight in individuals with BD. Patients with this co-morbidity should be targeted for intensive psycho-educational measures and psychotherapeutic interventions focused on the improvement of insight.

Disclosure of interest The authors have not supplied their declaration of competing interest.

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EV0194

Attempted suicide in people with co-occurring bipolar and substance use disorders

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Aims Study the impact of SUD co-morbidity on suicide risk in patients with BD.

Methods Case-control study during a period of six months from July 2015 to December 2015. One hundred euthymic patients with BD (type I, II or unspecified) were recruited in the department of psychiatry C Razi Hospital, during their follow-up. Two groups were individualized by the presence or not of a SUD co-morbidity.

Results The average age of patients with SUD was 44.02 years that of the patients without SUD was 44.12 years.

The sex ratio of patients with SUD was 5.25 and that of patients without SUD were 0.61.

Twenty-six percent of patients with SUD comorbidity had a history of suicide attempts. Fourteen percent of patients without SUD had a history of suicide attempts.

The association between SUD and history of suicide attempts was not significant ($P = 0.134$).

The average suicide attempts were 3.08 for patients with addictive behaviors and 2.00 for patients without SUD.

The association between SUD and the number of suicide attempts was not significant ($P=0.375$).

The means of suicide attempts used were drugs in 12% of cases, 3% of cases by phlebotomy, 3% of cases by hanging, 3% of cases by immolation, 2% of cases of organophosphate ingestion, 3% of cases by defenestration, 3% of cases by the precipitation front of a vehicle and 1% of cases by drowning.

Conclusions Co-morbid SUD in individuals with BD is significantly associated with suicide attempts. Individuals with this co-morbidity should be targeted for intensive suicide prevention efforts.

Disclosure of interest The authors have not supplied their declaration of competing interest.

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EV0195

Intellectual developmental disorders, autism, and schizophrenia spectrum: New boundaries in the neurodevelopmental perspective



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Background and aim Recent evidences of clinical overlap, familial co-aggregation, and shared genetic alterations support a neurodevelopmental deviation to represent a probable common vulnerability factor not only for the psychiatric disorders included in the meta-structure of neurodevelopmental disorders, but also for other major psychiatric disorders, including schizophrenia.

The present paper reviews the literature to identify (1) positive and negative implications of the increasing enlargement of the group of neurodevelopmental disorders and (2) most useful clinical aspect for re-defining diagnostic boundaries between syndromic groups. **Methods** The search purpose was reached through a systematic mapping of literature.

Results The last years' trend to increasingly enlarge the number of psychiatric features comprised in the autism spectrum should be better evaluated for potential negative impact on research and clinical resources for those autistic syndromes more reliable with Kanner's descriptions or associated with lower personal functioning profiles and different level of ID.

Crucial clinical aspects for the differentiation resulted to be age of onset, interest towards others, main positive symptoms, and anatomical anomalies of the central nervous system.

Conclusions While on one hand the neurodevelopmental perspective might contribute to a better understanding of the multifactorial aetiopathogenetic mechanisms underlying many psychiatric disorders and provide new intervention strategies, on the other hand it might determine a premature abandonment of the traditional nosology and the appearance of very broad spectrum conditions covering all the range of current psychopathology.

Disclosure of interest The authors have not supplied their declaration of competing interest.

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EV0196

One-year changes in psychiatric disorders following bariatric surgery



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Introduction Psychiatric disorders in obese patients range from 20% to 60%, with a lifetime prevalence as high as 70%. Bariatric surgery (BS) is an effective therapy for long-term weight control and ameliorates comorbidities. After BS, psychiatric outcomes are still a matter of controversy. Moreover, while psychosocial pre-surgical evaluation is mandatory, post-operatively psychiatric follow-up programs are lacking. Aim of this prospective study was to examine changes in psychiatric symptoms and weight over 1 year of follow-up among a population of individuals submitted to BS.

Methods One hundred forty eight participants were enrolled, 98 women and 50 men; mean age was 46 (SD = 10.7), and mean BMI was 46 (SD = 7.7). Clinical interview and self-report instruments were administered before and one year after BS. Depressive symptoms were measured using Beck Depression Inventory (BDI), Binge Eating Disorder was measured using Binge Eating Scale (BES).

Results One year after surgery 86% of patients achieved a percentage excess weight loss (%EWL) $\geq 40\%$. Rate of psychiatric comorbidities declined from 41% at pre-surgery to 12% at 1 year post-surgery, $P=0.01$. BDI mean score declined from 12 to 8, $P>0.000$. After BS, binge eating, depressive symptoms, and age were independent and significant predictors of %EWL ($F_{6,523} = 79.599$, $P < 0.0001$, $adjR^2 = 0.471$).

Conclusions We reported an improvement of psychiatric symptoms through 1 year after BS. Post surgical binge eating disorder and depression were associated with less weight loss after surgery, adding to the literature suggesting that psychiatric disorder after surgery, unlike pre-surgery, are related to suboptimal weight loss.

Disclosure of interest The authors have not supplied their declaration of competing interest.

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EV0197

Improving dual diagnosis care in acute psychiatric inpatient settings through education



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Background Patients with co-existing substance use and mental disorder (dual diagnosis) have complex and challenging care needs. Acute psychiatric care settings play a vital role in providing services for patients with dual diagnosis as they often do not voluntarily seek treatment. This is significant in that recent data reveals that 57% of the psychiatric inpatients at an inner city hospital in Vancouver, Canada are characterized as dual diagnosis.

Purpose To develop an educational module which will equip nurses/practitioners with the skills and knowledge required to deliver evidence-based dual diagnosis care in acute psychiatric settings.

Methods A survey of 74 nurses working in acute psychiatric settings was completed to identify their learning needs and challenges. This was followed by a comprehensive review of evidence from literature to identify competencies, knowledge and skills needed to deliver dual diagnosis care. Content for the educational module was then validated by a panel of leading international experts on dual diagnosis. Two focus groups of acute psychiatric nurses were then

conducted to discuss content. An 8 hour educational session was then developed and piloted using the content that was reviewed and validated.

Results Thirteen content areas were identified and validated by experts. Evaluations from participants of the educational session suggest improved knowledge, skills and competencies in dual diagnosis care.

Conclusions This project translates evidence into practice, contributes to the body of knowledge on dual diagnosis care and improves practitioners' confidence and competency in delivering evidence-based care which also will improve patient care outcomes and experiences.

Disclosure of interest The author has not supplied his declaration of competing interest.

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EV0198

QTc Interval in psychiatric inpatients: A retrospective study



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Introduction Several psychotropic medications (i.e. antipsychotics, antidepressants) have been recently associated with QTc prolongation. Despite literature data report only mild prolongation of QTc following the use of antidepressants or typical antipsychotics, post-marketing studies have clearly evidenced an increased risk of QTc prolongation and potentially lethal arrhythmias (i.e. torsade de pointes) in psychiatric patients.

Objectives We aimed to evaluate the prevalence of prolonged QTc and to identify potential predictors influencing QTc in a psychiatric inpatient population.

Methods Medical records of 200 patients admitted to our psychiatric ward between 2007 and 2012 were retrospectively reviewed.

Results Prevalence of prolonged QTc at admission was very low (0.1%). No significant differences in QTc interval were observed between patients taking or not antipsychotics ($P=0.66$), mood stabilizers ($P=0.36$), or antidepressants ($P=0.07$). A statistically significant difference was observed between patients on depot formulation and patients who were taking oral antipsychotic ($P=0.02$). However, the pharmaceutical class of the medications appeared not significant.

Conclusions We observed a very low rate of QTc prolongation in psychiatric inpatients at admission. Surprisingly we did not find a significant effect of specific medications; however, in our sample intramuscular formulation was associated with lower QTc interval.

Disclosure of interest The authors have not supplied their declaration of competing interest.

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EV0199

Attention deficiency hyperactivity disorder and Internet addiction comorbidity: A case report



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Introduction Internet addiction is a serious problem especially for children and adolescents. It is described by an individual's inability to control the Internet, which causes distress and functional

impairment. Internet addiction symptoms can be Internet surfing, computer gaming, chatting and gambling by using Internet. Previous studies regarding Internet addiction can interfere with some psychiatric disorders; such as bipolar disorder, depression, anxiety or attention deficiency disorder (ADHD). Some researchers emphasized that psychiatric disorders and Internet addiction can be seen together and excessive use of the Internet has been associated with attention deficit hyperactivity disorder.

Case 19 years old male patient discussed in this paper who was admitted to our psychiatric service for the first time in his life, complaining about uncontrollable use of internet. He spent time more than 10 hours/day. His family finally opposed and took his computer from him, just before he got depressive symptoms. We diagnosed him ADHD by using psychometric tests and psychiatric evaluations. After medical therapy and psychotherapy, we discussed changes his psychiatric situations and symptoms.

Discussion This case emphasized possible relationship between Internet addiction and symptoms of ADHD.

Disclosure of interest The authors have not supplied their declaration of competing interest.

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EV0200

Cancer incidence in young and middle-aged people with schizophrenia: Nationwide cohort study in Taiwan, 2000–2010



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Aims The relationship between cancer and schizophrenia requires re-examination. We investigated the cancer risk among young and middle-aged patients with schizophrenia.

Methods Records of newly admitted patients with schizophrenia ($n=32,731$) from January 2000 through December 2008 were retrieved from the Psychiatric Inpatient Medical Claims database in Taiwan, and the first psychiatric admission of each patient during the same period was defined as the baseline. Five hundred and fourteen incident cancer cases were identified and standardized incidence ratios (SIRs) were calculated to compare the risk of cancer between those with schizophrenia and the general population. Stratified analyses of cancer incidences were performed by gender, site of cancers, and duration since baseline.

Results The incidence of cancer for all sites was slightly higher than that of the general population for the period (SIR=1.15 [95% CI 1.06–1.26], $P=0.01$). Men had a significantly higher incidence of colorectal cancer (SIR=1.48 [95% CI 1.06–2.06], $P=0.019$). Women had a higher incidence of breast cancer (SIR=1.47 [95% CI 1.22–1.78], $P<.001$). Intriguingly, the risk for colorectal cancer was more pronounced 5 years after the first psychiatric admission rather than earlier (SIR=1.94 [1.36–2.75], $P<.001$), and so was the risk for breast cancer (SIR=1.85 [1.38–2.48], $P<.001$). The cancer incidence was higher in schizophrenic patients contradicting the belief that schizophrenia was protective of cancers.

Conclusions Men and women with schizophrenia were more vulnerable to certain types of cancers, which indicate the need for gender-specific cancer screening programs.

Disclosure of interest The author has not supplied his declaration of competing interest.

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EV0201

The very special way of eating for a man with a very short bowel syndrome and an ileostomy



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Aim of this study is to present the extraordinary case of a 45-year-old man with very short bowel syndrome and ileostomy, who is currently engaged in a long hospitalization module of life because of the constant need for parenteral nutrition which he has developed due to Crohn's disease treatments. Case presentation: A Russian young man, with low education, a borderline intellectual functioning and a low socio-economic status, was operated numerous times due to breakouts of Crohn's disease. For the last year, he stays mostly in the hospital. Practically he needs constant intravenous parenteral nutrition due to his very short bowel syndrome, otherwise he cannot live outside the hospital. The patient was advised by his surgeon to eat any kind of food but had the limitation to drink not more than 500 ml of water per day, (the rest of water was taken IV). During the first months, the patient seemed willing to do anything needed, but when he started to get tired, he started to drink more than 2 litres of water per day, ignoring his doctor's advice. One of his main problems was that he was able to see that eggs, meat and other food he was eating were very soon appearing in the ileostomy bag and this led him to think that he would die soon. Neither the patient himself nor his wife and relatives asked for help from supervisory bodies of the National Health System and are not at all aware of his need for transplantation.

Disclosure of interest The authors have not supplied their declaration of competing interest.

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EV0202

The interesting case of a woman who gets eating satisfaction through a gastrostomy tube



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Aim of this study is to show how people are getting accustomed to alternative ways of eating in cases of illness and eating disability. Case report presentation: A 60-year-old woman was admitted in the Intensive Care Unit due to an acute upper airway obstruction. The woman was tracheostomized before entering the ICU and presented a large goiter and thus she was operated two days later and a thyroidectomy was executed. Post-operatively, it was diagnosed that a tracheo-esophageal fistula was present and the patient was obliged to live with a gastrostomy for months. During the first attempts for eating via a nasogastric tube at first and later via a gastrostomy, she had various problems with enteric nutrition, most prominent of which was osmotic diarrhea. The patient asked soon to stop eating enteral nutrition and preferred to eat food of her choice according to her appetite. She insisted that she was able to receive eating satisfaction, even by eating through a gastrostomy, because her bowels gave to her a positive feedback with the form of abdominal comfort after lunches. She said that the only food that would not harm her was real food and she chose food on her own with the help of her sister. This woman never presented any kind of psychiatric disorder in the past, neither she lost her courage inside hospital, although she was forced to live with a tracheostomy and a gastrostomy for more than 6 months.

Disclosure of interest The authors have not supplied their declaration of competing interest.

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EV0203

Psychogenic headache and analysis of 65 cases with craniocervical junction malformation operated



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Introduction Craniocervical junction (CCJ) malformations are common pathologies in Northeast of Brazil, predominating Basilar Invagination (BI) and Chiari Malformation (CM), sometimes associated to syringomyelia (SM).

Aims Analyse the headache pattern in cases with CCJ malformation operated.

Methods Retrospective study of 65 cases with CCJ malformation, operated between 1994 and 2015, with analysis of headache pattern.

Results Of 65 cases operated, 29 patients (44.6%) had BI and CM, 26 (40%) had BI, CM and SM, 2, only CM and 1, CM and SM. Of all patients, 39 (49.2%) presented headache and 43 (66.1%), nuchal pain. Among those who presented BI and CM, 12 (41.4%) presented headache and nuchal pain association. Of 26 with BI, CM and SM associated, 11 (42.3%) presented headache and nuchal pain association. We notice yet the presence of brachycephaly in 44 cases (67.7%) and brevis collis in 42 (64.6%). Headache, nuchal pain, brachycephaly and brevis collis were all present in 9 patients (31%) of BI and MC group, and in 8 (30.8%) of IB, CM and SM group.

Conclusions Several denominations referred to psychogenic headache: muscle contraction headache, stress headache and, finally, tension headache, well defined in the classification of International Headache Society (IHS) with clear diagnosis criteria. Bilateral location, predominantly occipital, is an important differential diagnosis with holocranial headache or occipital secondary to craniocervical malformations, and when associated to brachycephaly and brevis collis, should be carefully investigated. Diagnostic failure in symptomatic or neurological deficit patients can sequelae due to chronic compression of structures adjacent to CCJ.

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EV0204

Delusional hyperthyroidism-A case report



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Introduction Disorders of endocrine function are among the most common etiology of psychiatric illness.

The link between psychosis and hyperthyroidism is still poorly understood. We report an unusual presentation of hyperthyroidism as a psychotic state. Careful history, physical examination, and laboratory investigation, including thyroid function tests, should be

part of the assessment of patients with any unexplained acute psychosis to detect this potentially curable disease. In this way, this article analyzes the psychiatric, physical and laboratory findings associated with hyperthyroidism and treatment.

Objectives To report a case of psychosis in a patient with endocrine disease.

Methods Clinical records. Research on PubMed and Medscape using the Mesh Terms “hyperthyroidism”, “psychosis” and “thyroid and psychiatric manifestations”.

Results We present the case of a male patient, previously followed on our ambulatory psychiatric service for drug-induced psychosis. He was hospitalized due to psychotic symptoms, without substance abuse. Inpatient evaluation diagnosed hyperthyroidism. The patient did not present any somatic changes, except for psychosis. The patient was effectively treated with antipsychotics. He was referred to further evaluation and started antithyroid therapy.

Conclusions Thyroid disease should be considered in the differential diagnosis of a broad spectrum of psychiatric symptoms. Psychosis is a rare complication of hyperthyroidism, ranging between 1–20%. The typical psychosis is reported to simulate manic-depressive psychosis. This association reinforces the need of a careful clinical evaluation in patients presenting with psychosis. Such psychiatric symptoms remit successfully with concomitant administration of antipsychotics and normalization of thyroid levels.

Disclosure of interest The authors have not supplied their declaration of competing interest.

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EV0205

Alcohol use and bipolar disorder comorbidity: Synthesis and perspectives



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Objective Alcohol use disorders and bipolar disorder commonly co-occur and both are associated with more pejorative outcomes, thus constituting a major public health problem. We undertook this synthetic review to provide an update on this issue in order to clarify the nature of the relationship between the two disorders, improve clinical outcomes, prevent complications and therefore optimize management of patients.

Methods We conducted an electronic search by keywords in databases MEDLINE, EMBASE, PsychINFO, published in English and French from January 1985 to December 2015.

Results The AUD prevalence is important among BD patients in whom the effects of alcohol are more severe. However, in terms of screening, it appears that the comorbidity is not systematically sought. The concept of co-occurrence finds its clinical interest in the development of specific screening and therapeutic strategies. To date, there are only few recommendations about the management of dual diagnosis and the majority of them support “integrated” approaches.

Conclusions Recommendations should emphasize this strong co-occurrence and promote systematic screening and offered integrated cares.

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EV0206

Prevalence of psychiatric comorbidities in epilepsy



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Introduction Epilepsy is a chronic disease defined as a brain disorder, characterized by a predisposition to present seizures, generating cognitive, psychological, and social consequences.

Objective To determine the prevalence of psychiatric comorbid disorders in patients with epilepsy (PWEs) and its associated factors.

Methods We conducted a cross-sectional study involving 30 PWEs who were treated in the neurology department of Habib Bourguiba Hospital in Sfax, Tunisia. We used the Mini International Neuropsychiatric Interview for the diagnosis of Axis I psychiatric disorders.

Results The half of patients had psychiatric comorbidities: 4 had major depressive disorder (MDD), 2 had MDD with generalized anxiety disorder, 4 had MDD with social phobia, 1 had bipolar disorder type I, 1 had panic disorder, 1 had agoraphobia and 2 had generalized anxiety disorder.

Twenty-five PWEs had seizure-onset below 30 years old and among them, 40% had psychiatric comorbidities. Among patients who had seizure-onset above 30 years old, none had psychiatric comorbidities. Psychiatric comorbidities were found in 71.5% of patients with seizure frequency >2 per year. Psychiatric comorbidities were more common in patients with generalized seizures compared to whom with partial seizures (53 versus 45%). It was also more common in patients treated with polytherapy compared to whom with monotherapy (64% versus 37.5%).

Conclusion The prevalence of psychiatric comorbidities is relatively high among PWEs. The most frequent diagnoses found were mood and anxiety disorders. It is very important to identify them and treat them to enhance seizure control.

Disclosure of interest The authors have not supplied their declaration of competing interest.

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EV0207

Cancer, depression symptoms and quality of life: The role of creativity



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The diagnosis of cancer is associated with the occurrence of psychopathological symptoms, which cause even more difficulties to patients. Scientific research demonstrates that creativity could help increase the general population's quality of life and regulate their negative emotions, but only a few studies are available on the link between creativity and the regulation of patients' respective experience. This study aims at (1) measuring the impact of creativity on the patient's level of depression and quality of life and (2) evaluating the psychopathological profile of the creative person. Thirty-five subjects undergoing chemotherapy treatment (age: 61 + 11) took part in this study. The experimental protocol is composed of creativity, depression and QoL tests. The results show that creativity is negatively correlated with depression level and positively with QoL ($r = -.45$; $P = <.05$ and $r = .54$; $P = <.01$ respectively). The linear regressions show that creativity is a variable, which predicts a high QoL ($F = 13.83$; $P = .001$). Also, 29.5% of the QoL variability is explained by creativity. A cluster analysis sorted out three different groups:

very creative persons (VCP); mildly creative persons (MCP); slightly creative persons (SCP). VCPs have a significantly lower level of depression and have a better QoL compared to SCPs. MCPs have a level of depression between the other groups and a similar level of QoL than VCPs. These results suggest that creativity could have a noticeable influence on how patients experience their cancer. Further studies on this phenomenon will be necessary for creativity to be taken into account for psychological follow-up in oncology.

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EV0208

Temporal tumor as a cause of bipolar-like disorder?



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Introduction The relationship between brain tumours, temporal epilepsy and psychiatric symptoms are historically known.

Objectives To report a case of mania in a patient with previous diagnosis of bipolar disorder, temporal tumour and temporal epilepsy.

Methods Clinical records. Research on PubMed, using “lateral temporal epilepsy” or “brain tumour” and “mania”.

Results A 52 years old man was conducted to the emergency department by the police. He was found with psychomotor agitation at the Sanctuary of Fátima. He was apparently hyperthimic with flight of ideas. He had a history of epilepsy and temporal tumour and two previous manic episodes. It was assumed as a manic episode.

During inpatient evaluation, patient had memory for the occurrence. He described a sudden onset on the day before, after drinking wine. He described delirant atmosphere, persecutory and mystic delusional beliefs “this is the third secret of Fátima being revealed”, followed by ecstasy and psychomotor agitation. Remission was obtained in one week on psychotropics. MRI documented the lesion. Electroencephalography performed one month later revealed “slow waves.”

Conclusions Organic causes should be excluded before consider a psychiatric disorder. The hypothesis of epilepsy-related psychosis or mania and other effects of a temporal tumour should be considered in etiology. However, co morbidity with bipolar disorder cannot be excluded.

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EV0209

Misophonia and affective disorders: The relationship and clinical perspective



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Misophonia is characterized by aversive reactivity to repetitive and pattern based auditory stimuli [1]. Misophonic sufferers demonstrate autonomic nervous system arousal, accompanied by heightened emotional distress. Sufferers describe extreme irritation, anger, and aggressive urge with physiological reactions including hypertonia, diaphoresis and tachycardia [2]. Some studies have found comorbidity with psychiatric disorders. However, most of these studies used small samples and few experimental methodologies [3]. This study identifies the possible relationship between misophonia and affective disorders, and any difference between the severity of misophonia in male and female patients. Fifty misophonic patients (female = 25, mean age = 46.28) were evaluated with Amsterdam Misophonia Scale (A-MISO-S) for the diagnosis of misophonia and with the M.I.N.I International Neuropsychiatric Interview for the diagnosis of affective disorders. Among $n=50$ misophonic patients, we found major depression (MDD) = 11, melancholic depression = 5, dysthymia = 11, suicidality = 10, manic = 3, panic disorder = 8, agoraphobia =, social phobia =, obsessive compulsive disorder (OCD) = 14, post-traumatic stress disorder (PTSD) = 15. Misophonia was associated with MDD ($U=76, P=.001$), suicidality ($U=67, P=.001$), OCD ($U=115, P=.002$) and PTSD ($U=142.5, P=.008$). There was an indication of a significant difference between men and women in severity of misophonia ($U=160.5, P=.002$). The presence of these varying affective disorders suggests that the sufferers are at high risk for affective disorders. Investigation of the co-morbidity will assist researchers to better understand the nature of the symptoms and how they may be interacting.

Disclosure of interest The authors have not supplied their declaration of competing interest.

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EV0210

Therapeutic patient education: A solution to the treatment of obesity and metabolic syndrome in psychiatry



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Introduction/objectives Obesity and overweight are major public health issues. Obesity is a risk factor associated with many non-communicable diseases such as diabetes, certain types of cancers, musculoskeletal disorders and cardiovascular, dermatological or gastroenterological diseases. Patients with severe psychiatric disorders have a higher risk of developing overweight or obesity than the general population. The risk of obesity in schizophrenics patients can be multiplied by a factor ranging from 2.8 to 3.5. Patients suffering from mood disorder have slightly lower risk of obesity, however we still consider a factor ranging from 1.2 to 1.5. This significant weight gain can be partly explained by medication.

Methods The hospital centre Le Vinatier, in France, has developed a therapeutic patient education program in helping patients to self-manage their preventable disease. In order to tackle the multifaceted nature of obesity, the program used the expertise of many different professionals: general practitioners, dieticians, dentists, physical adapted education teachers, pharmacists, nurses and so on. This programme is provided for patients suffering from obesity or an overweight complicated by diabetes, or/and metabolic syndrome, and/or history of cardiovascular diseases or/and a failure of a dietary monitoring. The program includes individual care and collective workshops in nutrition, oral health, body image, adapted physical education, and roundtable.

Results/conclusions A retrospective study has already shown that this therapeutic patient education program, like others before, presented better results than dietary consultations. A prospective study is currently being carried out to validate these results in the long term and to demonstrate the benefit associated to this program.

Disclosure of interest The authors have not supplied their declaration of competing interest.

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EV0211

Prevalence of depression among patients with tuberculosis at Perundurai TB hospital, Tamilnadu–depression, a comorbidity of TB

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Introduction Tuberculosis is one of India's major public health problems. According to WHO estimates, India has the world's largest tuberculosis epidemic. Many research studies have shown the effects and concerns revolving around TDR-TB especially in India, where social and economic positions are still in progression. **Materials and methods** Seventeen questionnaires were administered to the consented participants regarding the demographic data and awareness, also Hospital Anxiety and Depression Scale (HADS) was recorded to analyse the level of depression. The average age was 32.3 years (STD = 12.7), and the age range was from 13 years to 71 years. The data collected was analysed with SPSS 19.

Results The patients who were in the intensive phase had a considerably higher depression rate (42%) than the patients who were in the continuous phase (22%). However, the variations were not enough for the statistical significance. The patients with TB only (35%) showed a higher depression rate than the patients with TB/HIV (28%).

Conclusion According to this study, it can be found that the prevalence of depression was lower for patients who were old, female, college educated, married, and earned the highest, compared with their counterparts. Most of these findings might agree with a general perception that social and financial stabilities would provide a less likelihood of being depressed.

Disclosure of interest The author has not supplied his declaration of competing interest.

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EV0212

Prevalence and predictors of metabolic syndrome in a sample of Italian psychiatric inpatients

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Introduction Psychiatric population is characterized by a higher prevalence of cardiovascular events compared to general population. This difference might be due, in part, to the metabolic adverse effects of psychotropic agents, and, in part, to common risk factors such as smoking, sedentary lifestyle and unhealthy diet. Another potential risk factor is represented by the presence of metabolic syndrome (MetS).

Objectives We aimed to evaluate the prevalence of MetS and to identify the baseline predictors for the longitudinal development of MetS in a sample of Italian psychiatric inpatients.

Methods Medical records of 343 patients admitted to our psychiatric ward between 2007 and 2012 were retrospectively reviewed. **Results** Prevalence of MetS was 21.5%. MetS appeared directly associated with age and number of medication assumed. ROC curves showed HDL as the best predictor of metabolic syndrome in our sample.

Conclusions Our results confirm previous data on the association between metabolic syndrome and exposure to complex polytherapy. Additionally, our findings support the notion of psychiatric patients as an at-risk group for metabolic abnormalities, which should be carefully monitored.

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EV0213

New horizons of dual pathology, report of a case

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Introduction Pathological gambling, as behavioural addiction, is always related with psychosocial important problems. In this case, everything is even more difficult due to grave mental disease associated, Paranoid Schizophrenia. Man, 26 years old, single. He was diagnosed of psychotic disease at the beginning due to his grave addiction to THC and others stimulant drugs. His outpatient treatment was complicated and he needed to be hospitalised once (being diagnosed of Schizophrenia). After that, he improved till he got a standardised job. He was able to have his medical treatment (Aripiprazol 15 mgs per day and Biperidene 4 mgs per day) although he kept his isolation. Then, the patient could talk about his pathological gambling. He suffered from slot machine addiction, and he also suffered from depression symptoms closely related to family and economic problems due to pathological gambling. This patient was in contemplation state and he accepted to start with antidepressant (Mirtazapine 15 mgs per day) and psychological treatment. We agreed to make a record of his gambling uses (with regular self-reports). His salary would be administered by his parents and he only could take a little money every week. The treatment was useful; it increased the capacity of economic self-management and the recovery of depression disease related.

Conclusions In our opinion, he used gambling as filling a need for activity, and as a way of connecting with society/world. These findings suggest the need for improved prevention and treatment efforts related to problem/pathological gambling in individuals with psychotic disorders.

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EV0214

The link between developmental psychiatry and dual disorders from early attachment to first drugs abuse

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Since Dual Disorders expression was used for the first time, the old dilemma between categorical and dimensional grew again as a main issue because many authors wondered about its utility. The question was how far we can speak about two different entities, because doing so we are assuming comorbidity instead of a complex syndrome, with different clinical presentations (i.e. Talking about fever and cough instead of pneumonia). Child and adolescence psychiatry uses developmental psychiatry as a very useful tool to understand patients. Syndromes are seen as dynamic as patients. At the same time that patients grow their clinical presentations, evolves new symptoms or signs. We have reviewed retrospectively a group of twenty parents that were named as dual disorders, with different substance abuse but a common path in their childhood; all of them were diagnosed of ADHD and Conduct Disorder. We chose them because of the differences that DSM, ICD and main researchers have about this group, which some consider better described as a Disocial hiperquinetic disorder (ICD) than a ADHD with a conduct disorder associated (DSM), comorbidity again. We agreed with ICD opinion and will discuss how in some way we are somehow as those blind people describing different parts of the same elephant when we talk sometimes about dual. Truth is that opposite dual view or its syndromic treatment developmental psychiatry has all the time underlined the role of reward circuits/executive functions as epigenetic issues, both modulated by gene and environment.

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EV0215

Factitious disorder in a patient with Arnold-Chiari malformation: A case report



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Introduction The factitious disorder is characterized by simulation or exaggeration by the subject of his/her physical or psychological symptoms to take a sick role. This disorder may be associated with a real disease, used to simulate other symptoms and receive treatment. Our case is represented by a 49-year-old man, affected by Arnold Chiari Malformation Type I (ACM-I), a structural defect in the cerebellum with extension of the cerebellar tonsils into the foramen magnum, without involving the brain stem. The patient had three surgical operations involving the complete resolution of the disease. However, the subject reported a worsening of all symptoms, with the outcome of a severe self-limitation, with admission to a residential care and taken over by the multidisciplinary equipe of the district. Symptoms, which mainly consisted in pain, motor functional impairment, headaches, slurred speech were not evaluated due to the ACM-I. This diagnosis was confirmed when there was the complete resolution of the symptoms in a date pointed by the patient.

Methods To make an appropriate differential diagnosis, in addition to the neurological examination, the subject had psychiatric interviews and completed an MMPI evaluation.

Results Neurological examinations revealed no residual outcome of the ACM-I. At MMPI there were not significant peaks. Regarding to the attitude towards this test and its validity, it appears an obvious attempt to lie from the patient, which tries to present himself in a favourable unrealistically way.

Conclusion This case shows that appropriate diagnosis can help health services in a better management of their resources in such situations.

Disclosure of interest The authors have not supplied their declaration of competing interest.

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EV0216

Does comorbid depression and alcoholic dependence influence cognition in Bulgarian women?



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Introduction Previous research on the impact of alcohol intake on human behavior and cognition has revealed the detrimental effects of alcohol dependence. Especially in women, depression is often associated with the initiation of alcohol abuse that provokes new episodes of depression and this cycle tends to chronify.

Objective Although the co-occurrence of depression and alcoholism is well documented, there is still scarce data on the cognition of depressed alcohol-dependent women. The aim of the present study is to examine the cognitive function in women who demonstrate both depression and alcohol dependence.

Method A group of fifty-three Bulgarian women with a formal diagnosis of alcohol dependence (Mage = 43.89, SDage = 9.48; level of education: all with high school education) and varying levels of depressive symptomatology were examined at the Municipal Council on Drug Addiction Blagoevgrad. Information were collected from personal history taking (anamnesis), self-reports and the Lesch Alcoholism Typology-Questionnaire (LAT online program). The women were grouped according to their age (27–45 and 46–71).

Results Results indicated that there is a significant influence of depression ($P = .032$), a slightly above the statistical significance level non-influence of age ($P = .056$), and an interaction of the influence of depression*age ($P = .048$) on self-reported cognitive performance.

Conclusions The present research suggests that future researchers should further clarify in a more systematic way the factors that influence cognition in this special population with comorbid depression and alcoholic dependence.

Disclosure of interest The authors have not supplied their declaration of competing interest.

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EV0217

The relationship between personality disorders and substance abuse disorders



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Introduction A frequently observed fact in clinical practice is the relationship between Substance Abuse Disorders and Personality Disorders (PD). Epidemiological investigations have found that diagnoses of PD seem to increase vulnerability to other pathologies, including substance abuse and addiction, and it is possible to speak of comorbidity or dual pathology.

Objective To describe the comorbidity between PD and substance abuse disorders.

Methods Systematic review of the literature on the subject. The databases consulted were Dialnet, Pubmed and Cochrane.

Results The various studies allow estimating that between 65% and 90% of subjects treated for substance abuse or dependence have at least one concomitant PT. Studies show a higher prevalence of Cluster C for alcohol consumption and Histrionic, Narcissistic, Boundary and Antisocial Disorders (Cluster B) for illegal drugs, mainly cocaine. Cluster B is the one that the literature has most related to substance use. It is also the group in which there is a greater predominance of impulsivity, which would be worth remembering its role as a vulnerability factor for addictions.

Conclusions What the research has shown is that a good deal of the problems that accompany substance use come from dysfunctional patterns of behavior that are maintained over time with high stability and can justify, in part, both the persistence of the addictive behavior as the difficulty of handling the patients who present them. At present, although the high comorbidity between TP and substance use is sufficiently documented, many questions still remain to be solved.

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EV0218

Treatment difficulties in the pathology of the frontal lobe

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Frontal lobe lesions may present as mood disorders, with apathy, emotional flattening and indifference towards the environment, referred to as "pseudodepression". A 14-year-old adolescent is transferred from a pediatric ward for frontal headaches, sleepiness, apathy, food refusal, irritability and marked weight loss (BMI = 14 kg/sqm). The patient has a history of Socialized Conduct Disorder, with extremely low compliance towards treatment. When admitted he is cooperating partially, has an influenced general state and refuses to drink liquids. He is sad, impulsive, with low frustration tolerance, negativist, oppositionist, with voluntary urine emissions and marked sleepiness. There are clinical signs of dehydration and an intermittent convergent strabismus in the left eye. Laboratory tests show an inflammatory syndrome, nitrate retention, dyselectrolytemia. Neurologically: exaggerated tendon reflexes, frust bipyramidal syndrome, slight ptosis of the left eye; electroencephalogram–slow activity (lesion?) in left deviations. A consult with the Infectious Disease unit renders a diagnosis of headache syndrome and frontal sinusitis. The MRI is suggestive for a left frontal infectious expansive process (abscess) and massive maxillary–ethmoidal–frontal sinusitis. Combined parenteral antibiotics and pathogenetic treatment are initiated and the patient undergoes neurosurgery with the evacuation of the tumor. A cystic formation of 6/5/1, 5 cm, containing an opalescent yellow liquid is found at the histopathological exam. Streptococcus spp. is identified by the bacteriological exam. The evolution is good under treatment, with a slight accentuation of the behavioural symptoms. This case illustrates the importance of correct differential diagnosis, the psychiatric diagnosis being one of exclusion.

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EV0219

Psychiatric comorbidities in temporal lobe epilepsy: A case study

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Introduction Psychiatric disorders frequently occur in patients with temporal lobe epilepsy (TLE) (70%). This combination further reduces the quality of life of patients as diagnosis is difficult and therapeutic opportunities are often missed.

Objectives The aim of this case study is to show the possible association between TLE and psychiatric semiology and its therapeutic implications.

Methods Presentation of the clinical case of Mr BH who experienced psychosis like symptoms, was finally diagnosed with TLE and put under anti-epileptic drugs.

Results Mr BH, aged 22, with no family or personal history, was admitted for aggressive behavior, self-harm, pyromania, and depression. Three years prior to onset of psychiatric symptoms, he reports episodes of pulsatile–left–temporal headache followed by hypertonic movements of the neck. Symptoms were intermittently followed by total amnesia or impaired consciousness. The patient explained symptoms by an inner presence that he called "his twin" and to whom he attributed those behaviors contrary to his will. The discovery of bilateral hippocampal atrophy in magnetic resonance imaging with a normal electroencephalography suggested the diagnosis of TLE with post-ictal psychotic disorders. Patient was put initially on diazepam and olanzapine with partial improvement. Association of valproate led to progressive but then complete disappearance of symptoms and so confirmed our diagnosis.

Conclusions It is often difficult to attach psychiatric symptoms to epilepsy. The diagnosis should be done on a set of clinical, radiological and electrical arguments.

Disclosure of interest The authors have not supplied their declaration of competing interest.

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EV0220

Clinical features of PTSD in patients with TBI

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Objective Modern scientific researches about interaction between TBI and PTSD are characterized by few amounts and contradiction of conclusions.

Method Twenty-eight persons with TBI were examined by means of questionnaires and structured clinical interviews. 17 patients were suffering from PTSD. We compared clinical features in patients with isolated TBI and group with both disorders.

Results Four groups of symptoms were analyzed–sleep, emotions, cognition and personality features. Disorders of sleep were presented with violation of REM cycle, nightmares, hyperexcitation, increase watchfulness during the sleep. Emotional disorders were expressed as lability without external irritations; an excessive emotional reaction is on small events, agitation, irritability, inadequacy of emotional reactions and apathy (loss of desire to think, to feel, and/or to operate). Cognitive disorders included deceleration of psychomotor reactions, difficulties of searching of words in communication, problems of switching of attention, rigidity, difficulties in planning, decision of multistage tasks, violation of operative memory, executive dysfunction. Features of personality disorders were loss of initiation and self-control, decline of spontaneity, sur-

plus attention is to the details, inadequacy of self-appraisal, feeling of inferiority, an increase necessity is for control and lordship over other, aggression (socially inadequate behavior, episodes of anger). **Conclusions** Psychopathological features presented in patients with comorbidity of PTSD and TBI are not specific and can be within the framework of other psychogenic, exogenous, organic, posttraumatic or neurological disorders and diseases. PTSD can combine with other psychical and somatic disorders that caused chronological and pathogenetical comorbidity in patients with both states.

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EV0221

Influence of depression on the quality of life after stroke



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Aim Approximately 30–60% of the stroke survivors suffers from depression. This, together with the physical changes after stroke may lead to a decline in their quality of life (QOL). The aim of this paper was to analyse the incidence of post-stroke depression, associated risk factors and its influence on the QOL.

Material and methods We carried out a prospective study on stroke patients during a period of 6 months. We excluded patients with dysphasia and aphasia. For each patient, we collected socio-demographic characteristics as well as clinical and therapeutic data. We used the Hamilton Depression Scale to screen for anxiety and depression, the SF-36 scale to assess the quality of life and modified Rankin scale (mRS) to measure the degree of disability.

Results We included 155 men and 143 women with stroke, with mean age of 58.15 years. Out of 298 analysed patients, depression was present in 147 (49.3%). Associated risk factors were hypertension, female gender and severity of stroke ($P < 0.05$). The mean score of the SF-36 was 52.18. Impaired QOL was found in 221 (74.1%) and mRS > 3 was found in 169 (57.1%) of the patients. Impaired mental component of QOL significantly correlated with the presence of depression ($P < 0.05$) and anxiety ($P < 0.05$). The severe degree of disability had a significant negative impact on all areas of QOL.

Conclusion Important effect after stroke is occurrence of depression which affects the QOL and functional outcome. All stroke patients should be evaluated for depression through regular interviews with them and their families or caregivers. Adequate antidepressant treatment should be given, in order to improve the QOL and physical rehabilitation.

Disclosure of interest The authors have not supplied their declaration of competing interest.

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EV0222

A feasibility randomised controlled trial of extended brief intervention for alcohol misuse in adults with mild to moderate intellectual disabilities living in the community



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Introduction Extended brief interventions (EBIs) are effective in targeting alcohol misuse in the general population. However, little is known on the effects of EBI in adults with intellectual (also known as learning disabilities).

Objectives In this feasibility trial we compared EBI with usual care for alcohol misuse in adults with mild to moderate intellectual disability (ID).

Methods The study took place in three community ID services in England. Participants aged 18–65 years with reported alcohol problems, a score > 8 on the alcohol use disorder identification test (AUDIT), and IQ < 70 ($\pm 5\%$ CI) were recruited and were randomly allocated to either EBI (5 weekly sessions and 1 follow-up at 8 weeks) and usual care or usual care alone. Research assessments took place at baseline, two and three months.

Results Thirty individuals were randomised (15 in each arm). In regard to harmful drinking, at baseline, all the participants exceeded the relevant threshold. At 8 weeks, the proportion of participants with harmful drinking decreased to 60% for both groups, at 12 weeks it was decreased by 66.7% and 46.7% for the intervention and the control group respectively. The unit cost for the delivery of EBI is £ 430.

Conclusions Recruitment to this trial has been proven challenging as prevalence of alcohol misuse in the targeted population was lower than anticipated. EBI may provide an effective low intensity treatment for this population. Participants' and carers' feedback on their experience was overall positive.

Disclosure of interest The authors have not supplied their declaration of competing interest.

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EV0223

Prevalence of ADHD and co-morbid conditions among university students



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Background Attention deficit hyperactivity disorder (ADHD) is a neurodevelopmental disorder characterized by persistent difficulties with attention, increased impulsivity and hyperactivity. Comorbidity is often reported in adults with ADHD with a range of 60–100% of patients having at least one co-morbid condition.

Objective The purpose of this study is to determine the prevalence of ADHD among university students and to investigate some co-occurring symptoms and disorders.

Aims We aimed to raise awareness of adult ADHD and underscore its co-morbidity.

Method 486 undergraduate students at Bezmialem Vakif university in Istanbul filled in the Adult ADHD Self-Report Scale (ASRS), Beck Anxiety Scale (Beck-A), Beck Depression Scale (Beck-D) and a purpose-designed structured socio-demographic form.

Results Our results revealed that 6% of participants reported significant ADHD symptoms using 1.5 standard deviation above mean on the ASRS. 67% of students with significant ADHD symptoms had a psychiatric history other than ADHD. History of depression, anxiety and sleep problems were significantly higher in this group ($P < 0.05$). They scored higher on Beck-A and Beck-D ($P < 0.05$). Students with significant ADHD symptoms reported more night eating, binge eating behaviours and more headache ($P < 0.05$). There was no statistically significant difference in the history of epilepsy, asthma, allergy and diabetes. Family history of psychiatric disorder partic-

ularly ADHD, depression and eating disorder were higher in the ADHD group ($P < 0.05$).

Conclusion Our results demonstrate that ADHD is prevalent among university students with high co-morbidity. Hence people with ADHD need comprehensive and lifelong assessment and management of their symptoms and needs.

Disclosure of interest The authors have not supplied their declaration of competing interest.

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EV0224

Patients with mood disorders and chronic coronary artery disease receiving conservative therapy have a higher risk of death during affective episode

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The contribution of comorbid with coronary artery disease (CAD) mood disorders (MD) into total mortality is contradictory.

Objective To study frequency and time until death due to general causes in groups of patients with comorbid MD, and without them as well as interrelationship of these indicators with comorbid MD and therapy with antidepressants.

Methods Inpatients with chronic CAD ($n=333$) under conservative therapy were investigated (31% females ($n=103$), 69% males ($n=230$), mean age 61.8 ± 9.8 years). Team of cardiologists and psychiatrists followed up patients for 7 years (2008–2014). Survival frequency was evaluated by method of life tables.

Results Among patients under conservative therapy of CAD the death frequency due to general causes did not differ significantly in presence ($n=80$) and absence of MD ($n=253$) and was 18.8% and 16.6%, respectively. Correlation of deaths with hypomanic and mixed episodes was revealed ($r_s=0.3$). The groups differed according to function of immediate risks: patients with MD were at high risk of death during the year after detection of affective symptoms, and in group without MD it increased over the time of observation ($P=0.0000$).

Duration of antidepressant therapy was 5.5 ± 0.5 months. Among patients receiving antidepressants ($n=20$), during therapy and after one month after discontinuation there were not deaths. Difference of function of immediate risks in these subgroups was not significant ($P=0.09$).

Conclusions Patients with affective disorders and chronic CAD under conservative therapy are at high risk of death within affective episode and therapy with antidepressants did not influence change of risk of death.

Disclosure of interest The authors have not supplied their declaration of competing interest.

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EV0225

Tobacco treatment of indigent patients alcoholics rehabilitation in the Association Rauxa

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Introduction Smoking is the leading preventable cause of morbidity and mortality in the world and the leading cause of death in alcoholics. The prevalence of smoking among alcohol addicts is very high as among homeless people. Both groups have a higher risk of smoking-related illnesses. It seems that quitting smoking increases the rate of alcohol abstinence. It is therefore crucial to perform treatment of tobacco dependence among this population.

Material and method Population: homeless alcoholic patients in treatment at the Association Rauxa with dependence criteria DSM-IV-TR and DSM-V, male, over 18 years. Anamnesis, examination, analysis, chest X-ray, addictive history is practiced. Patients are encouraged to start smoking treatment. Once the decision is made. Tests: motivation, Fagerstrom, fasting weight; weekly and random monitoring of CO in exhaled air. Treatment with decreasing nicotine patches. Weekly smoking therapies. Withdrawal symptoms and relapse, timely or complete, if it occurs, are evaluated. Treatment ends in one year without relapse.

Results $n=237$ (2006: $n=19$; 2007: $n=26$; 2008: $n=24$; 2009: $n=33$; 2010: $n=31$; 2011: $n=25$; 2012: $n=33$; 2013: $n=25$ y 2014: $n=21$)

Get high on2006:10/19 (53%); 2007:14/26(54%); 2008:13/24 (54%); 2009:9/33 (27%); 2010:6/31 (19%); 2011:2/25 (8%); 2012:8/33(24%); 2013:9/25 (36%); 2014:11/21 (52%). In 9 years, 82/237 (35%) finishes treatment without relapse.

Discussion A percentage of 35% is obtained discharge. Different parameters-relapse are correlated to see predictors of relapse.

No correlation is found statistically significant.

Disclosure of interest The authors have not supplied their declaration of competing interest.

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EV0226

Interdisciplinary approach in patients with severe mental disorders

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Through the analysis of a case report to analyse the importance of the interdisciplinary approach in people suffering from severe mental disorders for management of an outpatient.

The diagnosis was clear, I wanted to rule out organic pathology was added due to the irregularity in the outpatient monitoring and control (F20. Paranoid schizophrenia)

Community intervention with people suffering from severe mental disorders has some peculiarities. The “in vivo” treatment requires the establishment of the frame, in a space that is constantly changing. It consists of the setting-up of a new working area. Social and community intervention is inter-institutional; include movement between different institutions (health, socio-economic and community). In this new changeable and dynamic, “working area”, the professional is of professional is essential using clinical strategies and social and community coordinating. It is important to highlight the role of community treatment for severe mental disorder. Thus developing social skills is as necessary and also combats social stigma and prejudice to achieve a social integration in community.

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EV0227

Comparative study of psychiatric comorbidity differences in patients with ADHD and cocaine substance use disorders and patients ADHD and cannabis use disorders



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Substance Use Disorders (SUD) and Attention Deficit Hyperactive Disorder (ADHD) are frequent conditions in out drug treatment centers. There are evidences about the high prevalence of ADHD in SUD patients (20%) compared with just ADHD in general population (1–7.3%). Both disorders and psychiatric comorbidity are important in the diagnosis proceeding. The objective of this study is search the difference in psychiatric comorbidity conditions between patients with ADHD and Cocaine SUD and ADHD and Cannabis SUD. ADHD was present in 158 patients of a total sample in which 46.8% used cocaine, 17.1% cannabis and 36.1% used both. Mood disorders were 26.8% in cocaine users, 21.7% in cannabis and 18.9% in both. Anxiety disorders were 20.3% in cocaine users, 37.5 in cannabis and 13% in both users. Primary psychotic disorders were 2.9% in cocaine users, none in cannabis and 11.1% in both drug users. Personality disorders by cluster were, Cluster A: 11.3% in cocaine group, 36% in cannabis group and 24.5 in cannabis and cocaine group. Cluster B: 33.8% in cocaine group, 44% in cannabis group and 51.9% in cannabis and cocaine group. Cluster C: 9.9% in cocaine group, 28% in cannabis group and 19.2% in cannabis and cocaine group. There could be common pathways of neuronal damage related to psychiatric comorbidity depending of used drug, the differences in comorbidity found in this study could explain a little part of it. It is important to manage SUD-ADHD and other psychiatric comorbidity in order to improve the outcomes of these patients.

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EV0228

Gender differences in dual bipolar disorder



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Introduction Women with bipolar disorder are more prone to psychiatric co-morbidity as anxiety, substance use disorders, eating

disorders and borderline personality disorder. Nevertheless, substance abuse disorders as co-morbidity in bipolarity are higher in males than females.

Objectives To describe differential characteristics of patients admitted to a psychiatric unit referring to gender in a group of patients with bipolar disorder co-morbid with substances disorders (dually diagnosed patients).

Methods Sociodemographic, clinical and administrative data of all patients diagnosed with bipolar admitted to a dual diagnosis during a 3-year period were collected. The psychiatric diagnosis was made according to DSM-IV-R criteria.

Results From the whole sample ($n=66$), males (84.8%) were prevalent. Mean age were 37.71 ± 11.7 and mean length of admission was 24.94 ± 17.9 days. Cannabis (34.8%) and cocaine (33.3%) were the most frequent SUD diagnosis and main reasons for admittance were conduct disorder (33.3%) and mania (25.8%).

Women showed higher length of admission, higher severity scores at admission and greater reduction in severity scores along hospitalisation. No other clinical or sociodemographic differences were found comparing both groups of patients (Tables 1–4).

Conclusions Women affected by dual bipolar disorder showed higher severity scores at admission but achieved better remission rates during hospitalisation.

Table 1 Demographic characteristics of both groups.

		Women (n=10; 15%)	Male (n=56; 85%)	P value
Age, years	Mean (SD)	34.5 (10.4)	38.3 (11.8)	0.35
Marital status, %	Single	50.0%	67.9%	0.43
	Married/Divorced	30.0%	14.3%	
	Divorced/Separated/Widow	20.0%	17.8%	
Level of education, %	No high school diploma	0.0%	5.4%	0.17
	High school diploma	60.0%	50.4%	
	Some college	40.0%	44.3%	
Employment, %		20.0%	16.1%	0.78
Legal background, %		20.0%	38.3%	0.24
Parental substance abuse background		20.0%	38.3%	0.24
Parental mental illness background		40.0%	58.9%	0.27

*.The chi-square statistic is significant at level 0.05.

Table 2 Clinical and functional variables at admission in both groups.

		Women (n=10; 15%)	Male (n=56; 85%)	P value
Length of admission	Mean (SD)	35.0 (18.0)	23.1 (17.2)	0.05
Clinical presentation	Suicide Ideation/Attempt	20.0%	7.1%	0.25
	Hallucinations/Delusions	20.0%	14.3%	
	Other	60.0%	78.6%	
Personality disorder		30.0%	14.3%	0.23
Main drug of abuse	Stimulants	60.0%	39.4%	0.07
	Sedatives	40.0%	60.6%	
Cocaine SUD		60.0%	61.8%	0.93
Cannabis SUD		30.0%	50.0%	0.24
Alcohol SUD		40.0%	65.1%	0.12
Opioid SUD		20.0%	12.5%	0.52
Sedatives SUD		0.0%	17.9%	0.15
Amphetamines SUD		0.0%	14.3%	0.20
Hallucinogens SUD		0.0%	3.6%	0.54
Volatil SUD		0.0%	7.1%	0.38
Polydrug abuse		50.0%	69.7%	0.53

*.The chi-square statistic is significant at level 0.05.

Table 3 Historical data about age of drug use in both groups.

		Women (N=10; 15%)	Male (N=56; 85%)	P value
Age of first use of cocaine, years	Mean (SD)	21,71 (6,3)	19,39 (5,3)	0,752
Age of first use of cannabis, years	Mean (SD)	15,67 (1,0)	14,86 (2,9)	0,510
Age of first use of alcohol, years	Mean (SD)	16,22 (3,0)	14,41 (4,1)	0,230
Age of first use of opioid, years	Mean (SD)	25,50 (19,4)	20,19 (5,4)	0,373
Age of first use of sedatives, years	Mean (SD)	19,80 (3,0)	27,11 (10,1)	0,132
Age of first use of amphetamines, years	Mean (SD)	19,67 (2,1)	18,82 (5,6)	0,260
Age of first use of nicotine years	Mean (SD)	15,33 (1,9)	14,49 (2,9)	0,568
Age of regular use of cocaine, years	Mean (SD)	27,17 (7,2)	25,93 (8,9)	0,391
Age of regular use of cannabis, years	Mean (SD)	18,00 (2,8)	15,00 (2,0)	0,839
Age of regular use of alcohol, years	Mean (SD)	22,20 (6,2)	20,94 (8,4)	0,749
Age of regular use of opioid, years	Mean (SD)	27,00 (11,3)	21,91 (6,6)	0,397
Age of regular use of sedatives, years	Mean (SD)	23,00 (1,4)	26,40 (9,2)	0,619
Age of regular use of amphetamines, years	Mean (SD)	25,00 (0,0)	18,90 (6,0)	0,663
Age of regular use of nicotine years	Mean (SD)	15,89 (2,2)	15,17 (2,4)	0,410

*. The chi-square statistic is significant at level 05.

Table 4 Severity Scores for both groups of study.

		Women (N=10; 16%)	Male (N=66; 85%)	P value
GAF score at admission	Mean (SD)	44,50 (7,50)	38,88 (10,57)	0,36
GAF score at discharge	Mean (SD)	67,00 (10,24)	60,60 (9,86)	0,30
OEP score at admission	Mean (SD)	18,30 (6,53)	15,10 (5,40)	0,01*
OEP score at discharge	Mean (SD)	9,80 (4,43)	9,52 (3,82)	0,01*

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EV0229

GERD is associated with the outcome of MDD treatment



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Introduction Gastroesophageal reflux disease (GERD) is more prevalent among patients with major depressive disorder (MDD) than in general population, and vice versa. Bidirectional association of GERD and MDD is well documented. Although protective effect for gastric symptoms has been indicated for several antidepressants like trazodone, citalopram, fluoxetine, mirtazapine or fluvoxamine, these findings are sometimes contradictory. Similar may be claimed for antidepressant effect of some proton pump inhibitors. We decided to examine the association of GERD with the long-term efficacy of MDD treatment.

Objective To examine the association of GERD and efficacy of MDD treatment.

Methods This nested cross-sectional study was done during 2016 at Psychiatric hospital Sveti Ivan, Zagreb, Croatia on the sample of 1008 psychiatric patients. Key outcome was the number of psychiatric rehospitalizations since the first diagnosis of MDD. Predictor was patient-self-declared diagnosis of GERD. Covariates controlled by multivariate analysis of covariance were sex, age, duration of MDD in years, education, marital status, number of household members, work status, clinical global impression scale-severity of MDD at diagnosis, treatment with tricyclic antidepressants (TCA), selective serotonin reuptake inhibitors (SSRI),

serotonin-norepinephrine reuptake inhibitors (SNRI), noradrenergic and specific serotonergic (NaSSA) and antipsychotics.

Results MDD patients with GERD had significantly larger number of psychiatric rehospitalizations (mean=5.4 (SD 6.82)) than MDD patients with no GERD (mean=3.1 (SD 4.45)). After adjustment for all covariates, GERD significantly moderated the efficacy of treatment of MDD ($P=0.048$; $\eta^2=0.05$) (Figure 1).

Conclusion To treat MDD effectively we should treat GERD as well.

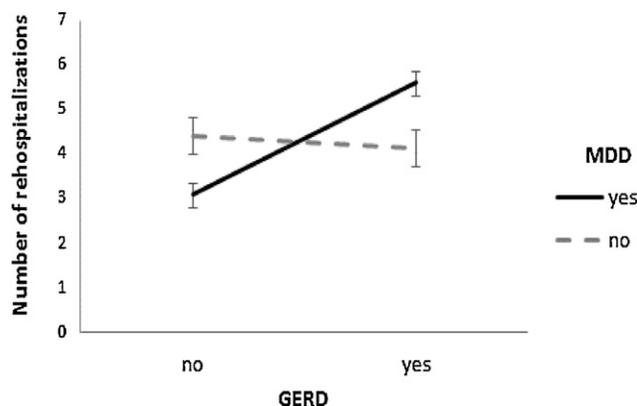


Figure 1 Number of psychiatric rehospitalizations in patients with MDD and GERD; error bars represent 95% confidence intervals ($n=1008$).

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EV0230

Comorbidity of major depressive disorder and personality disorder increase the risk for suicide



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Introduction Personality disorder (PD) with an associated diagnostic of major depressive disorder (MDD) is a common occurrence, being considered a factor of treatment resistant depression. In this study, we compare two groups of patients' one group having Major Depressive Episode (MDD) and the other with MDD and PD as comorbidity.

Methods This is an observational study of all patients admitted with diagnosis of MDD during one month period in an acute psychiatric hospital. Data collection is made using patients files. During one month period a total number of 105 MDD cases were recorded (group A-75 cases with MDD and group B-30 patients with PD and MDD). The diagnosis was recorded in files by a specialist psychiatrist. Data is analyzed using SPSS v.20.

Results A significant difference is found when comparing age groups, mean age for group A being 60 years and for group B 35 years ($P=0.05$). Regarding suicide attempts a higher prevalence is found in Group B (Group A 6.7%, Group B 20%) although with statistical relevance ($P=0.04$). Study limitation: small sample size of group B does not allow analysis on different type of personality

disorders, length of hospitalisation could be biased by the requirements of assurance company.

Conclusions The risk of admission is higher at younger age in patients with MDD associated with PD than in MDD alone. The risk of suicide attempts is significantly higher in group of MDD associated with PD.

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EV0231

Cancer and serious mental illness: A qualitative exploration–findings

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Introduction Serious mental illness (SMI) is associated with poorer cancer outcomes. Reasons for such inequalities are unclear; those with this comorbidity receive fewer specialist interventions and die earlier than the general population. Further exploratory work is required.

Objectives Exploring the experience of SMI and cancer from the perspective of those affected by this comorbidity and those caring for them professionally or informally.

Methods Semi-structured interviews were conducted with 'key patients' living with SMI who had received a cancer diagnosis ($n=7$), significant others who had supported key patients ($n=4$) and healthcare professionals who had worked with at least one KP ($n=17$). A panel of patients and professionals ratified interview guides. Interviews were analysed thematically.

Results Mental health professionals were more confident in their knowledge of the needs of this population than oncology professionals, but were challenged by working with patients with major physical health needs. Key patients' mental health appeared to remain stable after cancer diagnosis, and they expressed altruism towards others with comorbid cancer and SMI. Significant others and healthcare professionals were more likely to critique systemic aspects of care than were key patients.

Conclusions Professionals feel challenged when working outside of their usual job role. Training needs include mental illness awareness in an oncology setting. Improved coordination and communication is required, encompassing significant others as well as professional groups. SMI may protect against the psychological impact of cancer. Key patients were keen to provide advice and support to others in similar situations. Further research is needed into these areas.

Disclosure of interest The authors have not supplied their declaration of competing interest.

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EV0232

VTE and physical health assessment upon admission to acute functional and organic psychiatric in-patient wards: An audit

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Introduction Venous thromboembolism (VTE) is a condition that causes a blood clot to form within the venous blood system. If this blood clot forms in the peripheral venous system it can cause symptoms such as calf pain and swelling. If this clot becomes dislodged,

it may travel through the vessels into the pulmonary artery which can have much more severe consequences.

Objectives There has been a great deal of effort in recent years to increase the percentage of in-patients receiving a VTE assessment; and for those patients to receive appropriate VTE prophylaxis. VTE is a significant cause of inpatient deaths. This audit aims to compare current working practice to local standards and identify learning points.

Methods VTE and physical health assessment data was collected by checking electronic admission summaries from three acute psychiatric in-patient wards on a random date in 2016. The local pathway for the management of physical health and wellbeing states that the VTE assessment and Physical Health Assessment should be completed within 6 hours of admission. NICE guidelines also state that all patients should be assessed on admission, with a standard of 100%.

Results 60% of patients had a VTE assessment and 54% of patients had a physical health assessment done within 6 hours of admission.

Conclusions This audit shows that the necessary standards are not met. Importance of these assessments has been communicated during induction programmes for all staff.

Disclosure of interest The authors have not supplied their declaration of competing interest.

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EV0233

Aspects of the psychological consequences of cannabis use

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Cannabis is seen among general population as an "anti-depressive drug". Many papers have been published in the field of investigation about the relationship between cannabis use and affective disorders. We pretend to find the aspect of the psychological consequences of cannabis use.

Methods Using Pubmed and PsychInfo, we conducted a narrative review of the literature on cannabis and psychiatric comorbidity using the keywords cannabis, psychosis, mood, depression, mania, bipolar, and anxiety.

Results There is substantial evidence of an association between cannabis use and psychosis. A few reports suggest an association with bipolar disorder while the association with depression and anxiety disorders is mixed.

Conclusions The present review confirms earlier findings of an association between cannabis use and a lower age at onset. Data shows that cannabis use, beginning in the adolescence and with a frequency higher than once a week, correlates with the development in adult age of affective symptoms and/or disorder, mainly in bipolar disorder, with a moderate relation with Depressive spectrum. Even more, some authors hypothesize that cannabis may play a role in the development of the disorder, that to say, affective disorder would not appear in the absence of cannabis use. The current findings suggest that recent cannabis use is associated with a more severe course of illness in the early phase of BD I. Recent cannabis use was also associated with more lifetime suicide attempts.

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EV0234

The Kynurenine pathway in pancreatic carcinoma



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Introduction Pancreatic carcinoma (PC) belongs to the most aggressive tumours worldwide, with a five year survival of 7%. Mostly, diagnosis is made in late stages, as by now no early detection method is available. Symptoms of depression occur frequently before diagnosis of PC. PC and depression are both known to go along with changes in the kynurenine-pathway.

Objectives This study aimed to examine the kynurenine pathway (Figure 1) and evaluate a possible depression in newly diagnosed PC patients in comparison to healthy controls (HC).

Methods 26 PC patients and 26 age and sex matched HC participated in this study. We investigated serum-levels of kynurenine, kynurenic-acid, quinolinic-acid and tryptophan. To diagnose features of depression SKID-II and BDI were used.

Results None of the participants fulfilled criteria of a depressive episode. Regarding BDI-scores, 2 PC-patients showed features of mild depression. PC patients showed significantly lower tryptophan-levels ($P=0.05$) and significantly increased quinolinic-acid levels ($P=0.01$) compared to HC. Quinolinic-acid levels were correlated with BDI ($r=0.23$, $P=0.02$).

Conclusions Our study results imply IDO-activation and kynurenine-pathway activation by showing decreased tryptophan and high quinolinic-acid levels in our PC patients compared to HC. Larger studies are needed to gather further insight in the kynurenine pathway in PC.

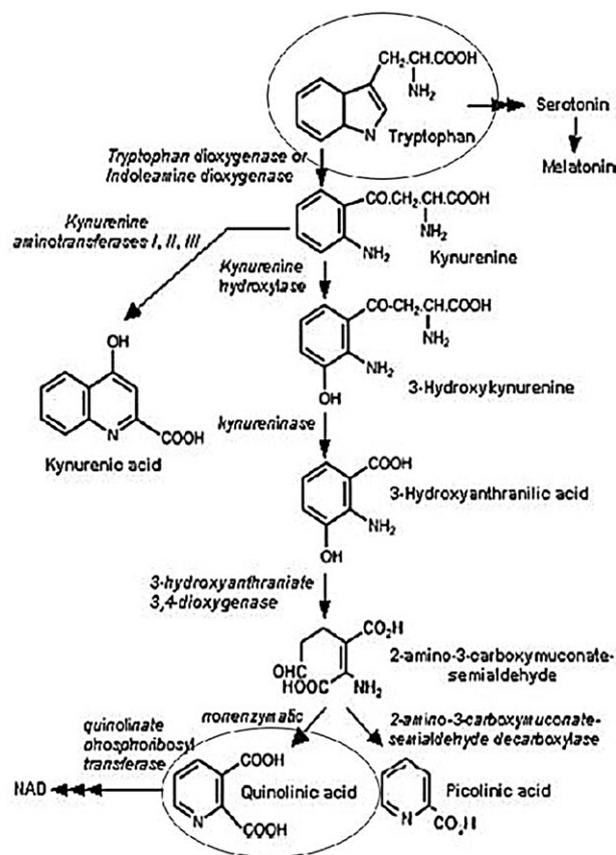


Figure 1

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EV0235

The mortality gap. Patients with serious mental conditions. Mortality, morbidity and use of health services



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Introduction Mental illness are among the most prevalent causes of death [1]. Larger population based studies are needed in order to control the high mortality rates for psychiatric patients [2].

Objective To examine the relationship between psychiatric disease and somatic illness.

Method Data from health-related databases and registries are cross-matched by social security number for all psychiatric patients in North-Norway for 2008–2016/2017. $n = 4000-6000$.

(Table 1)

Mortality is considered multifactorial, and risk factors may appear as both direct and indirect causes. A high number of demographic, somatic, psychiatric and service related variables allow the study to control for interactions and confounding associations by multivariate analyses.

Results/planned papers – 1 A case-register study of the comorbidity of mental and somatic disorders in North Norway: Research protocol.

– 2 Increased mortality in psychiatric patients: A case-registry study.

- 3 Comorbidity of cancer and psychiatric illness: Findings from North Norway.
- 4 Cardiovascular disease is prevalent among people suffering from depression and anxiety.
- 5 The importance of the use of antipsychotic medication for physical health.
- 6 Coercion and general health among psychiatric patients. The importance in continuity of care.
- 7 Substance-use among psychiatric patients. Implications for general health and care pathways.
- 8 Psychiatric patients use of general practitioner medical treatment.

Table 1 An overview of the information that will be retrieved from the registries.

Source	Personal information and medical records
Norwegian Health Economics Administration (HELFO) – KUHR	Date and time of treatment elective/acute, diagnoses (ICPC-2), procedure codes, institution or GP which assumes responsibility upon discharge, time of treatment termination
The Norwegian Patient Registry (NPR)	Diagnoses (ICD-10, all chapters), functioning level, medical procedures, date of referral, treatment priority, treating doctor or institution, level of care, date and time of treatment, elective/acute, referring institution or doctor, institution or doctor which assumes responsibility upon discharge, time of treatment termination
The Cause of Death Registry	Time and cause of death
Statistics Norway – socio-economic registries	Sex, age, marital status, municipality, working affiliation (employed/unemployed/disability pension etc)
Cancer registry of Norway	Diagnoses and treatment variables
Norwegian Prescription Database	Consumption, type and dosage of generic drugs / psycho-pharmacology
Norwegian cardiovascular Disease Registry	Diagnoses and treatment variables

Disclosure of interest The authors have not supplied their declaration of competing interest.

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EV0236

Psychopathological consequences of introducing psychopharmacological treatment in patients with ADHD with comorbid drug use. A preliminary study

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Introduction There exists a high prevalence of SUD among patients suffering ADHD and the consequences of this comorbidity are that ADHD and SUD may exacerbate the outcome of SUD and vice versa. The presence of both disorders increases the risk of chronicity and the level and/or the number of symptoms. The main objective is to evaluate how the introduction of treatment correlates with a better control of symptoms.

Material and methods We select a group of patients with both diagnosis treated in a Mental Health Day Center in Pamplona, Spain. We employ several scales to evaluate the sample: SCL-90, SF-36, Weiss Scale and a Scale of Satisfaction, in three times: at the beginning, one month and three months. We employ urinalysis to detect level and number of substances.

Results The sample is comprised by 12 patients, main age of 42.6 years. 8 patients are cocaine addicts. The majority received Atomoxetine (main dosage 36.0 mg)

Our data shows an important decrease in the score of Neurotics groups of symptoms and Hostility. We observe a decrease in score of items correlated with physic health and an increase in emotional aspects of daily life.

Eight patients gets abstinence and the punctuation of craving decrease from 21 to 5.2.

The level of satisfaction with treatment was very high.

Conclusions The psychopharmacological treatment of patients diagnosed of ADHD with comorbid SUD implies a great improvement in the symptomatology and quality of life of the patients, with a low level of craving.

Disclosure of interest The authors have not supplied their declaration of competing interest.

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EV0237

Life is in the air: Inhaled methanol poisoning. A case report

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Introduction Methanol poisoning is uncommon but potentially lethal. The way of poisoning is usually oral. However, in a small number of cases, inhaled methanol poisoning was described. Most of these occurred among patients suffering a disorder by use of this substance. This type of poisoning has an insidious presentation, that complicates its diagnosis. This poisoning may be lethal. It may produce a chronic and severe affectation of the central nervous system in those who survive to the poisoning. After diagnosis, it is compulsory to act quickly, and it often requires advanced vital support and hemodialysis.

Objectives Educate the Mental Health professionals about a type of disorder by consumption increasingly more frequent in some cities across Europe. This is a high fatality related poisoning that emergency and general psychiatrists should know as it is increasingly common in Europe.

Methods We present the case of a 20-year-old patient, treated at the emergency department of our hospital in context of methanol inhalation. The patient regularly attended to our Dual Pathology outpatient unit due to a severe inhalant use disorder. Several stays at the intensive care unit had been recorded and he already presented with severe optic nerve affectation.

Discussion In recent years there has been an increase in inhalant abuse in Europe, which is still underestimated by our poor knowledge about its potential toxicity.

Conclusion Inhaled methanol poisoning occurs with a typical presentation, and may appear after suicide trial or overdose. Mental health professional should become aware of its potential lethality to approach properly to these patients.

Disclosure of interest The authors have not supplied their declaration of competing interest.

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EV0238

Benzodiazepines abstinence syndrome with psychotic symptoms: Case report



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Introduction Several studies point to the importance that the complex formed by GABA and the benzodiazepine receptor play for cerebral dopaminergic transmission and, hence, to the pathophysiology of psychotic symptoms. The decrease in GABA neurotransmission or the hypofunction of the system in the hippocampus, cortex and other limbic prefrontal or subcortical regions has consequences as emotional dysregulation, cognitive impairment and development of positive psychotic symptoms.

Objectives We intended to show an additional practical example to the limited literature available based on a case linking the emergence of psychotic symptoms due to acute benzodiazepine withdrawal.

Methods We present the case of a 21 year old man who was sent to the emergency room of our hospital after an episode of aggressiveness on the street. The patient showed a psychotic schizophrenic syndrome with significant emotional and behavioural impact with aggressive and bizarre movements. In parallel, restlessness, sweating, tremor, increased blood pressure and tachycardia were observed. Symptoms had started abruptly two hours earlier. The patient companion explained that he usually took Alprazolam at an of over 40 mg per day. He had decided to give up this consumption abruptly four days earlier.

Discussion GABAergic deficits cause the imbalance between excitatory and inhibitory neurotransmission that may relate the pathophysiology of psychotic symptoms. The dysfunction of the GABAergic cortical interneurons could affect to the modulating response from the association cortex, which, could also relate with the appearance of these symptoms.

Conclusion This case could relate a decrease in GABAergic transmission with the appearance of psychotic symptoms.

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EV0239

Mood disorders in HIV infection

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Introduction Psychiatric disorders, particularly mood disorders, have a profound effect on the use of and adherence to highly active antiretroviral therapy (HAART) among patients with human immunodeficiency virus (HIV) infection.

HIV infection and mood disorders have features in common, and each is a significant risk factor for the other.

Objective The objective is to highlight the clinicians on the importance of screening and treating affective disorders among patients with HIV infection.

Methods Two cases of HIV infected patients with comorbid mood disorder and torpid evolutions by poor adherence to treatment are reported.

A brief literature review on this subject is done.

Results Major depression has been shown to alter the function of killer lymphocytes in HIV-infected patients and may be associated with the progression of HIV disease.

HIV-positive patients with mental disorders are less likely to receive and adherence to antiretroviral therapy.

First case-report: a man 52 years old, HIV-positive since 1985 with a comorbid bipolar disorder, with recurrent depressions and poor adherence to both treatment with a rapidly exitus laetalis.

Second case-report: man 45 years old, HIV-positive since 1992 with a comorbid depressive disorder, non-adhered to both therapy and HIV-associated dementia.

Conclusions Depressive disorders are common in HIV infection. Antiretroviral regimens for HIV-infected patients require strict adherence. Untreated depression has been associated with medication nonadherence. Understanding the contribution of depression and its subsequent treatment on antiretroviral therapy adherence might direct clinicians toward earlier identification and more aggressive treatment among this population.

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EV0240

The EFPT-PSUD survey



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Introduction Although psychoactive substance use disorders (PSUD) belong to the domain of mental health, their management varies greatly among European countries. Furthermore, both the role of psychiatrists and trainees in the treatment of PSUD is not the same for each European country.

Aims Among the context of the European Federation of Psychiatric Trainees (EFPT), the PSUD Working Group has developed a survey that has been spread out between the 15th of August 2015 and 15th of October 2016, at the aim of gathering information about the training in PSUD in Europe, both from Child and Adolescent, and General Adult Psychiatric (CAP and GAP) trainees.

Objectives The survey investigated, at European level, the organisation of the PSUD training, trainees satisfaction, attitudes towards people who use psychoactive substances, management of pharmacologic and involvement in common clinical situations.

Methods A 70-items questionnaire regarding the aforementioned objectives was developed, and shared through an online data-collecting system among European CAP and GAP trainees, with 40 trainees per country filling the survey in at least 25 countries. One national coordinator per country facilitated the delivering of the survey.

Results A total of 1250 surveys were filled from more than 25 European countries.

Conclusions Data from the survey will be promptly analysed. The survey will be the first to explore European psychiatric trainees attitudes and practices about PSUD. Findings from this independent survey may serve in understanding the needs of trainees in the field of substance misuse psychiatry.

Disclosure of interest The authors have not supplied their declaration of competing interest.

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EV0241

Hepatic comorbidity in psychiatry. A case report



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Introduction Comorbidity between mental and physical illnesses is very common and their possible interactions must always be taken into account. Hepatic disorders in particular, can affect the blood levels of antipsychotic drugs altering their effects on patients. Therefore, it is very important to assess in each case which treatment might be the most beneficial for the patient to avoid iatrogenic complications.

Aim To review articles in Pub-Med and UpToDate about the possible iatrogenic complications that can arise using antipsychotic drugs in patients with hepatic disorders.

Methods We describe the case of a 52-year-old male with Schizophrenia who was diagnosed of HCV infection ten years ago, for which he rejected any kind of treatment due to delirious ideation. In the past he was treated with oral Paliperidone with good tolerance, which he discontinued because of poor insight and stopped attending Psychiatric consultation. In April 2016 the patient was hospitalised suspecting a hepatocellular carcinoma.

Results During hospitalization he began treatment with long-acting injectable formulation of Paliperidone Palmitate that improved his insight. The patient agreed to perform the necessary tests to verify the suspected diagnosis, which was sadly confirmed. He achieved psychopathological stability, but unfortunately the patient died 6 months later because of his hepatocellular carcinoma.

Conclusions Paliperidone is a good therapeutic option in patients with hepatic disorders because it is not metabolised by the liver. It also has a depot formulation that improves adherence in patients with low insight, reducing the danger of future psychotic decompensation and improving the long-term prognosis.

Disclosure of interest The authors have not supplied their declaration of competing interest.

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EV0242

Cases where pituitary tumor is presented first with psychiatric signs are very rare



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Objective To describe a rare case of Acromegaly presenting as psychotic disorder without neurological signs, in a 19 years old boy.

Method Single case report.

Results We describe the case of a 19 years old boy, that was taller than his peers and had started to grow his hands. He suddenly presented with an acute psychotic episode. He presented with persecutory delusions, perceptual abnormalities, disorganization and marked fluctuation in his behavior, he showed marked emotional lability, fluctuations in orientation and psychotic symptoms in the form of grandiosity, persecutory delusions and delusional misidentifications. At times, he was seen talking to himself, although he denied hearing any voices. There was no impairment of consciousness. His mood was irritable. An urgent CT and subsequent MRI scan revealed a pituitary macro adenoma, extending into the cavernous sinus. The initial diagnosis of prolactinoma was revised to acromegaly. His symptoms responded to combination of olanzapine and valproic acid, followed by trans sphenoid resection of the adenoma.

Conclusions This case highlights the need for investigation, especially of neuroimaging, in atypical presentations of psychosis, which may be first manifestation of rare disorders like acromegaly. Despite a lack of information regarding the path physiology, this particular case emphasizes the importance of ruling out an organic cause for atypical presentation of psychosis.

Disclosure of interest The authors have not supplied their declaration of competing interest.

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EV0243

Comorbidity between obsessive-compulsive disorder and attention deficit/hyperactivity disorder



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Introduction The comorbidity between obsessive-compulsive disorder (OCD) and attention deficit/hyperactivity disorder (ADHD) has been discussed for a couple of decades. Reported co-occurrence rates are highly inconsistent in the literature.

Objective To review phenomenological and theoretical issues concerning concomitant OCD-ADHD.

Aims Phenomenological and theoretical issues regarding OCD-ADHD comorbidity are reviewed.

Results Although numerous studies suggest an OCD-ADHD comorbidity, thus far etiological (i.e., genetic) background has

been provided only for a pediatric comorbidity. High rates of co-occurrence may be mediated by the existence of tic disorders, and evidence of impaired neuronal maturational processes in OCD pediatric population may lead to probably transitory phenotypical expressions that look like ADHD symptomatology. Thus, it is possible that ADHD-like symptoms resulting from OCD-specific symptomatology may be misdiagnosed as ADHD. This may explain the lower co-occurrence rates reported in adolescents and adults.

Conclusion OCD and ADHD are very different disorders in terms of pathophysiology, phenomenology, and treatment strategies. Several methodological concerns have been identified in our review. Future studies on OCD-ADHD comorbidity should try to mitigate these biases.

Disclosure of interest The authors have not supplied their declaration of competing interest.

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EV0244

Other ways for the treatment of alcohol dependence: A patient treated with nalmefene



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Introduction Alcohol dependence belongs to one of the major risk factors to health worldwide. Alcohol consumption is a significant factor for mortality in the world: 6.3% in men and 1.1% in women. The alcohol use disorder is also very common: 5.4% in men, 1.5% in women. Despite its high frequency and severity of this disorder, only 8% of all alcohol dependents are treated once.

Aims An interesting treatment option is geared toward reducing alcohol intake. Some patients in treatment for alcohol use disorder prefer an initial target of reducing consumption. Nalmefene, an antagonist naltrexone associated with opioid receptors, has been authorized in the European Union to help alcohol-dependent patients reduce their consumption. Antagonists' opiate receptors are associated with reduced reward in relation to alcohol consumption, thus helping patients in reducing energy consumption.

Methods A man of 39 years old, with a diagnosis of alcohol use disorder and depressive disorder and poor outcome despite different types of treatment (as aversive agents) was treated with nalmefene.

Results After a few months, nalmefene had a beneficial effect on the patient, with a significant reduction in the number of days of excessive alcohol consumption and total consumption in the sixth month. In addition, treatment was well tolerated, with no observed secondary effects.

Conclusions Nalmefene appears to be effective and safe in reducing heavy drinking. Drugs such as nalmefene have demonstrated efficacy in association with a biopsychosocial approach to help patients achieve their personal objectives for this disorder.

Disclosure of interest The authors have not supplied their declaration of competing interest.

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EV0245

Rehabilitation program: Results of a clinic in Lisbon



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Introduction Modern psychiatry includes within its purposes to reintegrate patients into society. Our work's goal is to evaluate in terms of outcome, the current status of patients that underwent the rehabilitation program in a clinic in Centro Hospitalar Psiquiátrico de Lisboa, in Lisbon.

Methods The methods consisted of retrospective evaluation of the sample of patients that successfully completed the rehabilitation program between 2012 and 2015. Gender, age, provenience, previous and current socio-economic situations were taken into account.

Discussion Twelve patients concluded the program in the timeframe studied: 64 % males and 36 % between the ages of 36 and 40 and more than half were in homelessness situations. They progressed in increasing levels of autonomy and by the program's end, ten were dismissed and two were still waiting for housing. Ten of the patients are now living with their families or have been integrated in social housing program. Two await conditions to leave the hospital.

Conclusion The program had a positive impact on the life of all patients that have engaged in it. Only two remain waiting social housing responses. Although the results are satisfactory, the number of patients admitted must improve in coming years.

Disclosure of interest The authors have not supplied their declaration of competing interest.

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EV0246

From alcohol to delusional jealousy



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Purpose With this clinical case we want to show an example of diagnosis and treatment of a frequent psychiatric comorbidity in alcohol dependence: delusional jealousy.

Methods We analyzed a clinical case of a 52-year-old man who has a voluntary drug intake promoted by a delusional jealousy to his wife in a context of chronic alcohol consumption. A bibliographic search is made about the comorbidity of delusional jealousy in alcoholism.

Results A 52 year-old man is brought to the hospital after to have a voluntary drug intake. He has not got medical history of mental health. As personal antecedents, the harmful alcohol consumption of the last 6 years in which he is unemployed is highlighted. After the clinical interview with the patient and with direct relatives (woman and daughter), we have the suspicion that it is a case of cellotopia induced by alcohol, in which the patient has made an autolytic attempt fomented by a delusion of jealousy. In this moment treatment is started. After a few weeks in which the patient starts treatment and leaves alcohol consumption, delusional clinic of jealousy refers progressively.

Conclusions The alcoholic etiology of cellotopia has not been specifically confirmed. However, clinical experience shows this association is extremely frequent. It's a chronic delusional disorder with content of jealousy, providing interpretations and suspicions unfounded. Is added hostility to his partner, with potential risk of heteroagresivity. The most important thing is to assess the

emotional and behavioral resonance of delirium. The treatment consists of indicating abstinence from alcohol and administration of neuroleptics.

Disclosure of interest The authors have not supplied their declaration of competing interest.

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EV0247

A Clinical review about differential diagnosis and comorbidities on premenstrual dysphoric disorder



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Introduction Symptoms of premenstrual dysphoric disorder (PMDD) recur during the premenstrual phase of the cycle and disappear to the beginning or after last menstruation. The main symptoms are emotional lability, dysphoria and anxiety.

Objectives To review PMDD for helping in the differential diagnosis between this disease and classical anxiety disorders.

Methods It was made a clinical review about differential diagnosis and comorbidities on PMDD in specialized literature and Pub-Med.

Results PMDD causes significant distress and impairment in social or occupational functioning the first week following menstruation. In relation with differential diagnosis on PMDD, on the one hand, several organic diseases could produce the same symptoms than PMDD: for example gynecological pathology as dysmenorrhea or menopausal transition, endocrinological diseases as hypothyroidism and hyperthyroidism and some hormonal treatment including hormonal contraceptives. In addition, a variety of medical disorders are concomitant pathologies that could be associated with PMDD (eg, migraine; epilepsy, asthma, allergies, systemic exertion intolerance disease, chronic fatigue syndrome; irritable bowel syndrome). These pathologies are exacerbated just before or during menstruation. On the other hand, several psychiatric disorders as bipolar disorder, major depression, dystimia, and anxiety disorders could get worse on the premenstrual phase.

Conclusions In relation with the diagnosis of PMDD, it seems necessary to consider various differential diagnosis such as psychiatric, gynecological and endocrine disorders because of all of them share like symptoms. For this purpose it is very important to make both a good clinical history and a comprehensive physical examination to offer the most accurate diagnosis and treatment.

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EV0248

Adult ADHD diagnosis and binge eating disorder



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The association between attention deficit hyperactivity disorder (ADHD) and eating disorders has not been yet clarified. The presence of ADHD was significantly correlated with more severe binge eating, bulimic behaviors, and depressive symptomatology. The

aim of this work is to study the relationship between ADHD subtypes in adults and the risk of food addiction (binge eating disorder). The sample was collected on a specific program for adults with ADHD diagnosis in Madrid (Spain). In total, the sample was 110 patients, and we collected information about socio-demographic factors. All patients met DSM-5 criteria for ADHD in different subtypes. We used the conner's Adult ADHD rating scales and the Barrat impulsiveness scale. Also we used the Shorter Promise Questionnaire. This is a 16 scale self-report instrument to measure an individual's level of addictive tendency.

The 36.4% were at high risk of developing a food addiction. For binge eating disorder (BE), no statistically significant differences were found by gender within patients with ADHD.

Binge eating was significantly related to the impulsivity and emotional lability subscale of the CAARS ($P < 0.05$). The risk of develop BE in ADHD was 4.7 (CI 95% 1.8–12.07). Binge eating was significantly related to the total score on the Barrat scale ($P < 0.05$) Risk of 3,5 (CI 95% 1.5–7.9) and within the subtypes of impulsivity, motor impulsiveness was the one that was significantly related to BE ($P < 0.001$)

There is a clear relationship between impulsiveness symptoms and BE in patients with ADHD. It's important to note that there are no gender differences within ADHA patients to develop a BE disorder.

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EV0249

From psychiatric to critical care: Patient profile and predictive transfer elements



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Introduction Patients with mental illness have an increased risk of morbidity and mortality from somatic complications, with a reduction in life expectancy of 15 to 30 years. During hospitalization in a psychiatric setting multiple risk factors can combine and contribute to a severe deterioration in the general condition of patients who may require reanimation.

Aim Describe the profile of patients admitted to Razi who required transfer to an intensive care setting during hospitalization to more precisely determine the predictors of severe somatic decompensation.

Methodology A descriptive retrospective study of patients transferred from the Razi hospital to the emergency medical assistance center (CAMU) during the period between 1 January 2014 and 31 December 2015.

Results The average age of patients was 39.5 years; 64.2% of the patients were men, 60% had a low socio-economic level, 34.7% had a comorbid disease. Forty-one percent (41%) of the patients transferred had been diagnosed with schizophrenia, and 27% had bipolar disorder. Antipsychotics were the most prescribed psychotropic drugs. High doses were used with therapeutic combinations in 85% of the cases. A toxic cause was identified in 58% of cases, including neuroleptic malignant syndrome in 18%. Dehydration and ionic disorders are among the most frequent causes in 27% of cases. Conclusion; Identifying risk factors for deaths in psychiatric hospitals highlights needed changes in psychiatric management strategies taking into account the patient's characteristics as well as the drugs' safety profile.

Disclosure of interest The authors have not supplied their declaration of competing interest.

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EV0250

Generalized anxiety disorder comorbidities: Panic and depressive disorder



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Introduction It has been well documented that generalized anxiety disorder (GAD) can co-occur with mood disorders and other anxious disorders, particularly panic disorder (PD). These comorbidities can complicate therapeutic management and burden the prognosis.

Aim To highlight the relationship between GAD and panic and depressive disorders.

Methods We conducted a cross-sectional study, among 250 subjects consulting in 6 primary care units in Sfax, Tunisia. These participants, randomly chosen, were asked to answer a questionnaire after their consent. The diagnosis of GAD and PD were assessed by the "Mini International Neuropsychiatric Interview" of the DSM-IV. Depressive symptoms were evaluated using the "Beck Depression Inventory" (BDI).

Results The average age was 39 years. The sex ratio M/F was 1/2. The GAD was diagnosed in 10.8% of participants. The mean IDB score was 3.8. According to this scale, a mild depression was noted in 23.6%, moderate 12% and severe in 2.8% of cases. The GAD was statistically associated with psychiatric histories ($P=0.009$), particularly depression disorder ($P=0.004$) and the history of suicide attempt ($P<0.001$).

The IDB score was significantly higher in participants with GAD ($P<0.001$). Among them, 74% presented moderate to severe depression.

GAD co-occurs with PD in 22.2% of cases. This association was statistically significant ($P<0.001$). Participants presenting GAD- PD comorbidity are at higher risk of developing depression ($P=0.003$).

Conclusion One must always think to screen comorbidities in the presence of either diagnosis, in order to ensure a better management.

Disclosure of interest The authors have not supplied their declaration of competing interest.

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EV0251

Psychiatric hospitals may enhance holistic care by introducing medical and surgical liaison teams



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Introduction Patients with mental health problems (MHP) are known to have more physical co-morbidities compared to the general population.

In Malta, Mount Carmel hospital (MCH) which is the main psychiatric hospital (consisting of both acute and chronic wards), is separate from Mater Dei hospital (MDH) which is the general hospital at which medical and surgical care is provided.

Such a division in healthcare may result in inadequate focus on physical health amongst patients of high demand in this regard. This subsequently puts an increased strain on the general hospital through repeated referrals.

Objectives The purpose of this study is to show that inpatients with MHP have a significant number of co-morbidities and require multiple referrals to a general hospital for medical and surgical attention.

Methods Three hundred and ninety-three inpatients at acute and chronic wards of MCH (during the first week of December 2016) were enrolled in the study.

Treatment charts and iSOFT (healthcare IT software used in Malta) were used to determine patient's diagnosed co-morbidities, number and type of referrals to MDH outpatient clinics (OPC), casualty and admissions at MDH over 1 year.

Results Results of the audit indicate that a significant number of inpatients at MCH have medical co-morbidities and the majority have been referred to MDH for OPC and casualty over the past year.

Conclusions Having medical and surgical liaison teams in psychiatric hospitals may enhance patient care and reduce the pressure exerted on general hospitals.

Disclosure of interest The authors have not supplied their declaration of competing interest.

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EV0252

Connection between body mass index (BMI) and expression of symptoms in individuals with mental disorders



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Introduction Research shows that the prevalence of obesity is greater in individuals with mental disorders than in general population. According to literature, obesity is correlated with intensity of symptoms and suicidality.

Objectives The aim of this study was to determine whether there is a correlation between BMI and severity of symptoms, as well as suicidality and gender. The aim was also to determine whether there is a difference in the severity of symptoms and suicidality among individuals with different diagnoses.

Methods Participants in this study were 37 men and 73 women with diagnosis of psychosis, personality disorder, bipolar affective disorder, unipolar depression and anxiety disorder treated in Psychiatric hospital "Sveti Ivan", Zagreb, Croatia. Sociodemographic data were collected and BMI was calculated. All participants fulfilled the DASS 21 (Depression, Anxiety and Stress Scale by Fernando Gomez) and Suicide Severity Rating Scale (Columbia–Suicide Severity Rating Scale (Center for Suicide Risk Assessment)).

Results There is no significant correlation between BMI and severity of symptoms, as well as between BMI and suicidality. But there are significant differences in the severity of stress ($P=0.005$) and suicidality ($P=0.004$) in individuals with different diagnoses.

Conclusions The results identify that a significant part of individuals with mental disorders are either obese or overweight, but there were no significant differences in relation to suicide and intensity of symptoms depending on the BMI.

Disclosure of interest The authors have not supplied their declaration of competing interest.

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e-Poster viewing: Consultation liaison psychiatry and psychosomatics

EV0253

Sleep disorders associated with interferon in chronic viral hepatitis C



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Chronic infection with hepatitis C is a public health problem in Morocco and in the world. The objective of the work screens for sleep problems during the disease and its management to better guide the monitoring and psychiatric interventions.

Methodology Sixty-eight patients followed for hepatitis C were recruited. The treatment was based on the combination of pegylated IFNa or standard IFNa and ribavirin for 6 to 12 months. The evaluation was done by a questionnaire containing demographic information, medical and psychiatric history, substance use. Sleep assessment was made by Pittsburgh Sleep Quality Index, and measuring the quality of life by SF36. The assessment before starting treatment and at 1 month and 4 months. Statistical analysis by SPSS 21 software read.

Results Fifty-six patients were able to complete the monitoring. 36 women to 20 men. The average age is 59.1 years old (standard deviation 9.88). A quarter of patients still gainfully employed. 64.3% of participants live in couple. Seventy-six point eight percent of patients live in the city. Seven per cent consume tobacco and single patient use cannabis occasionally. Sleep disorders increased from 37.5% before the start of the treatment to 55.4% after its start. While 44.5% have kept a sleep disturbed to 4 months. At first, the quality of life had more impaired scores on psychological than physical scores. The overall score declined significantly way after initiation of treatment (0.04). A larger decline on the psychological component (0.000) while the physical score did not significantly decrease.
Disclosure of interest The authors have not supplied their declaration of competing interest.

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EV0254

The age of accountability of consultation liaison, an example from a big referral hospital



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CL is a subspecialty in psychiatry and provides a variety of consultation services including diagnosis, therapeutic and teaching efforts of a psychiatrist in none psychiatric units or hospitals.

Objectives This is a retrospective descriptive study that evaluated the consultation liaison (CL) psychiatry services in Imam Khomeini hospital, during two recent years.

Methods The information has been obtained from reviews of medical profiles of patients who attended the hospital.

Results A total of 681 patients (365 patients were male) received CL services during the study period. The most prevalent diagnosis groups were mood disorder (37.91%), delirium (13.6%) and anxiety (12.64%). Our study revealed that cardiovascular unit, infectious disease unit and general surgery units frequently requested for consultations among all hospital wards. Pediatrics unit had the lowest request rate for psychiatric consultation.

Conclusion CL is on the rise in general hospitals, specifically in internal medicine and surgery units which alarm us to pay more attention to preventive strategies focused on the most referred problems including mood disorders, delirium and anxiety disorders in patients who attended general hospitals.

Disclosure of interest The authors have not supplied their declaration of competing interest.

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EV0255

Low frequency of request for liaison psychiatry: A difficulty in the early detection of mental disorders by medical assistants?



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Introduction The liaison psychiatry (LP) is a feature used by the psychiatrist in order to improve the management of patients with mental suffering and/or mental disorder admitted to general hospital.

Objectives To characterize the epidemiological profile of hospitalized patients at the university hospital of the federal university of Sergipe (HU-UFS) submitted to LP.

Methods retrospective and observational study, through analysis of medical records of patients admitted in the wards of clinical medicine and surgery from the HU-UFS, in the period from January to December 2015, submitted to LP. The information collected fed a specific questionnaire developed by the authors, intended for research of socio-demographic data and clinical profile.

Results the frequency of request for LP was of 3.5%, with the majority of applications was performed by clinical medicine (71.2%), while the surgical clinic was responsible for 28.8%. The main reason for the request of LP was the presence of depressive symptoms (49.1%). There was a predominance of females (52.5%) and the mean age was 45.9 ± 14.6 years.

Conclusions The frequency of request for LP was very low, suggesting a difficulty in the early detection of mental disorders by physicians. This finding points to an underreporting of cases, since the prevalence of depressive symptoms in hospitalized patients is over 50% in this institution.

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EV0256

Psychosomatic process in patients with dissociative mental disorders



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Present days are characterized by increased level of various psychosomatic disorders among different populations in economically developing countries. Moreover every mental disease contains somatic symptoms and these symptoms may interfere in whole picture, change the diagnostic schedule. In case of mild disorders patient's reaction to somatic disease was mostly hysterical: exaggeration of pathological sensations, suggestibility and self-suggestibility. Whole picture of the neurosis was very colourful, dynamical, with instable pathological manifestations, intention to draw one's attention.

Transition to long-term variant of dynamics mental disorder was accompanied by concentration on the smallest somatic sensations, seeking benefit from a disease state, "flight into the illness", nosophilia. We identified prominent increase of hypochondriac symptoms in the group of patients with long course of dissociative disorders (33.4%) as compared with the group of acute and sub-acute course of the disorder (11.4%).

In patients with long course of dissociative disorders we observed accumulation of somatic pathology, in most cases one patient suffered from different somatic diseases. Increasing of rate of hypertension (31.33%) and different dishormonal disorders (37.5%) was the most prominent.

In psychological "portrait" of the patients with psychosomatic disorders we identified the great number of combinations of pathocharacterologic traits, creating the patient's "facade", complicating interactions and compliance with physicians and psychiatrists.

Interactions between features of mental disorders and somatic disorders, psychological stress appear to us to be rather close. Presence of the somatic process leads to chronification of the neuroses, "flight into the illness", decrease of dependence of clinical dynamics on psychogenesis.

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EV0257

Irreversible silent

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Objectives Lithium is a well-known substance used in treatment of mood disorders. It has a narrow therapeutic index with recognised adverse effects on renal and thyroid function. Clinical guidelines published by the national institute for health and clinical excellence in the United Kingdom (NICE) recommend renal and thyroid function checks before lithium is prescribed, as well as ongoing monitoring of renal function, thyroid function and serum lithium levels. Lithium-induced drug toxicity is frequently seen in clinical practice. While the ongoing monitoring serves to monitor reversible side effects of Lithium provided its discontinued, rarely patients develop a persistent neurological side effect known as a syndrome of irreversible lithium-effectuated neurotoxicity (SILENT).

Method This is a case report on a patient where the patient developed SILENT syndrome after being treated with Lithium, long term for bipolar disorder.

Results This case supports the biological mechanism of SILENT syndrome. It also caused a huge implication in the patient's care.

Conclusions As clinicians, we are well aware of following treatment guidelines for Lithium. This case report was written to raise awareness regarding a "SILENT" albeit significantly debilitating syndrome of Lithium use.

Disclosure of interest The author has not supplied his/her declaration of competing interest.

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EV0258

The sofa is better than Freud

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When it comes to the therapeutic dialog between doctor and patient, psychiatrist or psychotherapist and user, there are several factors that are taken into consideration, though some of these aren't of a specific psychological model, they fulfill an important role both in the management of the relationship itself as well as in the care.

Their importance in the therapeutic relationship is such that a doctor or a therapist cannot simply manage them by "common sense", or follow his own propensity for dialogue: he must know them well and he needs a training on their own management with the same precision that is needed for the specific psychological model training.

Contrary to widespread belief we think that education on non-specific factors has to be desirable and that the ability to manage them can be implemented both by a deeper understanding as well as by dedicated training tools.

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EV0259

Suspension of judgement: A tool for non-invasive therapeutic relationship

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We often refer to our ability to perceive the other mind as a gift of our experience that helps us in our work. But to use this insight as a guidance counselor in the treatment process is sometimes a harbinger of relational mistakes that affect the success of the treatment.

The specialist, psychiatrist or psychotherapist (but also other aid professionals), has to learn the process of the suspension of judgement "epochè", described in Jaspers' psychopathology.

To foster learning of "epochè" we developed some exercises that help the young therapist in training. We believe they are also particularly useful for the training of students who are undergoing specialized training to become psychiatrists.

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EV0260

Neurosyphilis presenting with affective psychosis and Parkinsonism: A case report

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Introduction A 38-year-old gentleman was admitted to an inpatient psychiatric unit with a first episode of fluctuating affective psychosis. He initially presented as manic although subsequently evolved a severe depressive episode, with prominent bizarre, affect-incongruent delusions throughout this period. Upon admission, anisocoria was evident, although this was attributed to a past head injury. Over the course of his admission he developed emergent Parkinsonism, initially ascribed to prescription of aripiprazole. Given his anisocoria and worsening Parkinsonism, further investigation was undertaken. While his MRI brain scan was unremarkable, his serum and CSF specimens tested positive for

Treponema pallidum serology, and he was diagnosed with neurosyphilis. He was treated with a single dose of intramuscular penicillin, but experienced marked deterioration of neurological symptoms (paraparesis and truncal ataxia) and was transferred to the general hospital for an extended 14 day course of intravenous penicillin. Following this extended course of antibiotic therapy, resolution of neurological symptoms was seen, but no sustained improvement in residual psychotic symptoms has been seen.

Conclusions This case demonstrates the potential neuropsychiatric consequences of neurosyphilis, and serves as a reminder of its potential to imitate other psychiatric presentations. This gentleman, and many like him, continue to experience severe and enduring psychopathology despite penicillin treatment when cases are detected late. Given the potential consequences of this, we would advocate assertive screening for syphilis in patients admitted to psychiatric units.

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EV0261

Liaison psychiatry–characterization of inpatients with psychiatric pathology in the infectiology service



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Introduction The interface of the Liaison Psychiatry with Infectiology is fundamental for the continuous and specialized support of these patients. Prevalent psychiatric records are known in the HIV infection, such as anxiety, depression and abuse and/or addiction to substances. There are also different neuropsychiatric situations associated with this infection owing, namely, to the HIV direct action on the central nervous system, to the adverse effect of the antiretroviral therapy and to the resurgence of existing prior pathology.

Objective The author intends to characterize the population evaluated in the Liaison psychiatry in the Coimbra university hospital with respect to inpatients of the Infectiology Service in a central hospital in order to optimize resources and better adjust interventions made.

Methods and results The quantitative retrospective study was carried out between May 2015 and May 2016, with a duration of one year, in the infectiology service of the Coimbra university hospital. Observation and evaluation of the inpatient of the infectiology service having in view the sample characterization in relation to demographic data, nature of the request, antiretroviral therapy, psychiatric diagnosis, type of intervention and follow-up. The quantitative data were subject to statistical analysis.

Conclusion The prevalence of the psychiatric disorders associated with HIV infection is high and with great emotional impact and implications in the personal, sexual, occupational and social life of the individual. The diagnosis and treatment of the psychiatric comorbidity is determinant in the patients' evolution, both in reducing suffering associated with experience of HIV infection and in its implications.

Disclosure of interest The author has not supplied his/her declaration of competing interest.

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EV0262

From 'Big 4' to 'Big 5': A review and epidemiological study on the relationship between psychiatric disorders and World Health Organization preventable diseases



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Introduction Chronic diseases, such as heart disease, stroke, chronic respiratory diseases and diabetes, are by far the leading causes of mortality in the world, representing 60% of all deaths. However, chronic disease rarely exists in isolation. Nevertheless, study of chronic disease rarely takes into account comorbidity and virtually none examine their occurrence in populations.

Objectives and aims To review the association between psychiatric disorders and other medical comorbidities.

To study the association between psychiatric diseases and medical comorbidities on a population-scale.

To reconsider our approach to medical comorbidities.

Methods Using an informatics approach, a dataset containing physician billing data for 764 731 (46% male) individuals spanning sixteen fiscal years (1994–2009) in Calgary, Alberta, Canada was compiled permitting examination of the relationship between Physical Disorders and Mental Disorders, based on the International Classification of Diseases (ICD).

Results All major classes of ICD physical disorders had odd ratios with confidence intervals above the value of 1.0. Ranging from 1.47 (Injury poisoning) to Circulatory systems (3.82). More precisely, when a psychiatric disorder is present, the likelihood to develop one of the four preventable diseases is significantly increased: Stroke (4.27), Hypertension (3.34), Diabetes (2.66) and COPD (2.43).

Conclusion We postulate that psychiatric disorder should be included in the classification of preventable chronic diseases that have a profound impact on society. Developing a consistent and standardized approach to describe these features of disease has the potential to dramatically shift the format of both clinical practice and medical education.

Disclosure of interest The authors have not supplied their declaration of competing interest.

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EV0263

A rare type primary central nervous system lymphoma with primarily psychiatric diagnosis- a case report



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Primary central nervous system lymphoma (PCNSL) is a high-grade malignant B-cell non-Hodgkin neoplasm that is an infrequent variant of all intracranial neoplasms (1%) and all lymphomas (< 1%) PCNSL is documented mainly in immunocompromised patient groups, although it may also be diagnosed in immunocompetent patients. It affects mainly the eyes, supratentorial areas, or the spinal cord. The lesions are typically localized in frontal lobes, corpus callosum and basal ganglia. Additionally, lesions might rarely be detected at infratentorial areas and in medulla spinalis. Even though a wide spectrum of treatment options are available, such as chemotherapy, radiotherapy, or surgery; response rates are low and prognosis is poor in spite of appropriate treatment.

The case we reported here is 57-year-old male presented with symptoms of aggressivity, impulsivity, depressive mood and personality changes. Histopathological diagnosis was CD5 positive diffuse large B cell lymphoma, which is very rare in high-grade lymphomas. There were no neurological signs related to CNS tumor and the clinical manifestations responded very well to chemotherapy consisting of high dose methotrexate, vincristine and procarbazine. The significance of such neuropsychiatric symptoms in the course of treatment for PCNSL has been previously documented as well. These behavioral and emotional symptoms might manifest

themselves based on where the neoplasm is localized. Therefore, psychiatrists should be more aware of the uncommon manifestation of the disorder as reported in this case. Consultation for differential diagnosis might also be necessary in such cases.

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EV0264

Experimental intervention program in psychosomatic pathology



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Introduction The work of Bion, developing the psychoanalytic theories of Freud and Klein on the origins of anxiety in childhood, includes the hypothesis of a protomental system as a matrix in the human organism in which physical and mental are at first undifferentiated. He defends that the continuing experience by the infant of parental containment of its anxieties, through a process of projection and introjection, develops its capacity for thinking about frustration rather than evading it. This conception was extended to psychosomatic illness, by the hypothesis that, without this experience, frustration may lead to basic assumption mentality and psychosomatic illness rather than emotions and thought.

Objectives This work aims to describe an experimental technique of group psychotherapy, inspired in Bion's principles combined with relaxation techniques, in the context of psychosomatic diseases.

Aims The authors pretend to identify improvement in clinical symptomatology, quality of life, identification and expression of emotions, in the group submitted to this method, compared to controls.

Methods It was performed a weekly group psychotherapeutic session and a weekly relaxation session (using Jacobson's method), along two months. The patients were randomly selected and submitted to psychological evaluation with scales and questionnaires, in the beginning and at the end of the study.

Results At the time of submission of this work, the results of the intervention were in analysis.

Conclusions This paper describes an experimental method of psychotherapeutic intervention in the field of psychosomatic disease, using a transdisciplinary perspective.

Disclosure of interest The authors have not supplied their declaration of competing interest.

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EV0265

Attention, vigilance and visuospatial function in hospitalized elderly medical patients—relationship to delirium syndromal status and motor subtype profile



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Objective The early and efficacious detection of neurocognitive disorders poses a key diagnostic challenge. We examined how nine bedside cognitive tests perform across the spectrum of delirium and motor subtypes.

Methods The performance on a battery of nine bedside cognitive tests were compared in elderly medical inpatients with DSM-IV delirium, subsyndromal delirium, and no neurocognitive disorder and in different motor subtypes of patients with delirium.

Results One hundred and ninety-eight patients (mean age 79.14 ± 8.26) were assessed with no delirium ($n=43$), subsyndromal delirium ($n=45$), and full syndromal delirium ($n=110$). The ability to meaningfully engage with the tests varied from 59% for vigilance B test to 85% for Spatial Span forward test and was found to be least in the full syndromal delirium group. The no delirium group was distinguished from the delirium groups for all the tests and from the full syndromal delirium group for the vigilance B test and global visuospatial function test. The subsyndromal delirium group differed from the full syndromal delirium group in respect of global visuospatial function test, spatial span backwards and vigilance A tests. Patients with full syndromal delirium were best identified using the interlocking pentagons test and clock drawing test. The ability to engage with testing was higher for those in the no subtype group.

Conclusions Simple bedside tests of attention, vigilance, and visuospatial ability are useful to help to distinguish neurocognitive disorders namely subsyndromal delirium from other presentations.

Disclosure of interest The author has not supplied his/her declaration of competing interest.

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EV0266

Relationship between borderline personality disorder and migraine



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Introduction Borderline personality disorder (BPD) is characterized by pervasive instability in moods, impulsivity, intense and unstable or disturbed interpersonal relationships and self-image, and often self-destructive behaviour. BPD seems to be more common in patients suffering from migraine. However, typical migraine characteristics in this population remain partly unknown.

Objectives & aims To present the specific clinical characteristics of migraine patients with BPD and to assess their response to migraine treatment.

Methods We examined 10 patients with migraine and previously diagnosed with BPD (group 1), 10 patients with migraine and no history of BPD (group 2), and 10 patients with migraine and no history of BPD matched to group 1 for age, gender, and frequency of headache. Migraine was treated in group 1 and 3 and pharmacological treatment outcome was assessed after 6 months.

Results The group of migraine patients with coexisting PBD was associated with female gender, increased prevalence of medication overuse headache, higher rates of self-reported depression, increased migraine-related disability, and a decreased response to pharmacological migraine treatment.

Conclusion Patients with migraine and previously diagnosed BPD can be regarded as a distinct population. They are more suffering from depressive symptoms, more disabled by their migraine, are more resistant to pharmacological treatment.

Disclosure of interest The authors have not supplied their declaration of competing interest.

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EV0267

Misdiagnosis of loin pain hematuria syndrome as a somatization disorderL. De Jonge^{1,*}, S. Petrykiv², J. Fennema³, M. Arts⁴¹ Leonardo scientific research institute, geriatric psychiatry, Bergen op Zoom, The Netherlands² University of Groningen–university medical center Groningen, department of clinical pharmacy and pharmacology, Groningen, The Netherlands³ GGZ Friesland, geriatric psychiatry, Leeuwarden, The Netherlands⁴ University of Groningen–university medical center Groningen, department of old age psychiatry, Groningen, The Netherlands

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Introduction Loin pain hematuria syndrome (LPHS) is a rare kidney disease with a prevalence of ~0.012%. Its clinical features include periods of severe uni- or bilateral loin pain, accompanied by (microscopic) hematuria. It is often misdiagnosed as a psychiatric condition, particularly under the heading of a somatization disorder.

Objectives We describe the case of a patient who developed depressive symptoms after decades of suffering from severe intermittent bilateral loin pain.

Aims To report a case-study, describing LPHS as a cause of severe chronic pain and persistent depressive symptoms.

Methods A case-study is presented and discussed, followed by a literature review.

Results A 55-year-old female was referred to a psychiatrist for her depressive symptoms and persistent periods of severe unilateral or bilateral loin pain and intermittent hematuria for over 25 years. There she was diagnosed with a depression and somatization disorder. She received amitriptyline for many years, without any effect. Finally, the patient opted for a second opinion in an academic hospital in Belgium where it was quickly discovered. After surgery, including renal denervation and kidney autotransplantation, her somatic problems and depressive mood disappeared.

Conclusions The awareness of LPHS is still very limited in medicine. This may lead to incorrect diagnoses, including psychiatric disorders such as somatization disorder. More awareness could lead to earlier diagnosis and prevent the consequences of severe debilitating pain.

Disclosure of interest The authors have not supplied their declaration of competing interest.

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EV0268

Lithium toxicity after bariatric surgeryL. De Jonge^{1,*}, S. Petrykiv², J. Fennema³, M. Arts⁴¹ Leonardo scientific research institute, geriatric psychiatry, Bergen op Zoom, The Netherlands² University of Groningen–university medical center Groningen, department of clinical pharmacy and pharmacology, Groningen, The Netherlands³ GGZ Friesland, geriatric psychiatry, Leeuwarden, The Netherlands⁴ University of Groningen–university medical center Groningen, department of old age psychiatry, Groningen, The Netherlands

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Introduction Bariatric surgery is globally increasingly being applied in patients with morbid obesity to achieve permanent weight reduction. More than fifty percent of these patients have a psychiatric disorder in their history and over thirty percent take psychotropic medication. The prevalence of bipolar disorder in patients who undergo bariatric surgery is around four percent, and most of them are treated with lithium.

Objectives & aims To report and discuss the effect of bariatric surgery on changes in lithium absorption.

Methods We present all published case studies and literature review on lithium toxicity after bariatric surgery.

Results To date; only two case-reports were published with dramatic changes in lithium level after vertical sleeve gastrectomy and Roux-en-Y bariatric surgery. Within a period of two to five weeks, the patients were presented to the emergency department with signs of dehydration and acute kidney failure.

Conclusion Clinicians should be aware of dramatic and possibly even life-threatening pharmacokinetic changes in drug absorption that may occur after bariatric surgery. Careful monitoring and even reduction of lithium dosage before and after surgery could potentially prevent serious complications.

Disclosure of interest The authors have not supplied their declaration of competing interest.

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EV0269

Depression in people with multiple sclerosisF. Ellouze^{1,*}, W. Bouali¹, B. Hidouri², S. Younes¹, M. Nasr¹¹ CHU Tahar Sfar, Psychiatry, Mahdia, Tunisia² CHU Tahar Sfar, neurology, Mahdia, Tunisia

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Introduction Depression is the most common syndrome associated with Multiple Sclerosis (MS) with a high prevalence during a lifetime.

Objectives To assess the prevalence of depression in patients treated in neurology for MS.

Methods We performed a retrospective study on 17 patients diagnosed with MS and confirmed with the criteria of Mac Donalds 2010 with a follow-up in the neurology department of the EPS Mahdia for a period of nine years (2006–2014), then addressed to a psychiatric consultation for depression.

Results In total 17 patients were hospitalised in the neurology department during the study. Ages ranged from 20 to 39 years with an average of 33 years. The average course of the disorder is 5 years. We objectified a female predominance with 82%, a professional activity was found in 76% of patients. The comorbidities found are mainly hypertension, diabetes and asthma, respectively in 11%, 5% and 5%. Depression was clinically confirmed in 9 patients, that is to say, 52% of our sample addressed in the psychiatric consultation, whose 6 received an antidepressant (fluoxetine) and 3 received paroxetine. An anxiolytic was given to the half of these patients.

Conclusion The association between MS and depression would, therefore, be neither fortuitous nor only related to non-specific factors of any chronic disease. Specifying the relative share of these explanatory factors is probably one of the challenges for future researches in this area.

Disclosure of interest The authors have not supplied their declaration of competing interest.

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EV0270

The impact of type D personality on the quality of life and on microangiopathic and macroangiopathic complications in outpatients with type 2 diabetes mellitusV.R. Enatescu^{1,*}, I. Papava¹, R.S. Romosan¹, A. Grozavu¹, V. Enatescu², I. Enatescu³, L. Diaconu⁴¹ “Victor Babes” university of medicine and pharmacy Timisoara, psychiatry, Timisoara, Romania

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Introduction In 2015, the worldwide point prevalence for diabetes mellitus was 8.8%. Type D personality was found as being more prevalent in type 2 diabetes than in the general population. **Objectives** We aimed to reveal the frequency of type D personality and to analyze the impact of type D personality on both quality of life and angiopathic complications, in patients with type 2 diabetes from our region.

Methods A cross-sectional research was performed on 79 out-patients that were monitored for diabetes mellitus at Timisoara diabetes, nutrition and metabolic diseases clinic. Type D personality was assessed with the DS-14 scale. Quality of life was quantified by using the Q-LES-Q-SF scale (Quality of Life Enjoyment and Satisfaction Questionnaire-Short Form). The angiopathic complications were abstracted from medical records.

Results Type D personality was present in 38 subjects with diabetes mellitus (48.10%). Compared to those without type D personality, patients with type D personality and diabetes had significant lower mean scores for the following domains of the Q-LES-Q-SF scale: social relationships ($P < 0.001$), daily life function ($P = 0.027$), sexual activity ($P = 0.005$), to get around physically ($P < 0.001$), work or hobbies ($P = 0.008$) and raw score ($P = 0.003$). Type D personality did not make any difference regarding micro and macroangiopathic complications of type 2 diabetes patients.

Conclusions Type D personality, a highly frequent entity, did not make the difference with respect to diabetic complications; however, it may interfere significantly with several facets of the quality of life of these patients. These results should be taken into account for an interdisciplinary approach to these patients.

Disclosure of interest The authors have not supplied their declaration of competing interest.

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EV0271

Quality of life and its relationship with illness representations in patients with obstructive sleep apnea syndrome



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Introduction Obstructive sleep apnea syndrome (OSAS) is a highly widespread sleep-related breathing disorder that leads to serious impairment in quality of life (QOL).

Objectives We aimed to assess QOL in patients with OSAS and to investigate its relationship with illness representations.

Methods We performed an analytical cross-sectional study of 87 recently diagnosed OSAS patients. Apnea hypopnea index (AHI) was determined by an overnight polysomnography. Excessive daytime sleepiness (EDS) was assessed by the Epworth Sleepiness Scale (ESS). QOL was assessed by the 36-item short form health survey (SF-36). Illness representations were measured by the Brief Illness Perceptions Questionnaire (B-IPQ); High scores reveal a more threatening perception of the illness.

Results Mean age of the participants was 55.7 years (SD = 11.6). According to the AHI, 70.1% of the patients had severe OSAS, and

16.1% had moderate OSAS. The mean score of the SF-36 was 40.2 (SD = 18.7). Overall QOL was impaired in 87.7% of the patients. There was a considerable decrease in both mental and physical QOL. EDS was associated with impairment in mental QOL. Illness representations were negatively correlated with overall QOL ($r = -0.45$; $P < 0.01$). No relationship was found between QOL and illness severity.

Conclusion The present study provides evidence that OSAS has serious influence on QOL of patients, which could be mediated by negative illness perception. So it is extremely important to know how OSAS sufferers perceive their illness to better understand their coping behavior and to improve their adherence to treatment and their QOL.

Disclosure of interest The authors have not supplied their declaration of competing interest.

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EV0272

Impact of coping strategies on emotional status in patients with obstructive sleep apnea syndrome



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Introduction Obstructive sleep apnea syndrome (OSAS) is a common sleep disorder, which leads to higher morbidity, and mortality and can result in various psychological problems, such as depression.

Objectives The purpose of this study was to assess the severity of depression and to examine its relationships with coping strategies in OSAS patients.

Methods We performed an analytical cross-sectional study of 87 recently diagnosed OSAS patients. Apnea hypopnea index (AHI) was determined by an overnight polysomnography. Depressive symptoms were evaluated by the hospital anxiety and depression scale (HADS). Coping strategies were assessed by the brief cope.

Results Subjects included 38 men and 49 women averaging 55.7 years of age (SD = 11.6) with a mean body mass index (BMI) of 33.8 kg m⁻². According to the AHI, 70.1% of the patients had severe OSAS, and 16.1% had moderate OSAS. Depressive symptoms were found in 44.8% of all patients. Emotional coping was used by 72.4%, while problem-focused coping was used by 28.7% of the patients. The score of depression on HADS (HADS-D) showed positive correlation with BMI ($r = 0.48$; $P \leq 0.001$). No significant association was found between HADS-D and AHI. Depressive symptoms were associated with more emotional coping ($P = 0.03$) and with less problem-focused coping ($P = 0.002$).

Conclusion Our findings suggest that depression is highly prevalent among patients with OSAS, and that coping style seems to have a significant influence on emotional status in these patients. Further research should explore the possibilities of intervening on this factor, aiming to lessen depressive symptoms in OSAS patients.

Disclosure of interest The authors have not supplied their declaration of competing interest.

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EV0273

Neuropsychiatric manifestations in patients with HIV treated with antiretroviral drugs versus untreated

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Introduction Untreated patients for H.I.V can present various types of neuropsychiatric syndromes (NPS): subclinical cognitive symptoms, behavioral changes, agitation, personality changes, dementia complex associated with H.I.V and delirium, depressive disorder, bipolar affective disorder or manic episode. However, it is controversial whether antiretroviral induce NPS, or on the contrary, when there are patients will evolve into an AIDS stage for therapeutic resistance or noncompliance.

Aims Describe qualitatively and quantify the epidemiological point of the main subclinical and NPS symptoms in patients untreated and treated with antiretroviral drugs and their frequencies. Propose pharmacological treatments for each of the specified conditions.

Methods Search in PubMed with the words “Neuropsychiatric and antiretroviral therapy” by applying the limits: full and free texts, past 10 years, Human, English language and adults; research liaison psychiatry textbooks.

Results Results yielded 381 articles with the criteria selecting 102, the most relevant for the purposes of work. They chose four most relevant chapters in the literature.

Conclusions The most effective treatment of NPS in unmedicated patients is to start antiretroviral therapy; only if it does not improve them should be introduced psychiatric drugs as if they were functional. 50% of treated with efavirenz patients will develop NPS in the early days with gradual decrease. The dropout rate associated with these adverse events varies from 2.6–16%. Treatment of these NPS a challenge by the existence of numerous drug interactions, it is essential to know to deal with these entities to improve the quality of life of people with this chronic disease.

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EV0274

Sun lupus and energy. Systemic lupus erythematosus presenting as mania

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Introduction Systemic lupus erythematosus is a chronic disease that can give neuropsychiatric episodes and systemic manifestations. About 57% of patients with SLE have neuropsychiatric manifestations in the course of their illness, however an initial presentation with neuropsychiatric clinic is rare.

Objective Describe how patients receiving corticosteroids as part of their treatment can develop mental disorders but not only them.

Method It will raise grounds with a case: 20-year-old woman recently diagnosed with SLE because of arthritis in his ankle. Treatment was initiated with prednisone 10 mg and chloroquine 200 MG. After 20 days the patient comes to the emergency after episode of turmoil at home with major affective clinical manifold. Presenting fever. The presence of fever downloads the possibil-

ity of a psychosis chloroquine or corticosteroids to be a small dose. Treatment was initiated with high doses of prednisone and immunosuppressants. In addition to associating specific anticonvulsant and antipsychotic drugs at usual doses for a manic episode.

Results Treatment of psychosis in SLE is essentially empirical, and depends on the etiology. It usually responds to the use of high doses of corticosteroids combined with immunosuppressive drugs. Psychosis induced by corticosteroids requires lowering them. It is valid concomitant use of antipsychotics.

Conclusions The presence of psychotic symptoms in a patient with systemic lupus erythematosus forces to distinguish between various etiological possibilities.

Corticosteroids may cause a variety of psychiatric symptoms. And yet, in patients with SLE these syndromes are not always attributable to the use of corticosteroids.

Disclosure of interest The authors have not supplied their declaration of competing interest.

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EV0275

Confusion between symptom and disease. Parkinson vs meningioma

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Introduction Parkinson's disease is caused by decreased dopaminergic neurons of the substantia nigra. Psychosis occurs between 20 and 40% of patients with Parkinson's disease. Dopaminergic drugs act as aggravating or precipitating factor. Before the introduction of levodopa patients had described visual hallucinations but the frequency was below 5%.

Objective Illustrated importance of treatment, reassessment after its introduction and refractoriness to answer; as well as the importance of a differential diagnosis at the onset of psychotic symptoms later in life.

Method Clinical case: female patient 75 years tracking Neurology by parkinsonism in relation to possible early Parkinson disease. She was prescribed rasagiline treatment. Begins to present visual and auditory hallucinations, delusional self-referential and injury. She had no previous psychiatric history. She went on several occasions to the emergency room, where the anti-Parkinson treatment is decreased to the withdrawal point and scheduled antipsychotics did not answer. Doses of antipsychotics are increased despite which symptoms persist and even increase psychotic symptoms. In this situation it is agreed to extend the study. Subsequently an NMR of the skull where the image is suggestive of a right occipital meningioma appears.

Results/conclusions With the emergence of psychotic symptoms later in life it will be important to ask a broad differential diagnosis, since in a large number of cases will be secondary to somatic or to drug therapies.

Parkinsonism can be a symptom of occipital meningioma, presenting in the psychotic clinic. Refractoriness, on one hand to the suspension of treatment for Parkinson's disease, such as poor response to antipsychotics, did extend the study, which ultimately gave us the diagnosis.

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EV0276

Role of online technology and social networking site at workplace

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Background Internet use has affected the pattern of working style at the workplace. Recent years have seen an increased use of online activities (especially pornography/gaming) at the workplace. It has been shown to affect productivity at the workplace. There is a dearth of literature from the Indian context in this area.

Aim This study was conducted to explore the pattern of pornography use & gaming at the workplace and its dysfunctions. Setting and design: The present study was a cross-sectional prospective study

Materials and methods The objective of the study was to assess the pattern of pornography use at the workplace. Five hundred employees having experience of Internet use for more than a year of various government/private sector organizations in Bengaluru were assessed using background data sheet, DSM V criteria, Internet addiction test & pornography addiction screening instrument. Users who were unwilling to participate were excluded from the study.

Results Seven to nine percent reported preference for Internet to work, meals, personal hygiene, sleep, and interaction with family members and effects on productivity. Three to four percent have excessive use of pornography & game.

Conclusions The present study has implications for evolving psychoeducational modules for the promotion of healthy use of technology.

Disclosure of interest The author has not supplied his/her declaration of competing interest.

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EV0277

Psychiatric morbidity managed by liaison psychiatry in a Tunisian populationN. Charfi¹, K. Hajbi^{2,*}, M. Maâlej Bouali¹, L. Zouari¹, N. Zouari¹, J. Ben Thabeb¹, M. Maâlej¹¹ CHU Hedi Chaker Sfax–Tunisia, psychiatry “C”, sfax, Tunisia² CHU Hedi Chaker Sfax–Tunisia, psychiatry, sfax, Tunisia

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Introduction The epidemiology of the association between mental disorders and medical illnesses is the subject of many research studies, mainly due to the worse prognosis associated with this comorbidity.

Objectives To investigate the psychiatric morbidity associated with somatic diseases in liaison psychiatry outpatients and to identify factors associated with this morbidity.

Methods A descriptive and analytical cross-sectional study was conducted. It took place at the psychiatry outpatient unit at CHU Hedi Chaker of Sfax in Tunisia. We collected 110 files of patients having a medical and/or surgical condition, addressed for the first time in 2014, as part of liaison psychiatry.

Results Major depressive disorder (MDD) and adjustment disorder (AD) with anxious and/or depressive mood were the most common diagnoses in liaison psychiatry (respectively 53 cases and 28 cases).

MDD has been diagnosed mainly during the course of three somatic illnesses: cancer, sciatica and hypertension, with respective rates of 90%, 85.7% and 60%.

The onset of a MDD during the evolution of a somatic disease was significantly more common in female patients ($P=0.04$) and those living in couple family ($P=0.005$).

Conclusion Among all psychiatric disorders, depression and AD were the most frequently associated disorders with somatic diseases. This comorbidity may be explained by the physiological and psychological impact of certain somatic diseases, the iatrogenic effect of certain treatments, or the involvement of a biological, psychological or environmental common factor for both conditions.

Disclosure of interest The authors have not supplied their declaration of competing interest.

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EV0278

Treating out of the box: A psychiatry for all!L. Jouini^{1,*}, W. Homri¹, A. Mrabet², R. Zaouche³, R. Labbane¹, B. Meddeb⁴, E. Gouider⁴¹ Razi hospital, “C” Psychiatry department, Tunis, Tunisia² Faculty of medicine of Tunis, preventive medicine department, Tunis, Tunisia³ Razi hospital, psychiatry outpatient Unit, Tunis, Tunisia⁴ Aziza Othmana hospital, center of Hemophilia, Tunis, Tunisia

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Introduction Psychiatrists used to focus on some chronic illness such as schizophrenia and bipolar disorder. However, non-psychiatric chronic illness also need psychiatric follow-up. Indeed, the reciprocal impact of chronic illness and depression is becoming increasingly clear. There is evidence that living with a chronic illness can increase the risk for depression and that depression can impair the quality of life (QoL).

Objectives We aim to assess the prevalence of depression in a chronic disease such as hemophilia and to evaluate the patients' QoL.

Methods Thirty-seven adults from the hemophilia treatment center were screened for depression using the Hamilton Scale for Depression. QoL was assessed using the norm based scores of the SF-36. When the group's score was below 47, the quality of life was below the average.

Results The average age of our population was 26.5 years. 46% were married, 27% achieved a superior level of education and 30% were jobless. Good social and professional integration were reported in 70% and 76% respectively. 77% of our sample had depressive symptoms which were mild (30%), moderate (24%) or severe (13%). The physical and mental Component Scores (PCS and MCS) of the SF-36 scored 46.48 and 43.45 respectively. PCS and MCS were significantly lower in patients with depressive symptoms ($P=0.002/P=0.048$). However, depressive symptoms and SF-36 scores did not differ according to education level, marital and professional status.

Conclusions Psychiatrists should be aware of the psychological impact of general chronic illness. Psychiatric consultations must be implemented in every general hospital.

Disclosure of interest The authors have not supplied their declaration of competing interest.

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EV0279

Psychopathological features of mental disorders in IDPsO. Khaustova^{1,*}, N. Kovalenko²¹ Bogomolets National Medical University, Psychosomatic medicine and Psychotherapy, Kiev, Ukraine² URISFPDA, psychosomatic medicine, Kiev, Ukraine

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Objectives Violation of mental health is common in forced migrants. Lack of positive motivation to move and physical impossibility of further stay at home, mental trauma caused by the history and causes of migration; difficulties in adapting to new location

determine the formation of specific experience IDPs. The most common are psychogenic depression, anxiety and somatoform disorders.

Methods We had observed 60 IDPs aged 18 to 80 years: medical history, current complaints and mental state.

Results We allocated 3 groups: persons of retirement age with severe chronic physical illness or disability on physical illness (1 group); persons with disabilities to mental disease (group 2) and persons without chronic diseases or disability (relatively healthy, caring for the sick) (group 3). Group 1 patients have anxiety (51.4%) and depression (42.8%) syndromes; 25.7% of subjects showed suicidal thoughts and intentions; 25.7% have some PTSD symptoms, including avoidance, overexcited, emotional numbness, pointing to adjustment disorder. In group 2 patients, changes were not found in mental state. Despite traumatic events delusional story does not change, recurrence and relapse rating was stable. In some cases, patients begin to abuse alcohol. In 3 group 31.3% persons experienced depression, 25%-anxiety symptoms, combined with a severe somatic symptoms; 12.5% showed suicidal thoughts; in 18.7% were diagnosed adjustment disorders. So among IDPs the individuals with severe medical conditions are most vulnerable population in the formation of stress-related and neurotic disorders.

Disclosure of interest The authors have not supplied their declaration of competing interest.

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EV0280

Psychological distress following spinal cord injury

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Introduction There is limited data on psychological burden following spinal cord injury (SCI) in Singapore.

Aims (1) To describe the prevalence of depression and anxiety at admission for inpatient rehabilitation and (2) describe the baseline characteristics that predict the development of anxiety or depression in patients following SCI.

Methodology We retrospectively reviewed medical records of SCI patients at admission from 01-06-2013 to 31-12-2015. The Hospital Anxiety and Depression Scale (HADS), ASIA score and demographics were collated.

Results A total of 157 subjects were included, 62.4% ($n=98$) were male with a mean age of 56.7 years. 43.4% ($n=68$) had a traumatic SCI with 73.9% ($n=116$) having had spinal surgery. The average length of stay was 46.6 days with most discharged to their own homes. Ten subjects screened positive for anxiety (6.4%) and 16 for depression (10.2%). 13.4% ($n=21$) screened positive for anxiety and/or depression. Two third ($n=95$) had injuries at the cervical level and 14% ($n=22$) scored ASIA A/B. 45.9% ($n=72$) was referred to the psychologist. A significantly higher proportion of subjects ($P<0.05$) who screened positive had a past psychiatric history, were prescribed antidepressants at admission and during rehabilitation. Significant differences were noted in primary caregiver (nursing home vs. others) following discharge when comparing those that screened positive vs. negative however there were no significant differences between baseline demographics, neurological level and ASIA score.

Conclusion Psychological burden following SCI is significant. Standardized screening and psychological support is warranted with special attention to those with a past psychiatric history.

Disclosure of interest The authors have not supplied their declaration of competing interest.

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EV0281

Delirium: “The out of the track” of physicians

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Introduction Delirium is an acute clinical syndrome with diverse and multi-factorial etiologies. It has high prevalence in hospitalized patients and it is associated with serious adverse outcomes, increasing morbidity and mortality. Delirium requires a differential diagnosis with a wide range of mental disorders.

Aim To evaluate cases referred to liaison psychiatry in Hospital José Joaquim Fernandes, in regard to the frequency, cause and misdiagnoses of delirium.

Methods A retrospective analysis of liaison psychiatric referral from January to August 2016.

Results The overall referral consisted of a total of 111 cases. Delirium was the second most frequent referral (21.6%), after depression. Half of patients had an advanced age (71–90 years). A total of 44.8% of patients with delirium were misdiagnosed and the referral causes were “depression”, “dementia”, “aggressive behavior”, “agitation” and “schizophrenic psychosis”. The majority of patients were referred by internal medicine. The most frequent underlying conditions were: postoperative (27.6%), respiratory diseases (24.1%) and sepsis (17.2%).

Discussion/conclusion Delirium is one of the most frequent diagnoses in liaison psychiatry. This study supports the statement that delirium is often not recognized and that is misdiagnosed as a primary psychiatric illness, mainly, dementia or mood disorder. Although delirium is classified in ICD-10 as a psychiatric diagnosis and clinically manifests with a wide range of neuropsychiatric abnormalities, it is secondary to a medical/surgical disorder that requires urgent approach by the respective specialty.

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EV0282

Postictal psychosis – A complex challenge

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Introduction Patients with epilepsy have 6–12 times higher risk of suffering from psychosis, with a prevalence of about 7–8%, and the coexistence of these two conditions is associated with increased morbidity and mortality. The psychosis of epilepsy is generally split into two groups: interictal psychoses and postictal psychosis (PIP), and the latter has been estimated to represent 25% of all types. However, many of these episodes remain under-recognized and/or are often misdiagnosed.

Objectives To provide an overview of PIP.

Methods Literature review based on PubMed/Medline, using the keywords “epilepsy” and “psychosis”.

Results PIP has been recognized since the 19th century, when Esquirol described postictal “fury”. Although its etiology and pathogenesis remain poorly understood, several risk factors and etiopathogenic mechanisms have been suggested and analysed. An essential step in PIP management is its accurate and early diagnosis. Generally, before the onset of PIP there is a lucid period of one



to six days after the seizure(s). PIP frequently has a polymorphic presentation, tends to be affect-laden and symptoms often fluctuate. It is of limited duration and frequently responds very rapidly to low doses of benzodiazepines and antipsychotics. However, the propensity of the antipsychotics to provoke seizures and the risk of pharmacokinetic interaction with anti-epileptics are important considerations. Recurrence rates range 25% to 50%.

Conclusions Given the negative impact of PIP in morbidity and mortality among these patients, it is crucial that neurologists and psychiatrists are able to adequately recognize and treat this clinical condition.

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EV0283

Coordinating primary care and mental health



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Through the analysis of a case report to analyze the importance of the coordination between primary care and mental health service for a better management of an outpatient. It is known that primary care is the gateway to the patient in the health system. Therefore, the role of physicians headers is essential for diagnosis, for the start of drug treatment and referral to specialized care. It is known that one of every four patients have mental health problems. To meet the standards of primary care, physicians should ensure personalized assistance, integrated, continuous and permanent. Therefore, in relation to the accessibility of patients, it is essential to establish the diagnosis as soon as possible and initiate appropriate treatment to alleviate the symptoms of this type of psychiatric disorders and should track patients and their caregivers. For all this, it is essential that there is proper coordination between primary and specialty care in mental health. The interdisciplinary approach in these situations can assist the patient and family from a holistic perspective. This approach strengthens and reinforces the subsequent treatment, not only care but also evolutionary. Thus arises the interdisciplinary work as an opportunity to access the new and complex this social situation.

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EV0284

Association of blood pressure with anxiety and depression in a sample of primary care patients



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Introduction According to international scientific literature, and as summarized in the guidelines of the International Society of

Hypertension, lowering of blood pressure can prevent cardiovascular accidents. Some studies suggest that hypertension, anxiety, and depression might be inversely correlated.

Objective To investigate whether blood pressure is associated with anxiety and depression.

Methods Cross-sectional design. Male and female primary care patients were enrolled, aged 40–80. Criteria of exclusion adopted: use of antidepressants or antipsychotics; previous major cardiovascular event; psychosis or major depression; Type 1-DM; pregnancy and hereditary disease associated to obesity. Anxiety and depression symptoms were assessed using HADS. Waist circumference, hip circumference, blood pressure, HDL, triglycerides, blood sugar, hypertension, albumin concentrations and serum iron were also assessed.

Results Of the 210 subjects, 84 were men (40%), mean age was 60.88 (SD ± 10.88). Hypertension was found to correlate significantly to anxiety (OR = 0.38; 95% CI = 0.17–0.84), older age (OR = 3.96; 95% CI = 1.88–8.32), cigarette smoking (OR = 0.35; 95% CI = 0.13–0.94), high Body Mass Index (OR = 2.50; 95% CI = 1.24–5.01), Waist-hip ratio (OR = 0.09; 95% CI = 0.02–0.46) and the Index of comorbidity (OR = 16.93; 95% CI = 3.71–77.29).

Conclusions An inverse association was found between anxiety and hypertension, suggesting the need to clinically manage these two dimensions in a coordinated way. Other findings are well known and already included in prevention campaigns. Further research is needed, also to better understand and explain the causative pathways of this correlation.

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EV0285

Impact of classification systems (DSM-5, DSM-IV, CAM and DRS-R98) on outcomes of delirium



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Introduction Previous studies showed different classification systems lead to different case identification and rates of delirium. No one has previously investigated the influence of different classification systems on the outcomes of delirium.

Aims and objectives To determine the influence of DSM-5 criteria vs. DSM-IV on delirium outcomes (mortality, length of stay, institutionalisation) including DSM-III and DSM-IIIR criteria, using CAM and DRS-R98 as proxies.

Methodology Prospective, longitudinal, observational study of elderly patients 70+ admitted to acute medical wards in Sligo University Hospital. Participants were assessed within 3 days of admission using DSM-5, and DSM-IV criteria, DRS-R98, and CAM scales.

Results Two hundred patients [mean age 81.1 ± 6.5; 50% female]. Rates (prevalence and incidence) of delirium for each diagnostic method were: 20.5% (n = 41) for DSM-5; 22.5% (n = 45) for DSM-IV; 18.5% (n = 37) for DRS-R98 and 22.5% (n = 45) for CAM. The odds ratio (OR) for mortality (each diagnostic method respectively) were: 3.37, 3.11, 2.42, 2.96. Breslow-Day test on homogeneity of OR was not significant $\chi^2 = 0.43$, df: 3, $P = 0.93$. Those identified with delirium using the DSM-IV, DRS-R98 and CAM had significantly longer hospital length of stay (los) compared to those without delirium but not with those identified by DSM-5 criteria. Re-institutionalisation, those identified with delirium using DSM-5, DSM-IV and CAM did not have significant differences in discharge destination compared to those without delirium, those identified

with delirium using DRS-R98 were more likely discharged to an institution ($z = 2.12$, $P = 0.03$)

Conclusion Assuming a direct association between delirium and examined outcomes (mortality, loss and discharge destination) different classification systems for delirium identify populations with different outcomes.

Disclosure of interest The authors have not supplied their declaration of competing interest.

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EV0286

Proportions of anxiety and depression symptoms in adult cleft patients and non-cleft patients with skeletal malocclusions



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Introduction Diagnosis and treatment of patients with craniofacial anomalies such as cleft lip and palate and skeletal malocclusions present a challenge to public health. Dentofacial abnormalities may be associated with depressive and anxiety disorders and poor quality of life.

The aim of this screening study was to evaluate and to compare the rates of anxiety and depression in cleft patients and non-cleft patients with skeletal malocclusions.

Methods The study used psychometric method-HADS and State Trait Anxiety Inventory were used. The first group consisted of cleft patients, the second group consisted of non-cleft patients with skeletal Class II, Class III and anterior open bite malocclusions; the third group was control.

Results Study sample consists of 42 patients (33 females; 24 ± 7.2 years). In the 1st group, anxiety symptoms were detected in 34.7%; depression symptoms - in 17.2% of patients, high rates of reactive anxiety were registered in 35.8%. In the 2nd group, anxiety symptoms were detected in 29.6% of patients; depression symptoms - in 13.1% of patients, high rates of reactive anxiety were registered in 34.2%. In the 3rd group anxiety (18.7%) and depression (8.3%) symptoms and high rates of reactive anxiety (17.7%) were registered significantly less often than in 1st and 2nd groups ($P < 0.005$, $P < 0.001$ and $P < 0.001$ respectively).

Conclusions Our data suggest that cleft-patients and non-cleft patients with skeletal malocclusions have statistically significant higher rates of anxiety and depression than controls and require orthodontic-surgical treatment that should be organized with the assistance of psychiatrist.

Disclosure of interest The authors have not supplied their declaration of competing interest.

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EV0287

Causeless appearance discontentment in patients of plastic surgeons and cosmetologists: Risk factors and patterns of dynamics



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Introduction Though phenomenon of dysmorphic disorder has been studied extensively clinical dynamical characteristics of this disorder are still being investigated.

Aim of this study was to evaluate patterns of dynamics and risk factors of body dysmorphic disorder in patients of plastic surgeons and cosmetologists.

Methods We included adult patients of Maxillofacial Surgery and Cosmetology departments of Moscow State University of Medicine and Dentistry (from January 2010 to May 2016) with unconfirmed “facial deformity” diagnosed with dysmorphic disorder (F45.2 and F22.88 according to ICD-10). The study used clinical psychopathological method with follow-up period 1–3 years. Data from clinical psychopathological assessment were processed using correlation analysis and non-linear regression analysis by means of logistic regression method.

Results Study sample consisted of 103 patients (78.6% female; mean age 33.4 ± 4.7 years). Statistically significant chronobiological (age, hormone fluctuations, genesial cycle) and psychosocial (financial changes, forced separation, bereavement, loss of job, reduction of social activity, conflict situation, sexual dysfunction, violation of law, diagnosing of somatic disease) risk factors for dysmorphia in different life periods have been established. Strong correlations were found between dysmorphic disorder heterogenic clinical picture (overvalued–33%, affective–24.3%, hypochondric–23.3%, obsessive-compulsive–10.7%, delusional–8.7%) and patterns of dynamics (phasic–41.7%, recurrent–33%, chronic–25.3%). Our data suggest that dysmorphia manifests in any age group and in 74.7% cases is not continuous.

Conclusion Our findings allow to conduct focused diagnostic search, prophylactic psychotherapeutic interventions and early psychopharmacological treatment in individuals with identified risk factors for dysmorphic disorder.

Disclosure of interest The authors have not supplied their declaration of competing interest.

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EV0288

Behavioral manifestations post hemispherectomy due to Sturge–Weber syndrome—A case of success



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Introduction Sturge-Weber syndrome or encephalotrigeminal angiomatosis is an uncommon neurocutaneous syndrome that manifests with vascular malformations involving the brain, eye and skin; Severe cases present with refractory seizures, sometimes requiring major surgery such as hemispherectomy. Most of the times, some degree of mental retardation and behavioral problems are associated, requiring use of psychotropic medication and other contention strategies. This report describes the case of a 19-year-old boy who was submitted to a left hemispherectomy by the age of one, and was still able to successfully complete basic education. He started presenting severe behavioral problems, with aggressive outbursts, by the beginning of adulthood, having been committed to psychiatry ward. By the age of 22, the patient finds himself calm and functional considering his limitations, with no need for hospital admission for 2 years.

Objectives/aims To describe a clinical case whilst reviewing literature concerning this matter.

Methods Case report with complete clinical history and medical data. Non-systematic review of PubMed database under the terms “Sturge-Weber disease”, “Hemisferectomy”, “behavioral disorder due to organic causes”, “post hemisferectomy out-comes”.

Results/discussion Although presenting with severe arteriovenous malformation, refractory epilepsy and left hemispherectomy, the patient was able to conclude basic instruction; He has lived with his family until the age of 19, when he started displaying disruptive behaviour; after 3 hospital admissions and perfecting

psychotropic drugs treatment, the patient was admitted to an institution for rare diseases patients. Since then he has experienced a calm and functional life, with trained professionals who can offer the non-pharmacological approaches he needs.

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EV0289

A psychiatric liaison team at the university medical services: A pilot experience



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Introduction University students represent a specific population with concerns, burdens and worries that differ from other age and occupation groups. Students' experiences are often exciting and empowering, yet facing multiple stressors that may trigger various forms of psychopathology. Our psychiatry department created a specific liaison service for university students in order to provide an easy and quick access to this medical speciality, included at the Multidisciplinary University Medical Services.

Aims To characterize a sample of college student users of our Psychiatry Liaison Unit regarding socio-demographic and clinic variables.

Methods Socio-demographic and clinic characterization was undertaken in all students observed during sixteen months (1st April 2015–30th July 2016).

Results Fifty-three outpatients were observed: 35 females (66%) and 18 males (34%), aged between 18 and 39 years old (average: 23.94; median: 23). The majority was Portuguese and lived originally in urban areas. A total of 75.3% were displaced and 60% lived with colleagues while 84.9% attended an undergraduate degree, and 38% studied at faculty of Science and Technology. Clinically, 79.2% were referenced by the University Medical Services, and adjustment disorders (ICD-10 F43.2) were the most frequent diagnosis. Relatively to suicidal behaviors and self-harm, 5.7% did self-cutting, 49.1% took an antidepressant combined with another psychotropic drugs, and 81.1% maintained cognitive-behavioral interventions.

Conclusions The typical university students' psychiatry outpatient was of female gender, in an undergraduate degree, displaced and living without their family. The most frequent diagnosis was adjustment disorder, and about a quarter were successfully discharged. Multidisciplinary University Medical Services located near to students can easily refer patients to Psychiatry Liaison Units, allowing diagnosis and intervention at early stages of mental disease.

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EV0290

Somatogenic depression on cardiovascular disease patients



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In research, based on the systematic approach of evaluating results of complex clinical-psychopathological, psychodiagnostic investigation myocardial infarction and cerebral stroke patients the clinical structure features, regularities in the formation, development and course of somatogenic depression and associated disorders on these patients was determined. At patients with cardiac infarction in acute period the pain syndrome is the main one, leads to severe psycho-emotional disorders. Against the background of cognitive function preservation phobic, anxiety and depressive symptoms prevail, their intensity depends on the severity of pain. Subsequently, the primary psycho-emotional constituent element disappeared and anxiety-depressive disorders developed along with hypo and anozognostical type of personal condition perception. At cerebral stroke, patient's disorders of level of consciousness were primary with cognitive and asthenic disturbances with subsequent formation of psycho-emotional disorders, anxiety and depressive disorders with hypochondrical elements on the basis of persistent cognitive impairments.

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EV0291

System of early medical and psychological support among patients with acute physical conditions



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Basing on a systematic approach to assessing the results of a comprehensive clinical, clinical and psychological psychodiagnostic investigation of 605 patients with acute physical condition, had been established clinical model of phenomenology and pathogenetic mechanisms of formation of mental sphere disturbances. Basing on the clinical data had been identified clinical variants of mental disorders development depending on the degree of severity: somatogenically, due to asthenic syndrome nosogenic reactions of psychological maladjustment, nosogenic neurotic disorders. Had been determined pathogenetic mechanisms of mental disorders, taking into account the stratification of various parts, highlighted psychophysiological level, emotional functioning, motivation, personal performance. Design and implementation of integrative and differentiated system of early medical and psychological support of patients with acute physical condition based on the principles of phasing, consistency and comprehensiveness, its effectiveness had been evaluated from the standpoint of evidence-based medicine.

Disclosure of interest The authors have not supplied their declaration of competing interest.

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EV0292

Multiphasic personality inventory on pneumo- or hemo-thorax: Retrospective cross-sectional analysis of military candidate in Korea



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Objectives The aim of this study was to identify association between pneumo- or hemo-thorax and psychological distress using the Military Personality Inventory (MPI).

Methods A retrospective cross-sectional study was conducted with 19-yr-old examinees who were admitted to the Military Manpower Administration in Korea from February 2009 to January 2010. A total number of 1955 young men were enrolled in this study. The normal volunteer group ($n=1561$) comprise individuals who did not have pneumo- or hemo-thorax. The pneumo- or hemo-thorax group ($n=394$) included individuals with pneumo- or hemo-thorax. This group was divided into two subgroups, group A (treated with conservative care or chest tube insertion, $n=341$) and group B (treated with wedge resection, $n=53$).

Results We compared each of three groups (Control group, Group A, Group B) using the analysis of covariant (ANCOVA). The somatization subscale score of the neurosis category was significantly higher for group A ($P<0.001$) and showed higher tendency for Group B than the control group ($P=0.073$). The other categories (validity scale; anxiety, depression, and personality disorder subscales for neurosis scale; and psychopath scale) showed no significant difference in the MPI among Group A, Group B and Control group.

Conclusion Conservative care or chest tube insertion group had higher somatization symptoms than control group. Wedge resection group had higher somatization tendency than control group. Individuals with pneumo- or hemo-thorax history may be concerned about their body shape or their general condition. Therefore, supportive intervention and psychiatric education may be needed for them to relieve somatic distress.

Disclosure of interest The authors have not supplied their declaration of competing interest.

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EV0293

The development of a brief 5-minute mindful breathing therapy for the reduction of distress in palliative cancer patients



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Introduction Although psychological distress is highly prevalent, palliative cancer patients are mostly too lethargic to undergo many sessions of the conventional psychotherapy.

Objectives The study aims to develop a brief, quick and easy to administer psychological intervention for rapid reduction of distress in palliative care patients.

Methods In phase I, an expert panel of multidisciplinary team was formed. The theory of mindfulness-based intervention was simplified into a 5-minute mindful breathing technique that can be learnt and practiced by palliative care patients.

In phase II, the efficacy of 5-minute mindful breathing was investigated in a pilot test that comprised of nine palliative cancer patients and eleven care takers.

In Phase III, the efficacy of 5-minute mindful breathing was further examined in a non-blinded, randomized controlled trial (RCT) that included 60 cancer patients under palliative care. Apart from perceived distress, physiological measures were assessed.

Results The effect of 5-minute mindful breathing in rapidly reducing distress among palliative care patients was confirmed in both the pilot test (Tan et al., 2015) and RCT (Ng et al., 2016). The finding was further supported by the significant physiological changes associated with distress reduction such as decreased breathing rate, blood pressure, pulse rate, galvanic skin and

increased skin surface temperature (Ng et al., 2016) with the 5-minute mindful breathing.

Conclusion The 5-minute mindful breathing is a quick and easy to administer intervention that is useful for reducing acute suffering or distress in palliative care patients.

Disclosure of interest The authors have not supplied their declaration of competing interest.

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EV0294

When seizures are non-epileptic

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Introduction Non-epileptic seizures (NES) are a diverse group of disorders, whose paroxysmal events can be mistaken for epilepsy, although they are caused by a mental or psychogenic process rather than a neurological cause.

Objectives/methods We present a case of a 45-year-old female patient with history of generalized seizures prior to Meningioma resection in August 2015, referred to the Liaison Psychiatry outpatient follow up clinic at the Royal London Hospital after has gone several times to emergency department complaining about flush and hot sensation that proceeded to corners of mouth turning down, teeth chattering, shaking of left arm and torso at first and then legs. During the episodes, she was awake with no consciousness loss. Her mood was low, with clinical evidence of depression and she had very high levels of health anxiety.

Discussion A diagnosis of non-epileptic attacks was made in the sequence of those episodes. A holistic and multidisciplinary approach was made, including pharmacotherapy, cognitive-behavioral therapy and domiciliary support. The clinical response was good regarding both mood, anxiety levels and NES.

Conclusions Approximately 25% of patients who have a previous diagnosis of epilepsy and are not responding to drug therapy are found to be misdiagnosed and it is common that epileptic patients have both epileptic and non-epileptic seizures. Although distinguishing epileptic and non-epileptic seizures is not easy, there are some clinical clues that the physicians should look for, like age of onset, time of the day that episodes occur and presence or absence of postictal confusion.

Disclosure of interest The authors have not supplied their declaration of competing interest.

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EV0295

Prevalence of depressive symptoms among inpatients at the university hospital of Sergipe, Brazil

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Introduction Depressive Symptoms (DS) generate a public and economic health problem, with decreasing productivity, labour market withdrawal and increased demand for health services. Studies show that in hospitalized patients, DS rates are higher than in the general population, in medical practice, however, they are under diagnosed or under-treated. Consultation Liaison Psychiatry (LP) can prevent aggravation of the psychic symptoms by early identification of them and by integration of psychiatry with the other medical specialties.

Objectives To estimate the prevalence of DS and associated factors in inpatients and the frequency of consultation LP.



Methods A cross-sectional study was carried out in March 2016, with 87 patients hospitalized in the clinical and surgical wards at the University Hospital (Sergipe/BR), through two instruments: (1) Structured Questionnaire prepared by the authors, (2) Beck Depression Inventory (BDI). Data analysis through descriptive and analytical statistics with final step of logistic regression.

Results The prevalence of DS were 54%, of which 24% correspond to moderate and severe symptoms, and only 3.4% of the patients had a LP. In Logistic Regression, the only factor associated with DS was the reason for hospitalization. Clinical causes (87.2%) were 9.24 times more likely to develop DS than surgical causes.

Conclusions Results suggest a high prevalence of inpatients with some psychic symptom. Physicians did not detect these symptoms and, therefore, LP request was low. These data reinforce the importance of LP for early identification of DS that should be stimulated during medical training.

Disclosure of interest The authors have not supplied their declaration of competing interest.

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EV0296

Cognitive behavioral therapy for chronic migraine



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Aim Although current standard treatment for migraine headache is medication, high levels of psychological comorbidity has led to migraine influencing by cognitive, emotional and environmental factors, as well as biological. Viewing migraine in a biopsychosocial framework introduces the possible utilisation of psychological treatment options, such as cognitive behavioural therapy (CBT). The aim of this study was to evaluate the efficacy of CBT for chronic migraine.

Methodology Thirty-five participants diagnosed as chronic migraine were recruited from Headache Clinic. According to inclusion criteria 14 participants, underwent bi-weekly lasting 30 minutes CBT sessions for 6 months, were administered Hamilton Anxiety Scale, Hamilton Depression Scale, Visual Analog Scale (VAS) and the Migraine Disability Assessment Scale (MIDAS) before and after CBT.

Findings Nine of the participants were female and 5 male. Mean age of group was 34.35 ± 8.17 . Duration of illness was 13.07 ± 7.18 and 12 of participants had the history of a psychiatric illness whose diagnoses were depression (7), anxiety disorder (4) and post-traumatic stress disorder (1). Nine of the patients had prophylactic migraine treatment. There were statistically significant difference in Hamilton Depression scores between before CBT (29.07 ± 7.74) and after CBT (14.21 ± 7.7); in Hamilton Anxiety scores before CBT (26.8 ± 11.7) and after CBT (11.7 ± 2.6); in VAS scores before CBT (8.07 ± 0.91) and after CBT (3.71 ± 1.32); in frequency of migraine attacks between before CBT (10.85 ± 3.50 day) and after CBT (4.92 ± 2.70 day) and in MIDAS before CBT (55.5 ± 20.4) and after CBT (20.12 ± 16.6) ($P < 0.05$).

Conclusion CBT might reduce the severity of symptoms in migraine patients especially with the comorbidity of psychiatric illness.

Disclosure of interest The authors have not supplied their declaration of competing interest.

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EV0297

Report of clinical case: Catatonic symptoms as a result of cerebral venous sinus thrombosis



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Clinical case We present the case of an 18-year-old woman attending the emergency room due to behavioral disorders that appeared 24 hours ago. The clinic was of restlessness, uninhibited behavior, stereotyped movements, global insomnia, semimutism and negativism. Initially she was diagnosed with catatonia, and was admitted to the Mental Health Hospitalization Unit. There were no previous psychopathological antecedents, although relatives reported that she had several stressors. During admission, she had a partial response to benzodiazepine treatment, and a loss of strength in the left upper limb was evidenced, and venous sinus thrombosis was diagnosed. With the anticoagulant treatment, the psychiatric symptomatology presented was markedly improved.

Medical examination Normal vital signs, afebrile. Absence of focal neurological signs. Stereotyped movements, oral-buccal dyskinesia. Negativism, disinhibition and oppositional behaviour. Supplementary tests with results within the normal range. Cranial MRI: Upper, transverse and sigmoid right sagittal sinus thrombosis.

Conclusions Numerous cases of thrombosis have been documented as a result of a catatonic state, mainly due to the immobilization and the risk involved. However, in this case, sudden onset of psychiatric symptoms, absence of psychiatric antecedents, and excellent response to anticoagulant therapy, leads us to conclude that catatonic symptoms could be considered as a consequence of cerebral edema caused by thrombosis. The presentation of catatonia as the sole cause of a somatic disorder is not common, but would be stimulated by certain factors, such as excessive stress and personality disorders, documented as vulnerability factors for such symptoms.

Disclosure of interest The authors have not supplied their declaration of competing interest.

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EV0298

The impact of coping on self-esteem and mental status of patients with COPD



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Introduction COPD (chronic obstructive pulmonary disease) is a chronic illness associated with psychological distress. Self-esteem and the associated comorbidities, like depression and anxiety, can influence its evolution.

Objectives To analyze how predominant coping styles associated with different levels of self-esteem and mental status in patients with COPD.

Aims To demonstrate that different types of coping-styles have an impact on self-esteem, depression and anxiety.

Methods To a lot consisting of 28 subjects with COPD, was applied the COPE scale to assess the style of coping, to rate anxiety and depression The Hospital Anxiety and Depression Scale (HADS) and for self-esteem the Rosenberg Self-Esteem Scale. According to their higher coping sub-scale score, they were classified to one dominant coping type as follows: patients with problem-focused coping type ($n=9$), emotion-focused coping ($n=10$), social support-focused coping ($n=6$), respectively avoiding coping type ($n=3$).

Results Patients with dominant problem-focused coping had the most elevated self-esteem compared to patients with social-focused coping (22.0 vs. 16.2; $P=0.039$), the depression score was the highest in patients with dominant avoidance-type coping and the lowest in patients with dominant problem-focused coping (11.0 vs. 5.6; $P=0.042$) respectively anxiety, was the highest in patients with dominant social-focused coping and the lowest in patients with dominant emotion-focused coping (11.6 vs. 5.0; $P=0.006$).

Conclusions In patients with COPD, problem-focused and emotion-focused copings are adaptive, while avoidance and emotion-focused copings are maladaptive on self-esteem and mental status. Such as, the coping represents a psychological dimension with an impact on the evolution of the disease, and the patients with COPD should be assessed and addressed multidisciplinary.

Disclosure of interest The authors have not supplied their declaration of competing interest.

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EV0299

The role of alexithymia in non-psychotic mental disorders' development in patients with primary hypothyroidism

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In the formation of non-psychotic psychiatric disorders in patients with thyroid pathologies are important neurohumoral mechanisms, and one reason is psychosomatic relationships. The modern concept of relationships includes alexithymia model. The situation of chronic physical illness is regarded by many authors as one that provokes a crisis of mental development (and in fact, identity crisis) and therefore is a traumatic situation, that is a risk factor for the development of mental disorder. The aim of the study was to investigate the alexithymia level in patients with primary hypothyroidism. We used Toronto Alexithymia scale proposed by Taylor G. 50 patients with hypofunction of the thyroid gland were investigated. In a study of 42 patients (84%) had a rate alexithymia more than 74 points, 12% of patients were classified as areas of uncertainty and only 4% of patients according to the method proved non-alexithymic. It was found that patients with an uncertain alexithymia level had difficulties in describing their inner feelings, did not give much attention to the absence of well-being in the emotional sphere, believed that painful symptoms of mental health problems are caused by only thyroid pathologies, even during sighting surveys ignored the presence of emotional stress and conflict experiences that showed a reduced capacity for understanding and expressing their own feelings, low emotional resonance. Thus, psychotherapeutic and psycho-corrective work with such patients should take into consideration alexithymia radical in the personal structure of such patients.



Disclosure of interest The authors have not supplied their declaration of competing interest.

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EV0300

Cognition, disability and quality of life of patients with chronic migraine

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Introduction Chronic migraine is commonly regarded as one of the most disabling headache conditions. Although there has been some research indicating the severe impact of this chronic headache, there is little comprehensive evidence of its impact on quality of life, disability and cognitive function.

Objectives The aims of this cross-sectional study were to investigate cognition, disability and quality of life in patients with chronic migraine compared to healthy control subjects.

Methods Participants were a convenience sample of 58 adult outpatients admitted to Headache Centre of the Sant'Andrea Hospital in Rome (Italy). Inclusion criteria were a diagnosis of chronic migraine (illness duration >5 years). Fifty-eight age-matched healthy subjects were recruited as controls. Participants were administered the Mini Mental State Examination, the Italian Perceived Disability Scale (IPDQ), the 12-item Short Form Health Survey (SF-12) to assess physical and mental health, and the neurocognitive task Visual Perspective Taking (VPT), as a measure of social cognition.

Results Patients with chronic migraine showed higher perceived disability and poorer well-being compared with healthy controls. No differences were found in global cognitive function and in the performance of the neurocognitive task.

Conclusions Addressing the burden associated with subjective state of disability and well-being in migraineurs is important because of its association with a worse prognosis and a worse response to treatment. Findings did not confirm the hypothesis that migraineurs are more impaired in social cognition. Further studies are needed to assess different cognitive dimensions in migraineurs, including various measures of social cognition, to better understand neurocognitive profile of this patients' population.

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EV0301

Ethical predicaments in decisional capacity evaluations

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Introduction Facing a growing number of capacity evaluation requests in the general hospital, physicians increasingly encounter ethical issues and dilemmas that drive them to seek unnecessary psychiatric consultations. This practice raises the expectation that the consultant psychiatrist would be, somehow, the ethicist on board whose role is to bring the most moral solution to their predicament.

Aims Literature review and discussion about ethical questions facing decisional capacity evaluation.



Methods Clinical and literature reviews.

Results (Case report) This poster presents the case of 92-year-old woman who lives alone with no family support who was brought to the emergency room due to a fall. Consequently, she was diagnosed with small cell lung carcinoma. Instead of the proposed short term rehab to receive radiotherapy, the patient insisted that she be discharged to her home. The psychosomatic team was consulted to evaluate the patient's capacity to make a decision regarding this form of treatment. The psychiatrist who evaluated the patient felt that she lacks capacity. However, palliative care felt strongly that patient's capacity should not be challenged, arguing that she has been living independently, doing well, and is agreeing to treatment.

Conclusion We will review the most updated guidelines on how to perform a capacity evaluation, how these guidelines are incorporated in residency curriculums, and whether residents from various specialties are being trained on evaluating decisional capacity. We will also explore optimal ways to educate primary care physicians on how to evaluate decisional capacity and when to seek psychiatrists' expertise for these evaluations.

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EV0302

Polydipsia and intermittent hyponatremia



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Introduction Hyponatraemia occurs in 4% of schizophrenic patients. Dilutional hyponatraemia, due to inappropriate retention of water and excretion of sodium, occurs with different psychotropic medications and could lead to hippocampal dysfunction. This complication is usually asymptomatic but can cause severe problems, as lethargy and confusion, difficult to diagnose in mentally ill patients.

Objectives To describe a case of a patient with psychotropic polytherapy, admitted three times due to hyponatremia and the pharmacological changes that improved his condition.

Aims To broadcast the intermittent hyponatraemia and polydipsia (PIP), a not rare condition, suffered by treated schizophrenic patients and discuss its physiopathology and treatment through a case report.

Methods A 56-year schizophrenic male was admitted for presenting disorganized behavior, agitation, auditory hallucinations, disorientation, ataxia, vomits and urinary retention. He was on clomipramine, haloperidol and clonazepam (recently added), quetiapine, fluphenazine and clonazepam. After water restriction his symptoms improved and he was discharged. Twenty-five days later, he was readmitted for presenting the same symptoms and after water restriction, he was discharged. Five days later, he was again admitted and transferred to the psychiatric ward.

Results Haloperidol, fluphenazine and clomipramine were replaced by clozapine. These changes lead him to normalize the hypoosmolality and reduce his water-voracity. Endocrinology team did not label this episode of SIADH due to its borderline blood and urine parameters.

Conclusions Hyponatremia is frequent in schizophrenic patients and may have severe consequences. Therefore, a prompt recognition and treatment is warranted.

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EV0303

Clozapine induced diarrhea



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Introduction Clozapine (CZP) is the only antipsychotic approved for resistant schizophrenia 1. Due to its side effects, CZP is not the first therapeutic option in a psychotic episode. Its anticholinergic effects often cause constipation, however, diarrhea have also been described in literature.

Objectives We describe a patient with two episodes of severe diarrhea after clozapine initiation, which lead to CZP discontinuation.

Aims Discuss about the differential diagnosis of diarrhea in CZP patients and the needing of a further studies for clarify the more appropriate management in CZP induced diarrhea.

Methods We present a case report of a 46 years man diagnosed with schizoaffective disorder who presented two episodes of severe diarrhea with fever, which forced his transfer to internal medicine and UCI after CZP initiation.

Results At the first episode analytical, radiological and histological findings led to Crohn's disease diagnosis, which required budesonide and mesalazine treatment. In the second episode, the digestive team concluded that the episode was due to clozapine toxicity despite the controversial findings (clostridium toxin and Crohn's compatible biopsies)

Conclusions Diarrhea caused by CZP has been controversial in the literature. However due to the severity of digestive episodes and the paucity of alternative treatments further studies for a better understanding of its physiopathology are warranted.

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EV0304

The unnoticed interictal dysphoric disorder



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Introduction Psychiatric morbidity in refractory epilepsy is frequent and has a negative influence on quality of life. Treatment-refractory epileptic patients are at higher risk of developing psychiatric disturbances. The interictal dysphoric disorder (IDD) has been described as a pleomorphic pattern of symptoms claimed to be typical of patients with epilepsy. It is characterized by 3/8 symptoms: depressive mood, anergia, pain, insomnia, fear, anxiety, irritability, and euphoric mood.

Objectives To provide evidence that psychiatric morbidity is high in refractory epilepsy and to describe associations to IDD.

Aims The present study aims to show that there are typical psychiatric conditions in epilepsy that can be unnoticed.

Methods We cross-sectional analyzed the psychopathologic outcomes of patients with refractory epilepsy. The assessments methods included SCID for DSM-IV and clinical interview for epileptic specific psychiatric conditions.

Results The sample consists of 153 patients, with a mean age of 37. A total of 42.5% were males. One or more Axis I diagnoses

was seen in 38% of the patients. The most common condition was IDD (27.1%), followed by affective and anxiety disorders (22 and 15.3% respectively). Considering patients with IDD, we found differences in locus ($P=0.001$) (present in 34.3% of non-established locus, 8.6% of extra-temporal locus and 57.1% of temporal locus) but not with hemisphere, sex, type of crises, treatment. We neither found correlation with age, number of crisis or number of treatments.

Conclusions Psychiatric co-morbidities as IDD do not appear in the DSM-IV but are prevalent and could be related with temporal locus.

Disclosure of interest The authors have not supplied their declaration of competing interest.

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EV0305

Cardiovascular risk factors, anxiety symptoms and inflammation markers: Evidence of association from a cross-sectional study



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Introduction Anxiety disorders and Cardiovascular (CV) diseases, among the most common disorders in Western World, are often comorbid. A chronic systemic inflammatory state might be a shared underlining pathophysiological mechanism.

Aims To investigate the association between anxiety symptoms, CV risks factors and inflammatory markers in an outpatient sample.

Methods Cross-sectional study. Inclusion criteria: outpatients aged ≥ 40 years, attending colonoscopy after positive faecal occult blood test, negative medical history for cancer. Collected data: blood pressure, glycaemia, lipid profile, waist circumference, BMI, PCR (C Reactive Protein), LPS (bacterial Lipopolysaccharide). Psychometric tests: HADS, TCI, IMSA, SF36. Statistical analysis performed with STATA13.

Results Fifty four patients enrolled (27 males, 27 females). Sixteen patients (30.19%) were positive for anxiety symptoms. Thirty-three patients (61.11%) had hypertension, 14 (25.93%) hyperglycaemia and 64.81% were overweight, with frank obesity ($BMI \geq 30$) in 11 subjects (20.37%). Anxiety symptoms were associated with low hematic HDL values ($OR=0.01$; $P=0.01$) and high concentration of triglycerides ($OR=0.023$; $P=0.02$) at the multiple regression model. At the univariate logistic analysis, anxiety was associated with LPS ($OR=1.06$; $P=0.04$).

Conclusions Further evidence over the epidemiological link between common mental disorders and CV diseases was collected, with possible hints on pathophysiology and causative mechanisms related to inflammation. The importance of screening for anxiety and depression in medical populations is confirmed. Suggestions on future availability of screening tools based on inflammatory-related indicators should be the focus of future research.

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EV0306

How are personality traits and physical activity involved in colorectal carcinogenesis? A cross-sectional study on patients undergoing colonoscopy



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Introduction Inflammatory state of the large bowel is a key factor for the development of colorectal cancer (CRC). It has multifactorial aetiology, including psychological determinants. Physical activity may have a protective function against CRC via anti-inflammatory properties; on the contrary, personality traits correlate with an unhealthy and dangerous lifestyle.

Objective To measure the association between personality traits, lifestyle and colonoscopy outcome.

Methods Cross sectional study. Patients undergoing colonoscopy aged 40 or more, with a negative history for cancer or inflammatory bowel disease, were enrolled. Data collected: colonoscopy outcome, smoke, alcohol, physical activity, presence/absence of Metabolic Syndrome, personality traits assessed by the Temperament & Character Inventory (TCI).

Results In a sample of 53 subjects (females = 24, 45.3%), the mean age was 60.66 ± 9.08 . At least one adenoma was found to 23 patients (43.3%). Twenty patients were smokers (37.74%), 36 (67.92%) drank alcohol at least weekly; approximately 60% reported regular physical activity. At the multivariate regression, the outcome was associated to: TCI Self Transcendence domain (ST) ($OR=1.36$, $P=0.04$) and physical activity ($OR=0.14$, $P=0.03$).

Conclusion People with ST's characteristic personality traits and sedentary life style are more likely to have precancerous colorectal lesions. This confirms the protective role of physical activity, and suggests to further explore the role of personality in cancerogenesis.

Disclosure of interest The authors have not supplied their declaration of competing interest.

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EV0307

Psychiatry intervention in cerebellar cognitive affective disorder: Case report



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Background/objectives Cerebellar cognitive affective syndrome (CCAS) is a condition that arises from cerebellar lesions. CCAS can easily be overlooked by medical teams; therefore a bibliographic

review will facilitate the understanding of symptoms in order to effectively diagnose and provide a holistic early treatment approach.

Methods A case report of a 72-year-old woman with bilateral cerebellar lesions with high pre-morbid function presented with classic symptoms of CCAS. Multidisciplinary workup included medical, psychiatric, neuropsychological assessment (R-BANS (Form 1), Digit Span, Verbal fluency tests, the Hayling Test, the Delis-Kaplan Executive Function System) as well as other investigations (neuroimaging and blood tests) were conducted on the patient to confirm CCAS and exclude other differential diagnoses.

Results The results from the medical assessments conducted showed symptoms of cerebellar dysfunction. A psychiatry and neuropsychological review revealed aggression, irritability, disinhibition, deterioration in cognitive function and personality changes. A multidisciplinary team was formed to rehabilitate the patient however patient was non-compliant with therapy. The patient was prescribed Seroquel 50 XR and she responded well to the medication.

Conclusion This case review illustrates the challenges associated with engaging a CCAS patient in rehabilitation activities due to cognitive and mood disorders. The use of psychotropic medications can be an effective method in improving cognition and mood disorders in CCAS patients. Early psychiatry and psychological intervention can significantly improve the overall outcome of a patient diagnosed with CCAS.

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EV0308

Neuropsychiatric and behavioural manifestation in a rare lysosomal storage disorder (Fabry's Disease): A case study

A case study

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Introduction Case presentation of a young woman Ms. SH, with neuropsychiatric presentation in a rare Lysosomal Storage Disorder (Fabry's disease).

Case report A 19-year-old female with Fabry's disease (FD) presented initially with symptoms of obsessions of dirt and contamination and compulsions of washing and also with overvalued persecutory ideas of being followed. Since the age of 14, she had suffered from various psychiatric symptoms increasing in frequency and intensity. Routine examinations including cognitive testing, electroencephalography and structural magnetic resonance imaging revealed no pathological findings. During the course of a year, her OC symptoms improved significantly with the use of Fluoxetine 40 mg mane. However, she then became more depressed and psychotic (despite continuing on Fluoxetine). Addition of Risperidone (gradually increased to 2 mg nocte) led to attenuation of her symptoms and she recovered completely over a course of another 6 months.

Discussion Mental and behavioural symptoms in Fabry Disease usually begin during late childhood or adolescence but may not become apparent until the second or third decade of life. Early symptoms include episodes of severe burning pain in the hands and feet and skin lesions. The psychiatric manifestations can be varied, e.g. the index patient, initially presented with what appeared like an Obsessive Compulsive disorder but later as a depressive illness (Muller et al., 2006) with psychotic symptoms.

Conclusions To showcase mental and behavioural symptoms associated with a rare disorder like Fabry's disorder and treatment options may be helpful.

Disclosure of interest The author has not supplied his declaration of competing interest.

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EV0309

Referrals of patients with schizophrenia to a consultation-liaison psychiatry service

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Background There are few studies specifically investigating the acute treatment procedures of patients with schizophrenia in the context of Consultation-liaison psychiatry (CLP).

Purpose Describe the main clinical features of the referrals of patients with schizophrenia, attended by a general hospital CLP service.

Methods Longitudinal observational and descriptive study, assessing adult inpatients with schizophrenia (DSM-IV-TR criteria) admitted to non-psychiatric units of Hospital Clínic of Barcelona (Spain), who were consecutively referred to our CLP service over a 10-year period (from January 1, 2005, through December 31, 2014).

Results During that period, 9.808 psychiatric consultations were requested. 163 of them (1.8%) concerned patients with schizophrenia. These groups of patients were aged 50.9 ± 15.3 years and 65% were male. A 25.9% of patients had history of suicide attempts and 45.6% presented current psychosocial stressors.

Characteristics of referrals Referral sources according to medical specialties are shown in **Table 1**.

The major medical conditions for referral according to ICD-10 categories were: external causes of morbidity (21.5%), infectious diseases (13.5%) and diseases of the digestive system (10.4%).

The two most frequent reasons for referral were the assessment of psychopharmacological treatment and/or psychopathological state examination (62%) and suicidal risk/attempt assessment (8.6%).

Conclusions In our sample, only a 1.8% of all patients for whom psychiatric consultation was requested had a diagnosis of schizophrenia. The most common profile of them was: male, 50 years old, coming from general medicine department due external causes of morbidity and referred to the CLP service because of psychiatric state and/or medication review.



Table 1 Referral source (n = 163).

Specialty	Number	%	Number/year
General Medicine	42	25.9	4.2
Surgery	13	8	1.3
Trauma and Orthopaedics	13	8	1.3
Intensive Care Unit	12	7.4	1.2
Infectious diseases	10	6.2	1
Haemato-Oncology	10	6.2	1
Respiratory Medicine	9	5.6	0.9
Hepatology	8	4.9	0.8
Cardiology	8	4.9	0.8
Neurology	7	4.3	0.7
Urology and Nephrology	7	4.3	0.7
Gastroenterology	6	3.7	0.6
Other	18	11.1	1.8

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EV0310

A case report of mansonellosis with neuropsychiatric symptoms



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Introduction According to the WHO, tropical diseases affect 1/5 of the world population, being increasingly frequent in Europe. Most of these diseases produce mainly physical symptoms, but the appearance of accompanying neuropsychiatric symptoms are not uncommon.

Objective To present a clinical case of mansonellosis with neuropsychiatric symptoms.

Clinical case Twenty-two-year-old man from Equatorial Guinea, resident in the European Union for 3 years without psychiatric history. His medical history included recurrent malaria, syphilis treated with penicillin and he was HBsAg carrier.

He presented with a 10 month history of headache, pruritus, retrograde amnesia, episodes of anxiety and persecutory delusions. Previously he had gone to the emergency room several times. Cranial CT scan showed no abnormalities. Anxiolytic treatment with benzodiazepines was started, with partial response of the symptoms.

The blood tests revealed a WBC count of $62 \times 10^9/L$ leukocytes with 11% eosinophils, IgE 5242 IU/mL and IgG 1740 mg/dL. Given the suspicion of filarial infection, a thick blood film was done, the result being positive for *mansonella perstans*. He was administered treatment with albendazole 400 mg/12 h for 10 days and ivermectin in single dose. One month after start of treatment the patient was asymptomatic with complete resolution of the neuropsychiatric symptoms and correction of eosinophilia.

Results The patient's origin, his medical history and the typical symptoms of parasitosis should raise the suspicion of an infectious origin of the neuropsychiatric symptoms.

Conclusions The patients from tropical regions with neurological and/or psychiatric symptoms should undergo comprehensive diagnostic workup to rule out an infectious disease as a possible cause.

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EV0311

Describing the assistance, the basis for improvement



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Introduction Consultation-liaison (CL) psychiatry is a branch of psychiatry that study and treat mental health of patients with other medical or surgical conditions. The assistance between hospitals and health services is heterogeneous.

Aims and objectives For this reason, the objective of our research is to define the clinical characteristics from our CL service and check out the quality relationship with the applicant service, for improving future assistance.

Methods We made a descriptive analysis of clinical variables from the patients who received assistance during 2 months by the CL service from the hospital del Mar, Barcelona. We got the frequencies and we used the Chi² test for the comparison between variables: Diagnosis, appearance in the report and treatment in the report.

Results Total of the sample: 42 patients, 61.9% women. Mean age: 55.1 years. Psychiatric diagnosis was present before the assistance on 57.1% of the patients. The most frequent diagnosis was Adjustment Disorder (47.6%) and more than one diagnosis was made in the 14.3%. Near the half of the patients required only primary care assistance after the discharge from the hospital. In the 68.3% of the reports appeared information about CL assistance and the indicated treatment didn't appear in all the reports. Statistically significant differences weren't found in the comparisons.

Conclusions Adjustment Disorder is supposed to be the most common psychiatric diagnosis in our CL psychiatry service, as we found in the reviewed literature. The results reveal that relationships between services can be improved. More studies must be done for completing information in this issue.

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EV0312

Neurocognitive profile of patients with early stages of HIV infection



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HIV-associated neurocognitive disorders (HAND) may include neurological disorders of various severities such as AIDS dementia complex (ADC) also known as HIV dementia and HIV-associated dementia (HAD), HIV encephalopathy, and Mild Neurocognitive Disorder (MND). As it seems HIV-associated neurocognitive disorders are associated with a metabolic encephalopathy induced by HIV infection and fueled by immune activation of macrophages and microglia. Despite of a group, evidences have described presence of cognitive alterations in HIV patients at different stages of HIV infection so far; little is known about the neurocognitive state of patients at very early stages of HIV infection. Here, we explored the neurocognitive profile of a group of cases of HIV patients at very early stages of HIV infection. We have analyzed of three groups of subjects, thus, we have studied a group of patients with early HIV infection, a healthy control group and a group of patients with mild cognitive impairment due to neurodegenerative causes. Our results suggested that cognitive processes are sensitive to very early neu-

ropathological changes in HIV infection. Noteworthy, our results also showed that neurocognitive profile of HIV patients differs from those cognitive alterations in patients with mild cognitive disorders associated to primary neurodegeneration. Together, our results point out that HIV infection generates neural changes even at early stages of infection. Furthermore, our results highlight the importance of a deep neurocognitive exploration at very early stages of HIV infection as this approach allow improve the accompaniment, clinical attachment and interventions.

Disclosure of interest The authors have not supplied their declaration of competing interest.

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EV0313

Narratives, empathy concern and moral judgments in patients with HIV infection who decided not to tell about their diagnosis

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Consistent with social-cognitive theory (Bandura 1994), adherence problems to treatments and difficulties to acceptance HIV diagnosis are linked with deficits in self-efficacy as well as problems in perceived social norms and behavioral intentions. In this study we have presented the beliefs and narratives of a group of recently diagnosed HIV patients who voluntarily decided not to tell to family or couples about their diagnosis. According to the patients' reports they believe they should not tell about their own physical condition. In a second approach, we have explored empathetic and moral behavior (by using a usual procedure used to keep track those cognitive domains) in this group of HIV patients and we compared that behavior with a group of healthy controls. Results revealed a particular and differential empathic concern, and discomfort sensitivity in HIV patients who no tell in contrast to healthy controls. Together, our results highlight the importance of exploring the reasons, fears, and the empathetic and moral determinants of those patients who not to tell about their diagnosis. Our results open a new door to explore new approaches to accompany patients with recent HIV diagnosis.

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EV0314

Study of vitamin D deficiency in depression patients-is it the reason for high rates of somatic presentation of depression?

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Introduction Vitamin D receptor (VDR) is widely distributed in the human brain including areas that are assumed to be involved in the pathophysiology of depression. Vitamin D deficiency may cause physical symptoms like pain.

Objectives See if somatic presentation of depression has any correlate with vitamin D deficiency.

Aims To compare prevalence of vitamin D deficiency between depressed and non-depressed subjects and see if somatic presentation of depression has any correlate with vitamin D deficiency.



Methods Sixty diagnosed MDD patients consenting to participate in the study from a large private hospital selected, provided they were non-smoker, 18–65 years, free from chronic illness and not taking anti-depressant control (60 subjects) comprised of close family members of patients. FSC (functional somatic complaints) was assessed using local language version of Bradford Somatic Inventory (BSI), while severity of depression was assessed using HDRS-17. Based on the total score, FSCs are categorized into 3 grades (>40 'high, 26–40 'middle, and 0–25 'low' range).

Results Vitamin D status (deficiency: insufficiency: sufficiency) was 70: 30.0: 0.0% in depressed, which significantly worse compared to control subjects (55%: 25: 20%). Patients with higher BSI scores (i.e. more somatisation) showed non-significantly lower vitamin D level. These results were more prominent for female subjects.

Conclusions Vitamin D deficiency is more common in depression subjects, which might thus need to be looked for and treated. However, no significant link between somatisation and vitamin D deficiency could be established.

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EV0315

Self-efficacy of the psychotherapist in the context of supervision

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Introduction In the context of the importance of psychotherapy in mental health care the aim of our study is to highlight the importance of supervision as an integral part thereof.

Aim We analyze the relationship between the assessment of the quality of supervision and the perceived self-efficacy of the psychotherapist as one of the antecedents of decision-making in the psychotherapeutic process. This framework is applied to an empirical study that focuses on psychotherapist's perception of clinical supervision in relationship to professional self-efficacy in the therapeutic process.

Methods The study was operationalized using the Manchester clinical supervision scale (MCSS), containing a demographic questionnaire, counselor self-efficacy scale-modified version. One hundred and twenty-five psychotherapists with supervisory experience participated in the research, including 67 trainees and 58 graduates of psychotherapy training.

Results The results show a positive relationship between effective supervision and self-efficacy ($r=0.363$; $\text{sig}=0.000$; $n=125$). The participants who attributed higher ratings to supervision and supervision work alliance also assigned higher scores to perceived self-efficacy—although there is a significant relationship among the participants of psychotherapeutic training ($r=0.444$; $\text{sig}=0.000$; $n=67$), this relation is not significant among the actual graduates. Based on modeling, rapport was discovered to be the most important predictor of supervision effectiveness assessment.

Conclusions The results support the merits of supervision in the education of psychotherapists and the importance of investing resources in its regular implementation.

Keywords Self-efficacy; Supervision; Psychotherapists in trainee; Graduate

Disclosure of interest The authors have not supplied their declaration of competing interest.

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EV0316

Morgellon disease: A case report

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Background Morgellons disease is a delusional disorder that leads to the belief that one has parasites or foreign material moving in, or coming out of, the skin. The name was coined in 2002 by Mary Leita; a mother who rejected the medical diagnosis of her son's delusional parasitosis. She revived it from a letter written by a physician in the mid-1600s.

Objective In this case report, we aim to describe the clinical characteristics and manifestation of morgellon disease in 26 years man.

Results and discussion Bulgarian athlete of 26 years stopped to be actively involved with the sport after a severe contusion to the right knee during the race. Had a joint surgery in the Netherlands and of course when that will not be able to compete more professional sports began to use cannabinoids daily. After three months patient went to dermatologist because of skin rashes and intense itching, crawling sensation on and under the skin. The patient reported that pull out threads from his skin. Dermatologist Initiated treatment with antibiotic creams and corticosteroids. The symptoms persist and the patient has consulted a psychiatrist regarding appeared complaints of fatigue, poor concentration and increased anxiety. Psychiatrist based on clinical and medical history was diagnosed morgellon disease. We started treatment with risperidone in increasing doses up to 2 mg/day. After a month the patient has a significant reduction of symptoms.

Conclusion Morgellons disease is a little-known disorder that is often associated with non-specific skin, nerve, and psychiatric symptoms.

Disclosure of interest The authors have not supplied their declaration of competing interest.

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EV0317

Diabetes mellitus type 2 personality and relations with diabetic chronic complications–Pilot study

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Introduction Diabetes mellitus (DM) is associated with chronic complications and comorbidities. Psychopathology and personality changes (PCh) are also found in DM. Some authors suggest organic PCh. The aim of our study was to access DM associated PCh and their relations with DM complications, glycemic control (GC) and family history for DM (FH).

Material and methods We examined 47 patients with DM type 2 (64.65 ± 9.78 years old; 14 males, 33 females; 24 with and 23 without FH, 20 with good, 15 with poor and 12 with very poor GC). All of them underwent somatic and neurological examinations. Blood count and biochemistry, urine analysis, brain computer tomography, electroneurography, electrocardiography and neuropsychological battery were applied. PCh were accessed by Minnesota Multiphasic Personality Inventory.

Results The most frequent PCh were hypochondriasis (Hs, 77%), hysteria (Xy, 74%) and schizoidia (Se; 77%); hypomania was low in 60%; 30% showed low psychasthenia and 49% low psychopatia. High paranoia had 23% and low–15%. Poor GC was associated with cognitive impairment (CI) and high Hs, Xy and Se. Patients with high Hs, Xy and Se showed more frequent diabetic complications (retinopathy, polyneuropathy and nephropathy), comorbidities and CI than those without, even after correction for age, therapy and DM duration. FH was risk factor for PCh.

Conclusions Patients with DM show specific PCh. High scoring on Hs, Xy and Se scales are associated with poor GC, chronic DM complications, co-morbidities and CI. FH is risk factor for PCh.

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EV0318

Emotional expectations reported by hospitalized women in southeastern Brazil before being submitted to mastectomy with immediate breast reconstruction: A clinical-qualitative study

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Introduction Breast cancer is a type that more affects female population in the world. Surgical indication, present in most cases, is a mutilating procedure and mentally traumatic for majority of women subjected. Thus, immediate breast reconstruction, which is the choice to rebuild the breast during the mastectomy surgery, is an alternative to reduce discomforts associated with loss of the breast, in addition to being associated potentially with improved emotional and psychosocial quality of life.

Objective To discuss, from psychological viewpoint, the emotional expectations about surgical results of a planned mastectomy with immediate breast reconstruction, reported by women with breast cancer treated in a university hospital in Campinas, state of São Paulo.

Method Qualitative design, particularized in the clinical-qualitative method, adequate to health assistant settings, using the semi-directed interview with open-ended questions in-depth, fully transcribed and after submitted to content clinical-qualitative analysis. Intentional sample closed by criterion of information theoretical saturation with 12 sequential participants.

Results Amongst the emergent categories from free-floating readings, we have chosen the following to presentation:

- The desire of healing above expectations of the aesthetic aspects;
- The perception of the surgical approach predominantly with aesthetic effects;

- The desire of a contra-lateral healthy breast withdrawal, too.

Conclusions Face the proposal of mastectomy with immediate reconstruction, days before the surgery, women reported to be well emotionally organized for the procedure, although in different ways. This occurs probably due to emotional meanings built by many experiences from their psychological histories, as well as from values provided by the socio-cultural environments.

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EV0319

Which are the possibilities of psychiatric liaison-consultation in dentistry? By the way a qualitative study on symbolic meanings reported by dentists on handling of dental-carries



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Dental caries is the main oral disease and there is a possible psychological resistance from dentists to change clinical practice towards in sense of health promotion as opposite to invasive mechanical practice. We hypothesized that the discussion of their practice with mental health professionals, highlighting the humanist view in approaching patients, would imply reviewing usually invasive practices.

Objective To understand the psychological meanings attributed by dentists to the treatment of dental caries considering the frequent invasive treatment.

Method Clinical-qualitative method derived from qualitative designs proper to human sciences and applied in assistance settings. Sample composed of all available dentists (ten participants) within an area of basic health units of Piracicaba, São Paulo state. Semi-directed interview with open-ended questions, in-depth, was used. After full transcription of the interviews, qualitative content analysis was carried out, including floating readings to emerge core of meanings with consequent categorization for discussion.

Results Two categories show conflicts in the interpersonal relationship: psychological discomfort due to a perspective of care different from patient and presence of an ideologically vertical relationship. One category showed a successful approach: the patient through openness.

Conclusions There were feelings of impotence in face of difficulties in interpersonal communication. It was possible to observe the influence of bio-power that weakens the possibility of empowering patients. In this way, a mechanical way of practice “saves” professionals from thinking about these human dilemmas. On the other hand, the liaison-consultation psychiatry, at primary care, allows dental professionals to have a personal affective support to rethink approaches on use of technology.

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EV0320

Sjogren's syndrome in a patient previously diagnosed as seasonal affective disorder



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Introduction Sjogren's syndrome (SS) is a common autoimmune disorder that is characterized by chronic inflammation of lachrymal and salivary glands. The well-known clinical manifestations of SS are dry eyes and dry mouth. However, the disease may first present itself with psychiatric symptoms, such as depressed mood, agitation or irritability.

Objectives Our objective is to highlight the importance of systemic examination, including detailed biochemical workup in psychiatric patients with somatic complaints like fatigue and those patients with partial response to treatment.

Methods We present a 35-years-old woman who had depressed mood, obsessions and compulsions, chronic fatigue, generalized muscle and joint pain, balance problems, weight loss, dry mouth and dry eyes for the past few years. Her symptoms would worsen during spring. She was diagnosed with seasonal affective depressive disorder and chronic fatigue and was started on mirtazapine 30 mg/day and venlafaxine 75 mg/day. She was partially responsive to this treatment. The detailed biochemical workup came 1/320 positive for anti-nuclear antibodies (ANA). The oral biopsy showed Sjogren's disease. Gluten sensitivity was found as well.

Results The patient was started on hydroxychloroquine sulfate 400 mg/day in addition to her anti-depressant medication. She was put on a gluten-free diet. She was in full remission in a month and had no depressive attack in spring. Her ANA decreased to 1/80.

Conclusion Psychiatric syndromes may arise from different pathologies of the central nervous system. In patients with recurrent psychiatric syndromes or patients who are partially responsive to conventional treatment approaches further systemic evaluation of the patient is needed.

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EV0321

The psychological signs of the patients who receive treatment in the general clinic



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Background For most of the physical illnesses, behavioral, emotional, cognitive and inter-personal reactions develop. These psychiatric conditions and reactions are actually the adjustment process of the organism.

Objectives Study is conducted in order to identify the psychiatric signs as well as findings of the patients who receive treatment in the general services of hospitals.

Methods The study was carried out with a total of 500 patients who receive treatment in the general service of a hospital of a ministry of health in Turkey between February and May in 2015 by descriptive cross-sectional method. For collecting the data; patient charts, SCL 90-Rand general health questionnaire as well as hospital anxiety and depression scale were utilized. Kolmogorov Smirnov Normality test was applied for the average SCL90R and general health. Questionnaire, as a result of the test, it was detected that both scales did not meet the assumption of normality Therefore, Kruskal Wallis test of non-parametric was used.

Results The study showed no significant difference among the lengths of stay in the hospital according to the average SCL90-R and general health questionnaire It was observed that the patients in the cardiology, neurology, and plastic surgery departments had a higher rate of signs of obsessive compulsive disorders; that the patients in the plastic surgery and internal diseases departments had a higher rate of depressive signs; that the patients in the neurology and plastic surgery departments had a higher rate of paranoid ideation; and that the patients in the neurology service had a higher rate of psychoticism.

Conclusions Overall, it has been observed that the patients hospitalized in the neurology and plastic surgery services had more physiological signs compared to those receiving treatment in the other services.

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EV0322

Evaluating quality of sleep in patients with diagnosis of chronic obstructive pulmonary disease



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Background Multicenter study showed that sleep disorders was diagnosed in approximately 40% of patients with chronic obstructive pulmonary disease. COPD is a condition that is most widely investigated regarding its relation with sleep.

Objectives Our study is a complementarily one that is carried out to determine how COPD affects the quality of sleep.

Methods This study enrolled 300 patients with COPD, who receive treatment in an occupational diseases hospital of ministry of health, Turkey, and control group of 100 healthy volunteers. This definitive, cross-section study was conducted between 01.02.2016–31.04.2016. Socio-demographic details form, epworth sleepiness scale and Pittsburgh sleep quality index are used to gather the study data. Any disease that affects sleep structure (Obstructive sleep apnea syndrome, substance abuse, irritable leg syndrome, depression, anxiety disorder, peptic ulcer) and a treatment that can affect sleep patterns (antidepressant, anxiolytic, diuretic) and to work all patients who were planned to receive Hamilton depression and were assessed with anxiety scale and anxiety, depression those who have high points to think of the reins are not included in the study.

Results Score obtained from Pittsburgh sleep quality index–A subjective test - was significantly high in the COPD group. Actigraphic sleep parameters that include ‘actual wake time’, ‘actual wake %’, ‘total activation score’ and ‘fragmentation index’ were significantly high in the COPD group comparing to control group. Among actigraphic sleep parameters, ‘actual sleep time’, ‘actual sleep’ and ‘sleep efficiency’ were significantly lower in the COPD group comparing to control group.

Conclusions The study demonstrates that chronic obstructive pulmonary disease poses negative influence on the quality of sleep and leads to sleep disorders.

Disclosure of interest The author has not supplied his declaration of competing interest.

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EV0323

Prevalence frequency of disabilities and psychological symptoms in patients diagnosed chronic obstructive pulmonary disease



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Background Chronic obstructive pulmonary disease (COPD) is a major cause of morbidity and mortality chronic obstructive pulmonary disease can cause intense psychological distress due to the caused problems that individuals experience in their lives. COPD is among a number of medical disorders associated with a high rate of depression and other psychological problems.

Objectives In this study, it is aimed to evaluate the prevalence of psychological symptoms and disability in patients with chronic obstructive pulmonary disease.

Methods The study includes 100 volunteers as a control group and 200 patients diagnosed with COPD who are being treated

in a hospital for occupational diseases of the Turkish ministry of health. It is performed as definitive-cross-sectional between 12.03.2016–30.04.2016. In gathering the data; socio-demographic Information form, brief disability questionnaire and Beck depression scale and SCL 90 R scale are applied. The mean age of the COPD group is 49.2 ± 3.4 (25–78) and the control group is 45.1 ± 2.4 (27–60).

Results In our study, depression was detected in 56% of cases with chronic obstructive pulmonary disease. Mean brief disability questionnaire score was found 7.28. Mild disability was found in 21%, moderate disability in 38% and severe disability in 29%. Moreover, It was also found that obsessive-compulsive and depressive symptoms were higher in COPD cases in comparison with the healthy group.

Disclosure of interest The author has not supplied his declaration of competing interest.

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EV0324

Exploring sources and types of information about Huntington disease received by affected families



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Introduction While revealing the presence of Huntington Disease (HD) within the family setting has received considerable research interest, the sources of information and the detail of which aspects of the illness are discussed remains unexplored. This study's primary aim was to identify HD information sources, both professional and family, and to describe the types of information received by members of affected families, with the hypothesis that some aspects of the disorder would be more fully addressed than others.

Method Clients drawn from a specialist genetic unit looking after families with HD ($n=46$) were engaged in structured interviews and completed standardized questionnaires, including: the psychological adjustment to genetic information scale (PAGIS); and a current psychological distress measure (K10). Participants obtained HD related information from a mean of 4.76 sources (49.3% professional).

Results As expected, genetic and neurological symptoms were more frequently described (97.7% and 86.4% respectively) than cognitive and psychological/psychiatric (63.6%; 52.3%). Regression analyses were used to identify potential predictors of current distress, adjustment, and information satisfaction. Rated satisfaction with information received was higher among participants with a gene positive family member. Across the PAGIS subscales, there were differential associations with the predictors examined.

Conclusions Given that HD is a multi-faceted condition affecting the entire family, needs would be better addressed if information provided went beyond discussion of genetic and movement disorders, and extended to the cognitive, psychological and behavioral aspects which are strongly associated with quality of life.

Disclosure of interest The authors have not supplied their declaration of competing interest.

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EV0325

Depression and cognitive disorders in Behçet's disease and rheumatoid arthritis patients



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Background Mental disorders (MD), especially depressive, have high rates in rheumatic disorders (RD)–Behçet's Disease (BD) and Rheumatoid Arthritis (RA). Depressive and cognitive disorders have close pathogenesis interrelations with RD.

Objective To compare the variants of MD in BD and RA-patients. **Methods** Two hundred and twenty-five (100 BD and 125 RA) inpatients were enrolled in the study. In BD patients prevailed men (70%) in RA–women (77%). MD were diagnosed in accordance with the ICD-10 in semi-structured interview. For evaluation of severity and the variants of cognitive disorders psychology and neuropsychological methods were used.

Results MD were diagnosed in the majority of patients (86%), significantly more often ($P < 0.001$) in RA (94%) versus (vs) BD (79%) patients. The depressive disorders dominated (BD–100%, RA–93%). The chronic and recurrent depressive disorders prevailed in both groups : in RA more often than in BD patients (58.4% vs 39.2%, $P = 0.003$). Cognitive disorders of different severity were diagnosed in most patients with BD and RA (73% vs 66.4%, n/s). The mechanical memory (63%) and attention deficit (72%) in BD and impairment of associative memory (90%) and logical thinking (71%) in RA were the most frequent manifestations of cognitive disorders.

Conclusion The results have shown high rates of MD, especially chronic depression and cognitive disorders in BD and RA patients. The necessity of interdisciplinary strategy implementation for the improvement of individualized treatment approaches in RD has been confirmed.

Disclosure of interest The authors have not supplied their declaration of competing interest.

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EV0326

Somatic symptoms, drinking, and mental distress among Russian female patients with rheumatoid arthritis: A pilot study



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Introduction Drinking has been shown to be a protective factor against the risk of rheumatoid arthritis (RA). On the other hand, high prevalence of depressive symptoms has been observed among RA patients.

Objective To evaluate the association between depressive symptoms and somatic factors as well as drinking habits in RA patients.

Methods Drinking habits and physical symptoms in 182 female RA outpatients in Ivanovo, Russia (average [standard deviation] of age, 62.0 [11.7] years), were investigated. Drinking status was classified as current drinkers (alcohol consumption within the previous 12 months) and others. Depressive symptoms were evaluated with MINI, HADS and CES-D questionnaires. Outcomes were (a) presence or history of major depressive disorder, presence of

melancholic major depressive disorder, presence of dysthymia, or 1 point or greater of suicidal risk score in MINI, (b) 8 points or greater in HADS-depression, (c) 8 points or greater in HADS-anxiety, and (d) 16 points or greater in CES-D. Stepwise logistic regression was used to evaluate somatic factors associated with depressive symptoms, with age and drinking status included.

Results Drinking was rather protective against depression, but did not reach statistical significance. Symptomatic parts in the extremities associated with the outcomes were shoulders for MINI, elbows and knees for HADS-depression, shoulders for HADS-anxiety, and hands, elbows and shoulders for CES-D. In the stepwise selection, some symptoms in the extremities were positively associated with the outcomes.

Conclusion Symptoms chiefly in large joints contributed to depressive symptoms.

Disclosure of interest The authors have not supplied their declaration of competing interest.

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EV0327

Long-term validation of the SAD PERSONS scale for prediction of repeat self-harm in A&E patients with and without a prior self-harm history



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Objective Repeated self-harm is difficult to predict particularly in the long-term. Scales that help identify risk of repetition are widely used, and the most popular is the modified SAD PERSONS scale (mSPS). We aimed to clarify the accuracy of the mSPS in first time and non-first time patients presenting with self-harm with an extended follow-up period of observation.

Method We conducted the UK's first long-term prospective risk prediction study of patients to an Accident and Emergency (A&E) department. We followed up 774 patients for a mean period of 7.4 years. At the time of study 429 patients presented with their first episode of self-harm and 345 had a hospital record of past history of self-harm.

Results During 7.4 years of follow-up 54.7% of those who initially presented with self-harm represented with a repeat self-harm episode. Four hundred and twenty-one patients had a mSPS score less than 6 (low risk), 260 had a score between 6 and 8 (moderate risk) and 94 scored 9 or higher usually notated as high risk. The clinical utility of the mSPS was "poor" for predicting future self-harm but at cut-offs ≥ 7 it was "fair" for predicting non-repetition. Of the individual questions in the mSPS, a positive answer to "stated future wishes" was a true positive in 74.0%.

Conclusions We found the mSPS was a relatively poor indicator of future self-harm risk in a long term follow-up of patients who self-harmed regardless of hospital record of previous self-harm history. However, mSPS did have modest value in predicting non-repetition.

Disclosure of interest The authors have not supplied their declaration of competing interest.

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e-Poster viewing: Cultural psychiatry

EV0328

Quality of life between two groups of psychiatric patients in Baghdad, Iraq



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Objectives To assess and compare the subjective rating of quality of life (QOL) in psychiatric patients who attended two psychiatric outpatient clinics in Baghdad city [Al-Rashad psychiatric teaching hospital and Baghdad teaching hospital]. In addition, it also aims at studying the effect of socio-demographic and clinical characteristics on the patients' life qualities.

Method A sample of one hundred patients divided equally into two groups (fifty patient) from each hospital were interviewed and diagnosed in accordance with the DSM-IV diagnostic criteria, for the period (from the 1st of March to the 1st of September 2011). The Arabic modified version of WHOQOL-BREF questionnaire (modified by WHO) was applied on each patient.

Results Data gathered from completed hundred forms showed that 50% of patients from Baghdad teaching hospital responded and scored (fair, acceptable) to describe their satisfaction in overall QOL, while (38%) of patients from Al-Rashad teaching mental hospital scored (bad) and (16%) scored (very bad). There was no significant difference in the four domains of QOL between the two studied groups. The findings were discussed accordingly.

Conclusions This study showed that although the overall satisfaction of the patients' life quality was higher in patients from Baghdad teaching hospital than those of Al-Rashad teaching mental hospital, a non-significant difference in the four domains between the two hospitals was found. The socio-demographic and clinical characteristics were not significantly correlated to the QOL domains except for the educational level, which was significantly correlated, with the physical health domain in patients from Al-Rashad teaching mental hospital.

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EV0329

Public perception of mental illness in Oman: A cross-sectional study



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Introduction Stigma toward mental illness is an international phenomena and it has negative consequences on the patients and their families. Studies on public attitudes toward people with mental illness (PWMI) in the Arab world initially reported less prevalence of stigma compared to other societies; however, follow up studies showed that stigma was influenced by specific socio-cultural factors.

Aims This study aims to examine public attitudes toward people with mental illness in Oman and the impact of socio-demographic factors.

Methods This is a cross-sectional survey conducted among the general public in Oman. The attitude was measured via the Attitude toward Mental Illness (AMI) questionnaire. Various demographic

factors were examined including age, place of residence, occupation and previous encounter with PWMI. The data were collected using online research methods.

Results A total of 601 subjects participated in this study, (M: 41.4%, F: 58.6%). 48% of the participants were aged 15–30 years while 46% were aged 31–45 years. The majority of the participants were employed and 10% were students. After adjusting for all other variables, subjects aged (15–30years) had less positive attitude compared to those aged (46–60 years) ($P=0.06$). Socio-demographic factors such as gender, occupation and previous contact were correlated with the endorsement of positive attitudes toward PWMI.

Conclusion This study illustrated that public attitudes toward PWMI in Oman is generally sub-optimal. The observed attitudes were strongly influenced by age, gender, occupation and previous exposure to PWMI. Future studies with robust methodology are recommended to scrutinize the present findings.

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EV0330

The impact of shame and cultural beliefs on mental illness and treatment adherence: A case report



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Introduction Shame, especially when enmeshed in cultural beliefs about mental illness and cultural roles, could be a detrimental factor in psychiatric illness in context of adherence to treatment and continuation of care. Shame is defined as a painful experience which embodies multiple components including: collapse of self esteem, feeling of humiliation, rupture of self continuity, sense of isolation, and feeling of being watched by critical others.

Objective Understanding the psychodynamics of shame, in a particular cultural milieu and its components which could impact psychiatric treatment and care.

Method Here we present a case report of a 41-years-old Arab male patient from Yemen, with a history of paranoid schizophrenia who was admitted to inpatient psychiatric service for bizarre and aggressive behavior.

Results Initially the depth of patient's delusions and psychotic symptoms were not fully appreciated due to the cultural gap between the patient and the treatment team. He was then re-evaluated through the implementation of the cultural formulation interview (CFI) by clinicians from same cultural background. This team was able to elucidate the deep feelings of shame and inadequacy in patient's presentation and provide a culturally tailored treatment plan.

Conclusions Evaluation of psychiatric patients in a different cultural setting where western values do not apply might not be sufficient to assess the breadth of psychotic symptoms especially when an underlying feeling of shame contribute to presenting symptoms. Treatment of those patients with neuroleptics without assessing the cultural dynamics might result in poor adherence to medication and follow up.

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EV0331

Does consanguinity increase the risk of mental illnesses? A population based study

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The aim of this study was to assess the impact of consanguinity on risk for mental disorders especially in primary health care- PHC settings. It was decided to ascertain prevalence of common mental disorders and consanguinity. We set out to study the burden of commonest psychiatric disorders among consanguineous marriages at PHC using the WHO Composite International Diagnostic Interview (WHO-CIDI) and examine their symptom patterns and co-morbidity in Qatar. A prospective cross sectional study was carried out over a year between November 2011 to October 2012. A total of 2,000 Qatari subjects aged 18 to 65 years were approached; 1,475 (73.3%) gave consent and participated in this study. Prevalence of psychiatric disorders using the WHO Composite International Diagnostic Interview (CIDI, version 3.0) showed that six most common disorders were major depression disorders (18.3%), any impulse control condition (18.3%), any anxiety disorders (17.2%), any mood disorders (16.9%), followed by separation anxiety disorders (15.2%), personality disorder (14.1%). The mean age \pm SD of the 1,475 subjects interviewed was 39.3 ± 9.8 years. The rate of consanguinity in the present generation was 31.5% [95% CI = 29.1–33.7]. There were statistically significant differences between consanguineous and non-consanguineous with regards to age, educational status, occupation status, household income as well as BMI, cigarette smoking and sheesha smoking. One-fifth of all adults who attended the PHC center 20% had at least one psychiatric diagnosis. The prevalence of the generalized anxiety disorders; social phobia, specific phobia, major depression, and personality disorders were significantly higher in consanguineous marriages than in non-consanguineous.

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EV0332

Risk factors in emotional and personal development of senior preschool children from different social strata (middle-high and middle-low social layers)

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Introduction Methodological basis of Vygotsky's scientific school implemented in the study provides possibility to detect risk variants in emotional and personal development of children from different social strata and to explore the mechanisms responsible for pathological development.

Objectives and methods The study included two groups: (1) children from a middle-high social stratum ($n = 31$); (2) children from a middle-low social stratum ($n = 36$). All the children were between ages 5.5–7 years at the moment of research, lived in Moscow and attended extracurricular activities. Following methods were used: objective description of child's development in socio-cultural context; semi-structured interview; long-term overt and covert observations; diagnostics of intellectual, emotional and personal school readiness.

Results Children from the 1st group demonstrate higher level of intelligence; they are more successful in solving unusual tasks. Children from the 2nd group tend to follow instructions given by



teacher. Children from the 1st group unlike those from the 2nd one are characterized by lower level of social competence; they encounter difficulties in establishing contacts and don't perceive hierarchy in adult-child relationship. Mass protection typical for children from the 1st group and hyper-satisfaction of their needs determine decrease of frustration and don't deepen their personal experience providing basis for pathological development. Children from the 2nd group are more inclined to demonstrate alarm reactions, but in general they possess higher level of emotional and personal maturity and social flexibility.

Conclusion Socio-cultural environment has a direct say in potential risk zones of child development.

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EV0333

Parental expectations in families from different social and cultural groups and their influence on emotional and personal development of a child

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Introduction The study explores subjective image attributed by parents to their child that was formed under the influence of different socio-cultural conditions and affects communication with a child. Methodological basis of Vygotsky's scientific school was used in the research.

Objectives and methods The study included two groups of families from different social strata: group 1 – middle-high stratum, group 2 – middle-low stratum ($n_1 = 31, n_2 = 36$), all the families live in Moscow; the children (5.5–7 years old) attend extracurricular activities. Following methods were used: analysis of social context of child's development; long-term overt and covert observations; analysis of complaints, ambitions and expectations – “a project of future development” of a child imagined by parents followed by reconstruction of their relations that appear to be the basis for the “project”; method of semi-structured interview.

Results First group demonstrates high level of irrelevance in subjective extra-positive image of a child. That poses risk for child's emotional and personal development. Families from different strata tend to demonstrate irrelevance between ambitions and real success of a child. First group tend to overstate, 2nd group – to understate. In some cases parents' mindsets cause emotional peculiarities of the child: individuality and as a result inflated ego, demonstrative behavior accompanied by interest to external attributes. In 2nd group children are mostly anxious and encounter difficulties in demonstration their abilities, but they possess higher level of emotional and personal maturity and social flexibility.

Conclusion Socio-cultural features of the stratum influence parental expectations that form potential risk zones in child development.

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EV0334

Death in the work of Jorge Amado: The function of art in education for death

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Introduction Review the work of Jorge Amado in the thanatological hermeneutics makes it come to be apparent the role of art in shaping the popular imagination and its educational purpose, which art cannot do without.

Objective The purpose of this research is to present that, Jorge Amado using various methods causes a semiotic and polysemic reading of life and a hermeneutics review of death, making his literary art an instrument of education for death.

Methods Using the transversal method of bibliography review of the author's work.

Results We noted that in the anthropology of Jorge Amado, death might be the exercise of power, as those legitimated by a theology casuistry, in "Violent Land". However, death can be an element of transformation of the state of life and overcoming the limits of the roles that society has agreed to be played by its subject, paradigm of this counterculture is Livia, widow of Guma in "Sea of Death". In "The Double Death of Quincas Water-Bray" dead and death inset in starring roles, provoking a psychological reflection about death as a complex dimension, able to have their own intentions and itinerary and, assigning the dead freedom and responsibility for his death and die, the author will say: "Everyone take care of your own funeral."

Conclusion Death has the function of unveiling character and affections, and balance all forces presents in the society, and the art is the instrument to that reflection reach the community.

Disclosure of interest The authors have not supplied their declaration of competing interest.

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EV0335

Political and religious violence: What psychiatry can bring to Middle East?

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Middle East is one of the most violent regions of the world. This phenomenon is most often due to the fact that religious problematic and political challenges are immediately mixed in places where, moreover, the states don't assume their role as expected about structuring their societies, supporting freedom and respect for the individual rights and life-projects of their citizens. This complex configuration makes a lot of populations in Middle East develop discreet but serious mental problems such as schizophrenia with paranoia-tendencies or loss of rationality among other possibilities. The aim of this lecture (if still possible) or poster (if the program of speeches is already closed) is to demonstrate what psychiatry (such as elaborated in the west) could bring to Middle East, as well as the difficulties this discipline will have to face to gain respect and interest over there. A focus will be made about an example of "loss of rationality" and how it leads to a projection of violence against animals and its specific meaning in the context of a conflict.

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EV0336

Does psychiatry link culture and symptoms?

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Introduction Transcultural psychiatry is a branch of psychiatry where cultural context for psychiatric symptoms is studied. It emerged as a consequence of migration of diverse ethnic groups and questions whether international diagnosis classifications fit in different cultures.

Objectives The aim of this review is to make professionals aware of the importance of cultural context for the way mental disorders present themselves depending on the patient's origin.

Materials and methods We report the detailed case of a 23-year-old Moroccan woman, attended for the first time by the mental health services when she was 8. Since that moment, she felt herself possessed by a strange being. Auditory hallucinations appeared. It was only when her father or her husband were at home that she felt the "being" was gone. Her husband, as formerly his father, represented a symbol of protection against that evil being and indeed against her mental disorder, which was directly related to her cultural beliefs.

Discussion Every country has a different culture and every migration brings with it a new environment. The way people adapt to it may result in mental illness. We want to discuss if symptoms fit international diagnosis classifications.

Conclusion Psychiatrists should become aware of the limitations of the international classifications when used on different ethnic groups. We should have a cultural approach in order to treat the diverse populations from all around the world.

Keywords Transcultural; Diagnosis.

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EV0337

Quixotic delirium, around the fourth centenary of the publication of the second part of Don Quixote de la Mancha: About a case

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Psychosis, understood as a judgment out of reality, is sometimes considered as a defensive mechanism in the face of an overflowing situation. However, beyond the pathological, given its fantastic nature, has also brought its form and content to art in its various manifestations. Thus, we bring up a similar case. A 51-year-old male, who has one brother with schizophrenia; in his childhood and adolescence excelled by an excellent academic performance, even won a national prize of Economy; and very scarce emotional ties outside the family environment. At the age of 23, during his stay in a foreign country after obtaining a scholarship in a world-renowned company, he presented disorganized behavior and thought, disinhibition, delusions of persecution, prejudice and referentiality; then, he was repatriated by his family to enter in a psychiatric center. After, he continued psychiatric monitoring irregularly, with no disease awareness and little therapeutic adherence. In his last decompensation, he shown a megalomaniacal delusion, he defined himself as "a living being, brother of all living beings, who fought to defend peace, justice and the good of mankind". The last year, he had been helping economically the homeless, interceding before the authorities for strangers and needy people; he restored and prayed in temples of different religions. Furthermore, with a significant deterioration in their self-care and family life. In consequence, he required a third forced psychiatric admission. After two months, he received discharge for clinical improvement and treatment with



injectable paliperidone. Eight months later, he continues to be monitored and markedly recovered.

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EV0338

Understanding the cultural concept of “highly sensitive person” among bipolar patients



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Introduction The concept of “highly sensitive person” is a cultural concept, which has become popular in western societies including Sweden. A highly sensitive person (HSP) is usually described as having hypersensitivity to external stimuli, different cognitive processing and high emotional reactivity. Although the concept lacks diagnostic validity, psychiatric patients may refer to this concept.

Aims To examine the feasibility of the Cultural Formulation Interview (CFI) and the clinical relevance of cultural concepts of distress among patients with bipolar disorder that report being a HSP.

Methods A case series of three patients with a diagnosis of bipolar disorder that report HSP. The CFI was conducted with all patients and the applicability of the DSM-5 cultural concepts of distress tested.

Results In all three cases, the CFI facilitated the clinical consultation as reported from the patients and in one of the cases also increased the treatment engagement. The HSP-concept could be conceptualized as a cultural syndrome, idiom of distress and as an explanatory model.

Conclusion The CFI and the cultural concepts of distress proved to be useful for understanding the concept of HSP as also they increased the cultural validity of the diagnostic interview. The three cases illustrate the challenges when encountering patients with other cultural references than clinicians. This highlights the necessity to integrate anthropological thinking in our current diagnostic work in order to reduce the “category fallacy” and promote a more person-centered approach in psychiatry.

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EV0339

‘The Good Parent’ and ‘The Other Parent’: Medicalization, othering and social exclusion in Israeli professional discourse regarding learning disorders and difficulties



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This lecture seeks to uncover the various textual techniques through which binary representations of ‘parenthood’ are constructed in the framework of clinical professional discourse of Israeli learning-disorders experts. Historically this discourse has constructed two contrasting parenthood representations: ‘parenthood of learning-disordered children’ on the one hand, and ‘parenthood of cultural deprived children’ on the other hand.

The lecture posits the following main questions: Which textual representations of ‘parenthood’ were constructed in the framework of

the aforementioned discourses? Which affinities can be identified between the textual representations and the contextual characteristics of social class, culture, ethnicity and educational capital? And which affinities can be identified between these representations and the explicit or implicit normative messages of ‘blame’, ‘responsibility’ and ‘agency’ embedded in the texts? Discourse analysis was implemented in order to uncover the mutual and contradictory construction processes. The analysis also reveals the stereotypical imputation of ‘normative’ parents with a well-off, well-educated and western origin population, as well as the stereotypical imputation of ‘problematic’ parents with a low class, little educated and eastern origin population. The lecture concludes by situating the texts in the social and historical context of their formulation: The processes of psychocultural othering which operated on low class, little educated and eastern origin parents are interpreted on the historical background of the class and ethnic hierarchical structure of the Israeli society. The conclusion also raises a conjecture regarding a rising new medicalizing ‘othering’ potential, a potential, which was already implicitly embedded in the analyzed historical texts.

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EV0340

Hikikomori goes global: A Portuguese case



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Introduction Hikikomori, a form of severe social isolation, once characterized as a Japanese cultural-bond behavior with social and economic consequences, it is now being described in other countries. Its presentation mimics some clinical features of various classified mental diseases, such as prodromal phase of schizophrenia, personality disorders, Internet dependence, social phobia or depression, without fulfilling their defining criteria.

Objectives/method This work aimed to do a brief review of this subject, describing one case that is probably the first ever reported in Portugal, comparing it with similar cases around the world.

Results The patient was a 22-year-old male, taken to psychiatry evaluation after 4 years of social withdrawal, avoiding or blocking any contact even with family members, which resulted in work and school impairment. He spent most of his days locked at his room, investing his time in particular interests and Internet use, only leaving to eat or do his basic hygiene. At that time, he presented no affective or psychotic symptoms and perceived his behavior as egosyntonic. After six appointments with psychotherapeutic approach, he was able to get a job and improved his communication with the others, especially with family.

Discussion/conclusion This case fits most of the reports found on literature, in its presentation and clinical management. Hikikomori is not considered yet a disorder and further documentation of these cases is still needed to define its place in psychiatric nosology.

Disclosure of interest The authors have not supplied their declaration of competing interest.

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EV0341

Impact of illness course perception on desire for social distance towards people suffering from schizophrenia in Hanoi, Vietnam



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Introduction In Vietnam, as well as in other low and middle-income countries, stigmatization and discrimination of mentally ill patients is highly prevalent.

Objectives It is important to identify determinants of stigmatization in a socio-cultural context as they may reveal anchor points for anti-stigma efforts.

Aims This population based study conducted in urban and rural Hanoi aims to explore whether public perception of prognosis and course of illness concerning people with symptoms indicating schizophrenia have an impact on the desire for social distance, an important factor of stigmatization.

Methods Based on a population survey using unlabelled vignettes for schizophrenia carried out in the greater Hanoi area in 2013, a sum score of the Social Distance Scale was calculated. A regression analysis was carried out to examine the impact perception of prognostic factors on the desire for social distance. The stratification of the sample ($n=455$) was representative in terms of gender, age, urbanity and household size to the Hanoi population according to the 2013 census.

Results Factor analysis revealed three independent factors of prognosis perception:

- 1. lifelong dependency on others;
 - 2. loss of social integration and functioning;
 - 3. positive expectations towards treatment outcome.
- Both negative prognostic ideas (1,2) were significantly correlated with more desire for social distance in schizophrenia.

Conclusion Stronger desire for social distance was observed among people with negative expectations about the prognosis of persons suffering from psychotic symptoms. Thus, our study indicates a link between social acceptance and ability to maintain a social role in the Vietnamese society.

Disclosure of interest The authors have not supplied their declaration of competing interest.

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EV0342

Stories of exceptional survivors who visit aboriginal healers: Cross-cultural lessons for psychiatry



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Introduction Indigenous communities exist within most countries. These communities often have their own informal and invisible (to their mainstream neighbors) systems of health care. We wondered what happened to people who approached traditional community healers for help with mental health problems.

Methods We interviewed 100 people who had received mental health diagnoses from conventional practitioners and then sought traditional community healers for help. We compared them to a matched population from a computer database who did not seek traditional healers. Patients who visited the healers did statistically significantly better than the comparison group. Panels of naïve graduate students evaluated patient interviews and picked themes that consistently emerged. Scenarios were developed to rate patients along these dimensions from “1” to “5”. New panels did the ratings. Comparisons were made between these 2 groups of people, and those who improved with healers had more change from before to after treatment on the dimensions of Present-centeredness; Forgiveness of others; Release of blame, bitterness, and chronic anger; Orientation to process versus outcome; Sense of Humor; Sense of Meaning and Purpose; and Faith and Hope. The patients who worked with the healers had a new and plausible (to the patient, his or her family, and the healers) explanation for why he or she got well, including a story reflecting a belief about how he or she can stay well; supportive community who believes in the person’s cure.

Conclusions The treatment provided by conventional healers produces measurable changes in several parameters associated with improved mental health.

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EV0343

Mental health consequences of bride kidnapping in the Kyrgyz republic



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The consequences of gender-based violence (GBV) in the Kyrgyz Republic have often remained outside of both police officers’ and mental health care specialists’ attention. Statistical data on gender-based violence in the Kyrgyz Republic are underestimated, given that the majority of victims prefer not to seek help at all. One of the types of GBV in the Kyrgyz Republic is bride kidnapping, which is still very popular in rural areas of the state. Brides, that were kidnapped, present common behaviors and symptoms, such as an submissiveness, idealization of a husband, numbing, permanent desire to please a mother-in-law and other relatives of higher status in the family. Problems with the urogenital system, such as signs of urethritis and cystitis, vaginal itching, menstrual irregularities are also very common among daughters-in-law who were brutally kidnapped and had been experiencing violence from members of their families. Authors present an algorithm of dealing with the problem, which has been already implemented as a pilot project in one of the regions of the state.

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EV0344

Reflection of local and universal historical time in symptoms of paranoid schizophrenia



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Psychopathological signs reflect general and significant phenomenon, the whole “extract” of a particular historical time, consisting of a bizarre set of events, influential characters twisted in an individual history of a patient. Except detailed “real” clinical picture reflecting socio-political events, authors consider formatting mechanisms of “unreal” content of hallucinatory-delusional symptoms. In such cases, main heroes are mythological characters for example gins or intimidating heroes of modern movies like vampires and zombies. Events in the social sets, such as Facebook and Instagram are also reflected in experiences of patients. Authors focus their attention on a paradox of logical reflection of events in the context of delusional symptoms versus paralogical interpretations. Research is based on clinical cases, and shows up a spectrum of mechanisms of how events are either included or ignored in the forming a content of psychopathological experiences.

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EV0345

Mental health stigma among Oman Medical Speciality Board (OMSB) residents

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Background Arab/Islamic culture such as those in Oman has been prescribed to be part of “collective culture” where family is central to one’s identity. It is not clear how mental illness is perceived among young doctors in Oman in the light of modernization and acculturation.

Aims Explore the socio-cultural teaching impact on attitudes towards mental health problems among Omani physicians.

Method The consenting residents were asked to fill self-reported questionnaire Attitudes towards Mental Health Problems (ATMHP). It measure: external shame (beliefs that others will look down on themselves self if one have mental health problems); internal shame (related to negative self-evaluations); and reflected shame (believing that one can bring shame to their family/community). Socio-demographic information was also sought, including age, gender and previous contact with a person with mental illness.

Results One hundred and seventy residents filled the questionnaire. The response rate was >80%. The majority were female. It showed elevated scores in indices of external shame and reflected shame. However, having a history of mental distress or having contact with a person with mental illness have moderate indices external shame and reflected shame.

Conclusion This study suggests that medical education has little eroded societal teaching among physicians under training in Oman. Thus, their attitude toward mental disorder appears to be expressed in term of external shame and reflected shame, which, in turn, encapsulate cultural patterning of shame and the centrality of family identity in Oman. Such socio-cultural teaching could lay groundwork for further research to mitigate mental illness in Oman.

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EV0346

Performance of cognitive measures and affective ranges in clients marked with spirit possession in Oman

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Background There is a dearth of studies that have explored cognitive performance in different grades of spirit possession.

Aim This study was undertaken to investigate two areas: the first was to explore whether there is a difference in demographic characteristics among presently defined grades of spirit possession in Oman: total possession (TP), partial possession (PP) and symbiotic possession (SP) seen in the Omani society. The second was to compare cognitive performance among the different grades of possession. Assessment criteria for these three groups included indices of current nonverbal reasoning ability, attention/concentration and recall, and those measures calling upon executive functioning.

Results In terms of socio-demographic characteristics, being female, having low education and being in a particular age group are strongly associated with participants classified as TP. In contrast, the SP group endorsed more history of trauma. The three groups showed performance variation in current nonverbal reasoning ability, attention/concentration and recall, and executive functioning, with TP appearing to have poorer performance on these measures compared to PP and SP.

Conclusion Previous studies have investigated whether spirit possession is a pathological state or a culture-specific idiom of distress. To our knowledge, this is the first study that has examined performances in cognitive measures among different types of possession. The entrance of possession trance disorder and dissociative trance disorder into the psychiatric nomenclature warrants more studies of this nature.

Disclosure of interest The authors have not supplied their declaration of competing interest.

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EV0347

Psychometric of questionnaire about cultural factors comorbidity of obsessions and major depressive disorders in Iranian samples

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Background and purpose Cultural signs may be found among people that speak a local dialect or live in a specific region or historical period. These cultural signs could influence psychopathology. The aim of this study was to design and validate a questionnaire that could evaluate the cultural factors causing concurrent obsessions and major depressive disorders in Iran.

Materials and methods To design the questionnaire, 10 psychologists and psychiatrists who were members of academic boards were questioned by an open questionnaire. Then, the answers to the questions were classified and based on exploratory factor analysis the questionnaire containing 11 factors and 79 questions was confirmed. Internal homogeneity was analyzed by Cronbach’s alpha.

Results The results of Cronbach’s alpha for all factors showed that the highest reliability was 0.90 and the lowest was 0.42. In exploratory factor analysis using Varimax rotation 11 factors were extracted that predict 47.3% of the scale variance. 25 factors were extracted of which 14 had less than three items, therefore they



were omitted because of not being able to acquire reliability as sub factors. Accordingly, a questionnaire containing 11 factors and 79 questions was constructed.

Conclusion The findings showed that the instrument could identify the cultural factors that cause concurrent obsession and major depressive disorders in Iran.

Disclosure of interest The authors have not supplied their declaration of competing interest.

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EV0348

Culture and mental disorders

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Objectives Show with a case report how psychiatric pathology may face differential diagnosis problems when sociocultural aspects are involved.

Methods and materials Seventy-three year old man, born in Colombia. During the last two months, he had come many times to the emergency service due to behavioural changes. He does not have previous psychiatric history. His daughter refers that one of the patient's sisters has been diagnosed of "mystical madness". The previous days he abandoned his medical treatment saying that he "gets in touch with his wife and that he wants to meet her". Since his wife's dead, he had presented an excessively adapted behaviour, without grief symptoms. The first hospitalization day he said we wanted to get married with one of his daughters, with a sexual content speech, being able to get emotional when he spoke about his dead wife. Now the patient is under frequent reviews, and it is thought the differential diagnosis of depression with psychotic symptoms, due to the lack of symptoms remission.

Conclusion Whenever we face different psychiatric diagnosis we don't keep in mind some sociocultural factors, which could be masked and raise different doubts. It is important to keep in mind that each country or ethnical have their own cultural habits which are going to deeply influence patient's personality.

Disclosure of interest The authors have not supplied their declaration of competing interest.

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EV0349

The Senegalese accompagnant model in psychiatric care: How hospitalization with a relative may contribute to the therapeutic process

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Introduction The accompagnant model was set up at the Fann psychiatric hospital in Dakar in 1971 by prof. H. Collomb. It requires the patient to be hospitalized with a non-patient to accompany him/her at all time during the hospitalization. This model compensates for economic and human deficiencies, and also presents itself as a therapeutic tool in the treatment of mental illnesses.

Objectives The contemporary use of the accompagnant model will be presented and its advantages and disadvantages assessed.

Aims We investigate how the accompagnant model may have a role in the therapeutic process, and to what extent this model (or part of it) could be exported.



Methods A qualitative study of the practice at Fann Psychiatric Hospital has been carried out, based on interviews with patients, professionals and accompanying persons.

Results There is a striking consensus between patients, professionals and the accompanying persons about the advantages of this practice. It facilitates the encounter between professionals and patients, and reduces the risk of living hospitalization as a traumatic experience. The accompanying persons contribute to warrant the respect of human dignity, and to maintain a therapeutic dynamic through their participation in the development of a caring environment and their expectation of a recovery process. They help ensure continuity of care and medication after the hospital stay.

Conclusion The accompagnant model emphasizes the role relatives may play during and after the hospitalization, in ways that could be compared with what is currently expected from family therapeutic education.

Keywords Cultural psychiatry; Recovery; Family therapeutic education

Disclosure of interest The authors have not supplied their declaration of competing interest.

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EV0350

Gypsies's beliefs about the evil eye in relation to mental illness

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Introduction The focus of Medical Anthropology is, among other things, the study of medicine as an expression of culture and involves the analysis of healing traditions, both "traditional" and biomedical.

Objectives Greek Gypsies who have their own *habitus*, language, and culture.

Aims The discussion of treatment options that gypsies have or seek in order to address critical life situations outside a biomedical context.

Methods Field research with interviews and observation.

Results Using Geertz's analytic approach of symbolic interpretation, this paper focuses on the mobilization and transformation of religious symbols in the clinical setting: how these "converse" with biomedicine and how they participate in the process of healing. Painful life experiences drive subjects to seek recourse in remedies outside the biomedical system. At the center of these experiences are thought to be attacks from the "evil eye." According to the subjects' worldview, all people are potential victims of the evil eye. A person's glance can provoke the injury, illness, mental illness or even death of another. Consequently, there is a hierarchy of therapeutic choices in which first preference is given to their own means for addressing a situation—only in the case of failure do they turn to specialists.

Conclusions The beliefs of the subjects are strongly influenced by their worldview, a historically inherited model of health and healing that, unlike the biomedical model, expresses a belief that ailments are successfully cured "with God".

Disclosure of interest The authors have not supplied their declaration of competing interest.

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EV0351

Psychotic episode during a travel to Saint-Petersburg. A variation of Stendhal Syndrome



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Introduction Journeys have been considered life-changing experiences since the first chronicles of humanity. Interest towards the relationship between travels and mental illness started off with the publication, in 1897, of *Les aliénés voyageurs*.

Case report We report the case of a 52-year-old gentleman, married and without children, who works as a couch driver and has no past medical records. During a holiday trip, at his arrival to Saint Petersburg, he first experienced haze and cognitive and memory failures, along with malaise and sweating. The day after, while visiting the Hermitage museum, he underwent forthright auditory hallucinations, diffusion of thought phenomena and harm delusions. After ruling out diagnosable organic causes through CT scan, MRI and blood analyses including immunologic studies, he was put on olanzapine 10 mg/day with total symptomatic remission within 2 weeks.

Discussion Stendhal syndrome, described back in 1899 by Dr. Magherini, refers to anxious, somatic and psychotic symptoms affecting tourists who visit Florence. The celebrated author, himself, experienced intense emotions due to an overdose of beauty at the Italian city. Further clinical pictures related to journeys include Jerusalem Syndrome and Way of Saint James Syndrome. Another entity, Paris Syndrome, differentially affects Japanese visitors, disappointed with the actual experience of visiting the French city.

Conclusion During journeys, people often abandon everyday life in order to open up to unknown sights and feelings. These can eventually, lead to certain sorts of mental illness.

Disclosure of interest The authors have not supplied their declaration of competing interest.

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EV0352

Socio-demographic and cognitive determinants of xenophobia among the GCC citizens



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Introduction Xenophobia has been referred to as a global phenomenon, linked to the globalization process and noted in countries undergoing transition. It comes from the perceived threat of foreigners' impact on the citizens' identity or individual rights. Although the Gulf countries host a large number of migrants from several different cultures and ethnicity, so far no study has examined the conceptualization and pervasiveness of Xenophobia and counter strategies to such phenomenon.

Objectives Exploring Xenophobia in the Gulf context. Exploring socio-demographic and cognitive factors affecting xenophobia.

Aims Validating a measure of Xenophobia in the Gulf cultural context. Examining the gender differences in Xenophobia among the GCC individuals. Studying socio-demographic and cognitive predictors of Xenophobia.

Methods A sample of 513 individuals from the GCC countries completed several measures of socio-demographic and cognitive variables. Likert-type scale of xenophobia was developed and validated on a large sample of Qatari citizens that showed trustworthy indications of validity and reliability and delivered via internet survey.

Results The findings showed that Xenophobia negatively correlated with age, parents' level of education, and varied subject to the type of father's job. The females showed Xenophobia more indications than males. Participants from the six GCC countries showed different levels of Xenophobia indicators. Bad experience with expatriates fully mediated the relationship between the socio-demographic of subjects and the number of Xenophobia indicators. Cognitive factors were also good predictors of Xenophobia across all cultures and gender.

Conclusions Xenophobia in the Gulf region is influenced by several cognitive and socio-demographic factors that is mediated by, but not limited to, negative personal experiences and their cultural backgrounds.

Disclosure of interest The authors have not supplied their declaration of competing interest.

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EV0353

Ethno-cultural predictors, which determine features of cognitive behavioral therapy of persons with PTSD



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Objective Study of the predictors of ethno-cultural adaptation among male population with PTSD.

Materials and methods We examined 72 males (age: 18–52) with PTSD (F43.1), acquired in interethnic Kyrgyz-Uzbek conflict. In the process of CBT 3 psychotherapeutic groups were formed: 1st (2 homogenous subgroups) included 24 ethnic Kyrgyz, 2nd (2 homogenous subgroups): 24 ethnic Uzbeks, 3rd (2 heterogeneous subgroups): 12 Uzbeks, 12 Kyrgyz.

Methods Semi-formalized interview, standardized scales for evaluating PTSD, anxiety, depression, aggression, loneliness.

Results High levels of aggressiveness among Kyrgyz: 52.4, among Uzbeks: 51.7 ($P < 0.05$), loneliness among Kyrgyz: 38.9, among Uzbeks: 46.2 ($P < 0.05$), anxiety among Kyrgyz: 48.8, among Uzbeks: 52.4 ($P < 0.05$), depression among Kyrgyz: 57.5, among Uzbeks: 61.1 ($P < 0.05$) are mutually conditioning factors. In the CBT process, the values decreased: in 1st group anxiety level to 44.4 ($P < 0.05$), depression: 54.2 ($P < 0.05$); aggressiveness: 48.2 ($P < 0.05$), loneliness: 38.4 ($P < 0.05$); in 2nd: anxiety: 49.4 ($P < 0.05$), depression: 59.8 ($P < 0.05$), aggressiveness: 47.3 ($P < 0.05$), loneliness: 42.4 ($P < 0.05$); in 3rd: anxiety: 41.1 ($P < 0.05$), depression: 52.2 ($P < 0.05$), aggressiveness: 46.5 ($P < 0.05$), loneliness: 35.5 ($P < 0.05$).

Conclusions High levels of aggressiveness and loneliness among the respondents of both ethnic groups are the predictors of PTSD. Emphasized anxiety-phobic (group 1) and anxiety-depressive (group 2) disorders are the activating mechanisms of adaptation processes in micro-society (psychotherapeutic group). Dominating anxiety-phobic disorders (group 1), anxiety-depressive disorders (group 2), and their entanglement with values of aggressiveness and loneliness determine development and stability of clinical-psychopathologic manifestations as dysthymic disorders, which is an indicator for biological treatment. Heterogeneous group, as a result of CBT, has shown activation of psychological adaptation mechanism by the dissociative type, which is one of the mechanisms of ethno-cultural adaptation and requires subsequent research.

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EV0354

Strategies to reduce the stigma toward people with mental disorders in Iran based on stakeholders view: A qualitative study

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Introduction Stigma effects on the process of mental disorders and many researchers consider it as the most serious risk factor and inhibitor in promoting mental health.

Aims The aim of this study was to explore the strategies to reduce the stigma toward people with mental disorders in Iran.

Methods This qualitative study, using content analysis method, was undertaken from 2013 to 2015. All participants were recruited by purposive sampling method. They were stakeholders of mental health in Iran. Data were collected through 16 individual interviews, 2 focus group interviews and 6 written narratives. The data were collected, coded and analyzed simultaneously.

Results The major themes were: "Emphasis on education and changing attitudes", "Changing the culture", "Promoting services and support coverage", "Role of various organizations and institutions", "Integrated reform of structures and policies to improve the performance of custodians", and "Evidence-based actions".

Conclusion It seems crucial to adopt strategies that lead to reduce the stigma of mental illnesses and increase awareness among people, scholars and service providers in the field of mental health. Additional studies are needed to evaluate the effectiveness of the emerging strategies to reduce stigma.

Disclosure of interest The author has not supplied his declaration of competing interest.

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EV0355

Spirituality meanings reported by Southeast Brazilian nursing staff at the psychiatric ward of a university general hospital: A clinical-qualitative study

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Introduction Despite nursing holistic trends for caring, in psychiatric wards of general hospitals the spiritual dimension remains controversial. Evidence shows spirituality rule in recovering and also alerts about complications associated to mental disorders and spirituality.

Aim To describe spirituality meanings attributed by a psychiatric nursing team and discuss how they apply them on professional cares.

Method Clinical-qualitative design is a particularization of generic qualitative strategies brought from humanities to approach symbolic research questions in clinical settings. A semi-directed interview with open-ended question, in-depth, was carried out with a team of 22 nursing professionals in the psychiatric ward of a general hospital in Southeast Brazil. Data analysis was driven under the Ricoeur understanding of Freudian symbolic meaning, which affirm that a statement reveals multiple meanings overwritten.

Results Spirituality is developed from several sources of restlessness and living together. The function of spirituality is to help fulfill social roles, keep internal balance and to maintain sacred practice attitudes towards life that brings symbolic salvation: help or redemption to hard life times. Nature of mental illness

remains as spiritual stigma and a suspicion contradictorily to spiritual approach caring to patients in inpatients services, which is described, as inappropriate or confusable.

Conclusions Even spirituality meanings are covered by symbolism, which expresses human attitudes to help in life crises they are surrounded by contradictions that situate this dimension in the limit of reason, which approximates carriers and patients causing weirdness. Nursing staff still needs training to deliver holistic care, and spiritual counseling to gain clarity in this issue.

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EV0356

Residential facilities project in Cuba: An original working model

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Psychiatry must have among its main aims to reintegrate in their own environment of life people with psychotic disorders, personality disorders and other serious disorder of the psychic sphere. We must be able to operate in places built ad hoc, that is, where time, space and procedures are marked with certainty and, as much as possible, managed firsthand. The environment must be constructed or modified in such a way as to make it unlikely the failure or discomfort. Patients also need to be strengthened in their ability to integrate in their environment and in the ability to cope with various life events. The goal is to transfer a first group of patients from large psychiatric hospital of La Habana to the territory, specifically in 2–3 already identified communities, to realize the rehabilitation projects that in 3–4 years can bring patients selected at their home or, alternatively, at self-managed apartments. The reference model of rehabilitative interventions is multimodal. The model explains the onset, course, prognosis and social functioning of the major mental disorders as a complex and mutually conditioning relation between biological, environmental and behavioural. The results will be evaluated over the next three years and will be the subject of future publications. A good practice cannot disengage from safe theoretical and methodological references. To show clearly and verifiably their work, operators must be trained before and during all phases of work, a job training, continuing education, which has as its primary objective the descriptive clarity and verifiability of results.

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EV0357

Between creativity and death: Abstract expressionists and alcohol use disorders

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American Expressionists were a group of American artists who valued free expression of unconscious elements, combining emo-

tional intense expressions with anti-figurative abstract style. Their main place of creative debates was Cedar Tavern in New York City, considered by art critics an important incubator of the Abstract Expressionism. Jackson Pollock, one of the most prominent figures of this movement, suspected of having bipolar disorder, abused alcohol during long periods of his life, for which he even underwent psychotherapy. Unfortunately, he died in a car accident while driving under influence, after decades of innovative work, during which he created a new painting method and produced compositions which are nowadays between the most expensive works of art. Mark Rothko also had periods of heavy drinking, and finally he died by cutting his arms with a razor. He is considered a genius, who created a completely new perspective over painting, and his works are also between the most expensive paintings in the world. Willem de Kooning was affected by alcoholism since his early years, and developed dementia, at least partially induced by abusive drinking. Although affected by neurocognitive disorder, he continued to produce amazingly creative paintings until his final years and in 2016 one of his works obtained the record for the most expensive painting ever sold. Using alcohol as a tool for increasing creativity risks to expose the creator to severe disorders or even death, the subject walking on a narrow line between sublimation of unconscious impulses and tragic resignation before them.

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EV0358

Pitfalls of positivity—new perspectives on the futility of negating negativity

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The claim that “thinking positive” betters one’s life has become pervasive in our contemporary culture. Proponents of this style of reasoning, including the head of the positive psychology movement, Martin Seligman, claim their goal is to create a field focused on human well-being and the conditions, strengths and virtues that allow people to thrive, and back their standpoint with a great number of studies.

However, critics of the movement have, first of all, pointed out flaws in some of the concepts and studies backing them, and second, performed experiments of their own which show not only that forced positive thinking doesn’t help, but can sometimes be harmful.

More worrisome than disputes in the therapeutic community is the tendency of mass media and our commodified society to abuse

these approaches, the end result being a whole scope of popular psychology books which promise wealth, happiness and ideal partners to those prepared to “believe”, and the presence of a horde of self-appointed gurus promising easy answers and quick solutions. This is only a symptom of our contemporary postmodern condition, one well phrased by the Slovenian philosopher Žižek - “the commandment of the ruling ideology is ‘enjoy!’”.

From philosophers of negativity (Nietzsche, Schopenhauer) to psychotherapists dealing with automatic negative thoughts, we come to our proposed field of research in the “neuroscience of negativity”, a search for the biological underpinnings of positivity/negativity, focusing primarily on their relation to Cloningers’ dimensions of personality and mood disorders.

Disclosure of interest The authors have not supplied their declaration of competing interest.

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EV0359

Is international affective picture system (IAPS) appropriate for using in Iranian culture, comparing to the original normative rating based on a North American sample

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Background Previous studies have shown that cultural context has an influence on emotion and cognition. In this study the emotional response to international affective picture system (IAPS) was compared between Iranians and normative ratings of Americans young adults.

Method One hundred and thirty eight Iranian university students (85 women, 48 men) age 18 to 52 (average= 31, SD= 7.76) enrolled in the study. Participants’ emotional response to IAPS images were rated in three dimensions (valence, arousal, dominance) using self-assessment Manikin (SAM) system. Then, valence, arousal, dominance scores were compared to those of 100 American undergraduates (50 females, 50 males) of the same age group, enrolled at Florida university and surveyed by Prof. PJ Lang in 2008. **Result** Our results indicate that there is complete correlation between the mean ratings of valence, arousal and dominance between Iranian and American participants. Also the results showed similarities in valence ratings, but arousal ratings especially in female participants were different. The relationship between arousal and valence showed a similar boomerang shaped distribution seen with the North American sample. Iranian sample showed positively offset and negative bias comparable to the American counterparts.

Conclusion The results are promising in the sense that IAPS images can be used in studies within Iranian cultural context. However, arousal values require a modification for their proper application in Iranian cultural context.

Disclosure of interest The author has not supplied his/her declaration of competing interest.

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EV0360

Global arginine bioavailability ratio is decreased in patients with major depressive disorder



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Introduction The global arginine bioavailability ratio (GABR) is used to estimate arginine supply. Arginine is precursor to nitric oxide (NO) that has been suggested to play a role in major depressive disorder (MDD). NO also participates in neuronal, inflammatory and cardioprotective functions.

Objectives To compare GABR between:

- D patients and non-depressed controls;
- remitted and non-remitted MDD patients;
- baseline and follow-up within remitted and non-remitted MDD groups.

Aims To investigate the role of NO production in MDD.

Methods The sample comprised 99 MDD patients and 253 non-depressed controls (Beck Depression Inventory scores < 10) aged 20–71 years. Altogether, 78 patients returned for the follow-up; 33 were remitted and 45 non-remitted. GABR was calculated from serum levels of arginine, citrulline and ornithine, which were analysed using ultra-performance liquid chromatography. Differences between the study groups were examined using logistic regression adjusted for age, gender, smoking, alcohol use, physical exercise and glycated haemoglobin. The follow-up regression analyses were adjusted for age, gender and physical exercise.

Results Lowered GABR was associated with belonging to the MDD group (OR 0.13, 95% CI 0.03–0.50). Exclusion of participants using anti-depressants that were associated with measured

metabolites did not change the results. Over the follow-up period, the remitted and non-remitted groups both showed an increase in GABR ($Z = -.53$, $P < 0.001$ and $Z = -3.00$, $P = 0.003$, respectively).

Conclusions Decreased GABR may characterise MDD. This could affect neuronal, immunological and cardioprotective functions of NO.

Disclosure of interest The authors have not supplied their declaration of competing interest.

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EV0361

Depression and multiple sclerosis–pathophysiological links: From biology to treatment



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Introduction Depressive disorders (DD) are the second cause of disability worldwide. DD affect predominantly working age individuals, recurring in 75% of cases. DD pathophysiology is intricate and multi-factorial. Several inflammatory diseases have been linked to mood disorders. Amongst these conditions is multiple sclerosis (MS), a chronic inflammatory disease of the central nervous system, characterized by frequent exacerbations and progressive functional loss.

Objective To review the current knowledge on DD and MS as comorbidities and the underlying pathophysiologic mechanisms.

Methods We performed a bibliographic search in PubMed–publications released in the last 5 years, written in English, Portuguese and Spanish, containing the keywords depression, inflammatory disorders, multiple sclerosis.

Results The inflammatory hypothesis of depression provides a strong foundation to explain its close link with multiple sclerosis. The incidence and prevalence of DD is significantly higher in MS, especially in men. Functional imaging studies have shown that depressive symptoms are closely linked to the extension of inflammatory lesions, especially on the frontal and parietal regions, with particular emphasis to those affecting the grey matter. On the one hand, the clinical course and response to treatment of MS may be hindered by DD; on the other hand, the evolution of MS lesions leads to fluctuations in mood, with significant improvement of DD with successful MS treatment, independently of physical improvement.

Conclusions There appears to be a biological link between DD and MS, with a bidirectional interference in the clinical course, prognosis and treatment response. Thus, both conditions must be correctly identified and treated.

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EV0362

Correlation between depression and happiness among Kuwait university students



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Background The Beck Depression Inventory (BDI-II) has become one of the most widely used instruments for evaluating the severity of depressive symptoms in psychiatric patients and in normal populations. The Oxford Happiness Questionnaire (OHQ) has been derived from the Oxford Happiness Inventory (OHI). The OHI follows the design and format of BDI-II, which provided, when reversed, a set of 20 multiple-choice items relevant to subjective well being. Further items were added to cover aspects of happiness and 29 items were retained in the final scale. OHQ was translated into Arabic for the first time in the present study. The aim of the study is to examine the correlation between depression and happiness.

Materials and methods BDI-II (alpha .87) and the Arabic version of OHQ (alpha .92) were completed by a sample of (380) Kuwait university students (180) males and (200) females with mean age of 22.19 ± 2.8 years old. Pearson correlations were calculated.

Results Significant ($P > 0.01$) reverse correlation was found between depression and happiness ($r = -0.54$).

Conclusion Although significant negative relationship existed between BDI-II and OHQ, the coefficient for determination of this correlation shows that nearly only half of depression changes are described and assessed with happiness score! It seems that the two psychometric tools do not completely stand against each other. However, further evaluation of this relationship is needed.

Disclosure of interest The author has not supplied his/her declaration of competing interest.

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EV0363

Alternating intravenous racemic ketamine and electroconvulsive therapy in treatment resistant depression: A case report



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Introduction Treatment resistant depression (TRD) affecting approximately 10–30% of all depressed patients often remains misdiagnosed and undertreated, leading to a higher risk of relapse and suicide. Electroconvulsive therapy (ECT) and sub-anesthetic ketamine have repeatedly shown to be effective in the TRD population. Administering ketamine as an anesthetic component to augment antidepressant efficacy of ECT has been proven inconclusive, while a combination of alternating ECT and ketamine has not been investigated yet.

Case report We present a severely depressed and chronically suicidal female inpatient who failed multiple antidepressant treatment attempts, requiring frequent psychiatric admissions. Since

available conventional as well as non-conventional antidepressant treatment strategies were nearly exhausted, we employed a combination of ECT (bilateral stimulation up to 150%) 2–3 times/week, while intravenous racemic ketamine (up to 75 mg per infusion) was administered on ECT free days 2–3 times/week. Consequently, robust anti-suicidal and antidepressant effects could be observed already during the first treatment week. The temporarily occurring subjective forgetfulness disappeared after the last ECT. Summarizing, we employed 9 ECT treatments and 7 ketamine infusions leading to a stable psychopathological state even after discharge from psychiatric inpatient care. In order to prevent relapse a maintenance-therapy comprising ECT once monthly and 2 ketamine infusions (up to 100 mg per infusion) administered on the day before and after ECT was established.

Conclusions In our patient alternating ECT and intravenous racemic ketamine were proven safe and long-term effective after numerous failed antidepressant trials including ECT and ketamine alone. We may hence encourage clinicians to widen their therapeutic armamentarium in severe TRD.

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EV0364

Relationship between pain-coping strategies, catastrophizing to pain and severity of depression



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Introduction Studies have shown that somatic pain influences the severity of major depressive disorder (MDD), and could be moderated through pain coping strategies and not catastrophizing to pain.

Objectives The aim of the study was to ascertain the correlation between pain coping strategies, catastrophizing to pain and severity of depression.

Methods The study sample consisted of 82 patients diagnosed with MDD, aged between 18 and 65 years old ($M = 46.21$). Assessment instruments included The Beck Depression Inventory-II (BDI-II), The Brief Pain Inventory-Short Form-BPISF (consisting of two subscales: BPI1-intensity of pain, and BPI2-interference with daily functioning), The Vanderbilt Pain Management Inventory-VPMI (consisting of active-VPMIAC and passive pain coping mechanism subscales-VPMIPC) and The Pain Catastrophizing Scale-PCS (consisting of subscales of rumination, exaggeration and helplessness).

Results The average BDI-II score was 27.21 ($SD = 11.53$); the average score at BPI1 was 2.99 ($SD = 2.83$) and 3.35 ($SD = 3.26$) at BPI2; the average scores on the active coping mechanism subscale was 20.72 ($SD = 4.87$), and on the passive coping mechanism subscale 34.05 ($SD = 7.86$); the average catastrophizing scale score was 28.78 ($SD = 10.72$). Active mechanism of pain coping has shown significant negative correlation with depression ($r = -0.227$, $P > 0.05$) while passive mechanism of pain coping has shown significant positive correlation with depression ($r = 0.269$, $P > 0.05$). Intensity of depression was significantly positively correlated with intensity of catastrophizing to pain ($r = 0.358$, $P > 0.01$) and its derivatives: rumination, exaggeration and helplessness.

Conclusion Interventions focusing on targeting catastrophizing to pain and pain coping mechanisms should be considered in the treatment of patients with MDD with somatic pain.

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EV0365

Validation of the Tunisian version of the patient health questionnaire (PHQ-9)



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Introduction The PHQ-9 has been recommended as the best available screening and case-finding instrument for primary care based on its brevity, and ability to inform the clinicians on both depression severity and diagnostic criteria.

Objective Our study evaluated the reliability and the validity of the Tunisian version of the PHQ-9 in detecting major depression in general population.

Method We undertook a cross-sectional and analytical study. A total of 134 participants, representative of the Tunisian general population, were enrolled. The PHQ-9 was validated against the HAD reference standard. The types of validity determined for the PHQ-9 in this study were: translation validity, internal reliability and criterion validity.

Results Test-Retest reliability was determined by intraclass correlation. This scale is stable over 2 weeks (ICC = 0.97). The Tunisian version of the PHQ-9 was found to have good internal reliability (Cronbach's alpha = 0.84). As for criterion validity of the PHQ-9, the Pearson's correlation coefficient between the PHQ-9 and HAD was 0.94 and the Spearman's correlation coefficient was 0.81. This indicated a positive association of good strength between the two instruments. A cut-off score of 10 or higher on the PHQ-9 had a sensitivity of 86.2 and a specificity of 83.8. The VPP was 0.6 and the VPV was 0.9.

Conclusion The Tunisian version of the PHQ-9 has several potential advantages. It was found to be a valid and reliable casefinding instrument for detecting depression in general population.

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EV0366

Prevalence of depression in Tunisian general population



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Introduction Depression is a major burden for the health-care system worldwide.

Objective To identify prevalence and severity of depression in Tunisian general population and define sociodemographic characteristics of screened positive to depression participants.

Method We undertook a cross-sectional and descriptive study. A total of 134 participants, representative of the Tunisian general population, were enrolled. Age, gender, and educational level were the major criteria for representativeness. Depression was assessed with the Patient Health Questionnaire (PHQ-9).

Results The cut-off score was 10. The prevalence of depression was 13.4%. There were no statistical difference in gender, education and age for the prevalence of depression.

Conclusion The World Health Organization ranks depression as the fourth leading cause of disability worldwide. Thus, the detection of depression and the dissemination of treatment in the general population are very important to reduce the burden of the disease.

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EV0367

Anxiety and depression at the medical students in post-examination



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Introduction The course of medical studies is a long route asking for a lot of breath. It is enclosed by the national examination for specialisation, which allows to access professional training. This examination requires a diligent preparation over several months in difficult conditions for the most part of the candidates who are in practical training.

Objectives and aims We suggest estimating the degree of anxiety and depression at the candidates in the week following the national examination for specialization of 2016.

Methods We have put online on the pages of the various Tunisian Faculties of Medicine an anonymous questionnaire intended for the candidates who took the national examination for specialization of 2016. We used the scale HAD (Hospital Anxiety and depression scale).

Results We recruited 220 participants. More or less half of the participants declare to be rather often in a good mood, that they take little only of the pleasure in the same things as before, that they laugh and see the highly-rated voucher of things really less than before, that they are made of the concern very often and that they sometimes experience sensations of fear. A third of the participants feel tense or irritated most of the time feel sudden sensations of panic rather often and have the impression to work in slow motion rather often.

Conclusion Taking the national examination of specialization rhymes with stress and anxiety. It leads us to question: is it necessary to assure a psychological coverage during the preparation and upstream of the competition?

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EV0368

Depression, anxiety and stress [DASS21] symptoms in menopausal Arab women: Shedding more light on a complex relationship



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Aim The objective was to determine correlation between depression, anxiety and stress in menopausal and post-menopausal women and shedding more light on a complex relationship.

Methods A cross-sectional based on Arabian women at the Primary Health Care (PHC) Centers in Qatar during July 2012 and May 2014 and 1101 women agreed to participate and responded to the study. Depression, anxiety and stress were measured using the Depression Anxiety Stress Scales (DASS-21). Data on body mass index (BMI), clinical and other parameters were used.

Results The mean age and SD of the menopausal age was 49.55 ± 3.12, and postmenopausal age was 58.08 ± 3.26 (P < 0.001). There were statistically significant differences between menopausal stages with regards to age, ethnicity, educational status, occupation status, and place of living. Also, there were statistically significant differences between menopausal stages with regards to BMI, systolic and diastolic blood pressure, vitamin D deficiency, and diseases. Depression and anxiety were more common among postmenopause women. The multivariate regression analyses revealed that age in years, diastolic BP, consanguinity, regular exercise were predictor for depression. Meanwhile, diastolic BP, occupation and physical activity considered the main risk factors for anxiety. Furthermore, age in years, occupation and

sheesha smoking habits were considered as the main risk factors associated with stress.

Conclusion A large number of factors were associated with experiencing menopausal and psychosocial problems and which had negative effects on the quality of life among Arabian women. Depression, anxiety and stress should be considered as an important risk factors for osteoporosis.

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EV0369

Biomarkers of depressive disorders: A multiplex analysis of blood serum

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Depressive disorders are a great burden for individual patients and society. Blood-based biomarkers are regarded as a feasible option for investigation of depressive disorders. Several potential biomarkers for depression were selected. We studied the following serum markers: cortisol, melatonin, brain-derived neurotrophic factor (BDNF), prolactin, insulin-like growth factor 1 (IGF-1), β -endorphin, orexin A. The patient sample consisted of 78 persons with depressive disorders. Patients were divided into two groups: 46 patients with a first depressive episode and 32 patients with recurrent depressive disorder. Control group consisted of 71 healthy individuals of corresponding age and sex. All markers were measured in serum using MILLIPEX[®] MAP panels (Merck, Darmstadt, Germany) by analyzer MAGPIX (Luminex, USA). Statistical analyses were performed using SPSS software. Results were expressed as median and quartile intervals [Q1–Q3]. There was a significant increase of serum concentrations of cortisol (663.69 [467.5–959.49] nmol/L, $P < 0.001$) and melatonin (66.31 [33.6–132.59] pg/mL, $P = 0.029$) in patients compared with the control group (526.1 [367.24–654.7] nmol/L and 45.11 [27.47–73.47] pg/mL). In addition, correlations were found between potential biomarkers, clinical indicators and treatment response measured by applying the Hamilton Depression rating scale and the Clinical Global Impression rating scales. A significant correlation was found between the concentration of prolactin and high response to pharmacotherapy ($r = -0.267$, $P = 0.029$). Identifying biomarkers that can be used as diagnostics or predictors of treatment response in people with depressive disorders will be an important step towards being able to provide personalized treatment.

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EV0370

In patients with major depressive disorders, depression, stress axis activity and problem solving skills as a proxy of executive functions are unrelated



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Introduction Major depressive disorders (MDD) are among the most prevalent psychiatric disorders worldwide. While there is abundant literature showing that an increased cortisol secretion, understood as a proxy of the deteriorated hypothalamus-pituitary-adrenocortical axis activity (HPA AA), and poor cognitive performance are tightly related, less is known as regards to the HPA AA and higher cognitive information processes such as problem solving.

Aims Investigating the association between cortisol secretion and problem solving performance among patients with MDD.

Methods Fifteen inpatients with MDD (HDRS > 24; mean age: 59 years; 80% females) underwent a pharmacologic HPA AA challenge both at baseline and six weeks later to assess the cortisol secretion. They were treated with standard antidepressants at therapeutic dosages. Further, they learned how to solve the Tower-of-Hanoi problem-solving task (ToH-PS-T) and how to apply the problem solving strategy to other tasks (transfer). Testing occurred both at baseline and six weeks later. Outcome variables were symptoms of depression, cortisol secretion and the performance to transfer the acquired ToH-PS-T.

Results Both symptoms of depression and cortisol secretion decreased over time, and transfer performance increased over time. Neither at baseline nor six weeks later, symptoms of depression, transfer performance and cortisol secretion were statistically related.

Conclusions The pattern of results suggests that cortisol secretion as a proxy of physiological stress regulation, symptoms of depression, and higher order cognitive performances seem unrelated. Given that cognitive information processing performance substantially increased regardless from depression and cortisol secretion, problem-solving skills need to be focused separately.

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EV0371

Poststroke depression

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Psychiatric symptoms are the complications most often ignored in patients who suffered a stroke. Depression is the most common psychiatric complication in post-stroke patients with a prevalence of about 20–50% in the first year and with a peak in first six months after the stroke. Depression in turn, constitutes itself a factor of cerebrovascular risk. Despite its high prevalence this disorder remains under diagnosed and under treated. One explanation for this fact is that depressive symptoms are often misinterpreted as consequences of stroke itself. This reality is even more striking in patients with aphasia. Poststroke depression (PSD) results from the interaction between biological, as the location of the stroke, social and psychological factors. The presence of this disorder is associated with deleterious consequences for rehabilitation process. These patients suffer more often from attention deficits, cognitive difficulties, lower response to rehabilitation programs, poor quality of life and increased mortality.



Objectives To review epidemiology, pathogenesis, risk factors, consequences and current recommendations for therapeutic intervention.

Methods Medline/Pubmed database search using the terms post-stroke depression, depression and stroke, depression and cerebral vascular accident, stroke patients, published in the last 16 years.

Conclusion The treatment of PSD has been shown effective in improving the evolution and prognosis of these patients, therefore it is very important early diagnosis.

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EV0372

Management of treatment resistant depression: A comparison between French expert consensus guidelines and international evidence based guidelines



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Expert consensus guidelines rely on a relevant methodological procedure complementary to based-evidence recommendations. They aim at offering support strategies derived from expert consensus for clinical situations where the levels of evidence are either absent or insufficient. Recommendations for resistant depressive disorders proposed by french association for biological psychiatry and fundamental foundation, were based on responses from 36 highly specialized experts in this field. They were invited to complete a comprehensive questionnaire with 118 issues. The questions raised covered a wide range of aspects from the evaluation of therapeutic resistance and clinical conditions increasing the risk for treatment failure to the adopted therapeutic strategies organized according the effects of previous treatment lines. Specific populations/situations especially including elderly, comorbidities (anxiety disorders, personality disorders and addictions) were also been studied through specific questions. Such recommendations are intended to substantially help the decision and therapeutic choice of clinician implied in the management of resistant depressive disorders in everyday clinical practice. We propose in this communication to compare the results of these recommendations with the various data from the evidence-based guidelines in order to demonstrate their complementarity for the management of resistant depressive disorders.

Disclosure of interest

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EV0373

Electroconvulsive therapy as an effective alternative in depressive disorder



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Introduction The efficacy of electroconvulsive therapy (ECT) in the treatment of depressive episodes is well established, and so is reflected in the major guides.

Objectives Description of a clinical case of a patient diagnosed with major depressive episode with psychotic symptoms and obsessive compulsive disorder prevalence of compulsive acts that do not respond to drug treatment but to electroconvulsive therapy.

Methods Presentation and review of a case.

Results A 55-year-old woman diagnosed with recurrent depressive disorder with worsening in the last 4 years.

Clinical depressive Sadness, spontaneous crying in the form of access, apathy, isolation and clinofilia desires, complaints mnemonic deficits and complete anhedonia. Obsessional symptoms compulsive as more repetitive behaviors of obsessive ideas, which repeats incessantly despite checking, that does not prepare or calm. The patient has not responded to any pharmacological strategy, despite using full doses and combinations of antidepressant, but euthymics more antipsychotics (sertraline, fluoxetine, reboxetine, venlafaxine, bupropion, lithium, valproic acid, lamotrigine, risperidone, quetiapine, trifluoperazine, clotiapine). For this reason, it was decided to start treatment with ECT, progressively responds in each session, after 8 sessions the patient is euthymic, it has resumed normal activities, no obsessive or psychotic symptoms.

Conclusions It is important to know that it is a safe technique that would save not only an economic cost, if not a personal emotional cost. It is noteworthy that more than 50% of depressed patients who respond to a course of ECT, fall between 6 and 12 months despite receiving adequate pharmacological treatment then so we will have to closely monitor the patient.

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EV0374

Clinical predictors of antidepressant response to ketamine in unipolar treatment-resistant depression



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Introduction The non-competitive N-methyl-D-aspartate glutamate receptor antagonist ketamine has been shown to have rapid antidepressant effects in treatment-resistant depression (TRD). However, only a few studies have investigated which clinical characteristics predict a response to ketamine.

Objectives To assess sociodemographic variables and clinical markers that predict response to ketamine in unipolar TRD patients.

Methods Searches of Pubmed, NCBI and Google Scholar were conducted for clinical trials and systematic reviews, through October 2016, using the keywords:

ketamine, N-methyl-D-aspartate receptor antagonist, rapid-acting antidepressant, depression, treatment-resistant depression, clinical predictors.

Results Findings support the following clinical predictors:

– sociodemographic variables: positive family history of alcohol abuse disorder in first-degree relative (increased antidepressant response and fewer depressive symptoms for up to 4 weeks post-infusions), higher BMI (improvement in depression severity at 230 minutes and one day post-infusion), negative history of suicide attempt (greater improvement at day 7);

– infusion-associated events: greater dissociation during infusion (better antidepressant response at 230 minutes and one week post-infusion); rapid response to first infusion (sustained response to subsequent infusions in one-third responders for up to 83 days);

– symptomatology: anxious depression (fewer depression symptoms at day one up to 25 associated with longer time to relapse); neurocognitive performance (lower attention) predicts change in severity of depressive symptoms over six infusions.

Conclusions Findings suggest that specific clinical characteristics are predictors of ketamine response in TRD. Future studies confirming reliable predictors will assist clinicians to implement efficacious and individualized treatment for TRD patients.

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EV0375

Major depressive disorder: Recurrence risk factors

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Introduction Despite the frequency and the severity of depressive episodes, the major depressive disorder (MDD) is today inadequately diagnosed and treated, and the risk factors for its recurrence are not well elaborated. The objectives of this study were to describe the sociodemographic, clinical evolutionary and therapeutic features of this disorder and to identify the factors involved in the risk of its recurrence.

Methods This is a retrospective, descriptive and analytical study, involving 150 patients with MDD, isolated episode or recurrent major depressive disorder (RMDD) with a follow-up for at least two years. Data collection was performed using two pre-established questionnaires for the MDD isolated episode and for the RMDD respectively with 51 and 92 items. A study of the recurrence period was performed by Kaplan–Meier method. The Cox-test was used to determine the survival curves and to look for the risk factors significantly associated with MDD recurrence.

Results A total of 150 patients was gathered, predominantly female, married and from urban origin. The average age at the beginning of the disorder was 35 years. The recurrence period was 109 months and the factors associated with recurrence were the early age of onset of the disorder, family history of mood disorders, the severity of MDE index, residual symptoms and discontinuation of treatment.

Conclusion The study of factors involved in MDD recurrence is of a particular importance since it allows not only to know the group of patients at risk but also to improve their therapeutic care.

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EV0376

Prevalence and risk factors of postpartum depression among preterm infant mothers

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Introduction The birth of a preterm infant evokes considerable psychological distress in mothers and is associated with an increased risk for postpartum depression.

Objectives The aim of this study was to assess the prevalence of postnatal depression among preterm infant mothers and to identify highlighting associated factors.

Methods We conducted a cross-sectional, descriptive and analytical study, including 97 mothers of premature infants who presented to the outpatient unit of neonatology at the UH Hedi Chaker of Sfax in Tunisia. For each mother, we collected sociodemographic and obstetric data. We used the Edinburgh Postnatal Depression Scale (EPDS) for screening postpartum depression.

Results Average age of mothers was 30.2 years. Average gestational age was 32.82 weeks. Almost all the mothers were married (99%), had a satisfactory couple relationship (93.7%), almost two thirds were multiparous (64.9%), and 77.3% gave birth by caesarean section. Prematurity was unexpected by 56.7% of women. Regarding newborns, digestive problems were noted in 25.8% of cases and sleep disturbances in 20.6% of them. Prevalence of depression in the population studied was 39.2%. It was significantly associated with unexpected prematurity ($P < 0.001$), impaired couple relationship ($P = 0.001$), digestive problems ($P = 0.013$) and sleep disturbances ($P = 0.002$).

Conclusion Mothers of preterm infants seem to be particularly vulnerable to postpartum depression. Systematic screening for depressive symptoms in this obstetric population can help to have an optimal psychological outcomes for mothers and infants during a crucial period of development of mother–infant coregulation.

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EV0377

Childhood trauma: A factor for increased risk of major depression in psoriatic patients

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A history of childhood maltreatment (CM) is an important determinant for understanding the development of psychiatric and physical disorders. CM is associated with sensitization of central nervous system (CNS) that leads to dysregulation of the hypothalamic–pituitary–adrenal (HPA) axis [1]. Early life stress is a well-known contributor to major depression [2]. The dysregulation of HPA axis and sympathetic nervous system activity also impact skin. Epidermis shows a high vulnerability to such psychological stressors resulting to increase risk for psoriasis [3]. The current study investigates the association between childhood trauma and major depression, childhood trauma and psoriasis, and also severity of major depression in female and male patients with psoriasis. Sixty-four psoriatic patients (female = 34, mean age = 46.87) were evaluated with the Childhood Trauma Questionnaire (CTQ) for the history of CM and with the MINI International Neuropsychiatric Interview for the diagnosis of major depression. CM was associated with major depression, indexed by a higher CTQ in emotional ($\chi^2(3) = 26.002$, $P < .0005$) and physical abuse scores ($\chi^2(3) = 23.764$, $P < .0005$). CM limited to sexual abuse was associated with higher severity of psoriasis ($\chi^2(3) = 9.81$, $P < .02$). There was no indication of a difference between men and women in severity of major depression ($U = 444$, $P = .304$). Our findings highlight the importance of recognizing psychiatric comorbidity, in particu-



lar major depression, among psoriatic patients. Depressive disorder with the presence of psoriasis may constitute a separate etiology with a greater contribution of early environment.

Disclosure of interest The author has not supplied his/her declaration of competing interest.

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EV0378

Modifications of depression-like behavior in the adult ovariectomized female rats treated with different doses of cholecalciferol

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The aim of the preclinical study was to examine the effects of chronic the effects of chronic cholecalciferol administration (1.0, 2.5 or 5.0 mg/kg/day, s.c., once daily, for 14 days) on depression-like behavior following ovariectomy in rats. Cholecalciferol was administered to the ovariectomized (OVX) rats and OVX rats treated with 17 β -estradiol (17 β -E₂, 0.5 μ g/rat, s.c., once daily, for 14 days). Depression-like behavior was assessed in the forced swimming test (FST) and the spontaneous locomotor activity was assessed using the open field test (OFT). Treatment with cholecalciferol in high dose (5.0 mg/kg/day, s.c.) significantly decreased immobility time of OVX rats in the FST. Co-administration of cholecalciferol in high dose with 17 β -E₂ exerted a markedly synergistic antidepressant-like effect in the OVX rats on the same model of depression-like behavior testing. Cholecalciferol in high dose administered alone or together with 17 β -E₂ significantly enhanced frequency of grooming of the OVX rats in the OFT. Moreover, cholecalciferol in high dose administered alone or together with 17 β -E₂ significantly decreased the elevated corticosterone levels in the blood serum of OVX rats following the FST. These results indicate that cholecalciferol in high dose has a marked antidepressant-like effect in the adult female rats with low levels of estrogen. The data also indicate that the combination of cholecalciferol in high dose and 17 β -E₂ is more effective than 17 β -E₂ alone in OVX rats inducing a more profound antidepressant-like effect in the FST.

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EV0379

Does committed action act as a buffer against the impact of shame on depression?

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Committed action is defined as the ability to take action guided by personal life values, i.e., to be persistent in valued behaviours even when such pursuit implicates facing setbacks and experiencing discomfort. This is a key process for acceptance and commitment therapy, and is linked to several positive mental health outcomes. Although current literature has stressed the pervasive impact of shame on psychopathology, especially on depression, data concerning the role of committed action on the impact of shame on depression is considered insufficient. Considering these premises, the current study intended to explore the moderator role of committed action in the relationship between external shame and depressive symptomatology, in an adult sample of 178 participants of both sexes. Path analysis' results showed that shame holds a positive effect on depression ($\beta = 1.19, P < .001$), and that committed action serves as a moderator of the effect of shame on depression ($\beta = -.63, P < .010$). The tested model accounted for 45% of the variance of depression symptoms. A graphical representation allowed to observe that committed action presents a buffer effect for the harmful impact of shame on symptoms of depression. That is, at any level of shame experienced, those individuals who revealed higher levels of committed action showed less depression symptoms. This study has corroborated the powerful effect of external shame on depression symptoms, which was found to be buffered by committed action. The present findings thus highlight the pertinence of identifying personal life values and motivating committed action, particularly in prevention and intervention programs for depression.

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EV0380

Depression and chronic immune system dysfunction—a longitudinal study in patients with lupus

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Introduction Depression is a common companion of systemic lupus erythematosus that substantially contribute to patient's suffering and a decreased quality of life. The relationship between depressive symptoms and disease immune processes is not well understood.

Objectives To further understand the relationship between lupus and depression, a patient cohort was examined for correlations between clinical presentation, biological parameters and psychosocial evaluation.

Methods Seventy-two lupus patients were screened for depressive symptoms, clinically and psychologically characterized using a battery of instruments, including assessments for depression, anxiety, fatigue, pain and overall health. Scores from these assessments were correlated with lupus clinical profile and biological parameters namely the immune profile.

Results Forty-two percent of the patients had scores indicative of depression using the HADS Depression scale. Strong correlation was found between pain and depression. Moderate correlation was found between several lupus symptoms, such as mouth ulcers, rash, and arthritis, and psychological evaluation. There was low to moderate correlation between complement levels, C-reactive protein and psychological indicators, but no other lab tests correlated well with the psychological tests.



Conclusion The correlation of depressive symptoms, complement and C-reactive protein with depressive symptoms suggests that these may be mediated by disease activity and share pathophysiological mechanisms. The overall weakness of correlations with biological markers demonstrates that more specific tests need to be developed. The study of lupus associated depression may, furthermore clarify the role of immune dysfunction in the pathophysiology of this psychiatric disorder.

Disclosure of interest The authors have not supplied their declaration of competing interest.

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EV0381

Depression among elderly cancer patients



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Introduction Depression is one of the most common mental illnesses in the elderly and its consequences are severe.

Aims To measure the prevalence of depression in elderly cancer patients and subsequently determine the sociodemographic and clinical factors correlated with this disorder.

Methods We conducted a descriptive and analytical cross-sectional study of patients aged over than 65 years old, suffering from cancer and who had no cognitive impairment, admitted in 2013 in the Oncology and palliative care unit of Gabes regional Hospital (Tunisia). We used a self-rating questionnaire to detect sociodemographics and clinical variables, the Geriatric depression scale (GDS) to assess depressive symptoms, and the Activity of Daily Living to determine the degree of autonomy.

Results At the end of our investigation, we included 60 patients. The prevalence of depression was 48%. Depression was significantly correlated with: marital status (widower subjects were more depressed (74% vs. 34%, $P=0.007$)), less degree of autonomy (80% vs. 38%, $P=0.04$), fatigue (62% vs. 26%, $P=0.007$), pain (59% vs. 26%, $P=0.02$), family psychiatric history (80% vs. 20%, $P=0.02$), family history of death by cancer (72% vs. 38%, $P=0.01$), WHO condition (67% vs. 34%, $P=0.04$) and the presence of co morbidity in particularly diabetes (69% vs. 41%, $P=0.05$).

Conclusion Depression is prevalent in oncogeriatric environments. This could compromise quality of support and care of these patients. Close collaboration between oncologist and psychiatrist is needed to support and relieve these patients.

Disclosure of interest The authors have not supplied their declaration of competing interest.

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EV0382

Depressive symptomatology and language perception in young women



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Introduction Depression may have numerous effects on cognition. A little investigated topic is the perception of the grammatical gender.

Objective The aim of this study is to examine whether there is a different understanding of grammatical gender in Greek-speaking young women with and without depressive symptomatology regarding names of cars that are female or neutral according to the modern Greek language.

Method Two-hundred fourteen women from Greece (Mean age = 19.59, SD age = 3.60, 18 min–50 max) were examined with the ZUNG Self Rating Depression Scale and a language test that comprised of 38 names of car brands, which were characterized in linguistics either as female or neutral. Half of women scored high in the ZUNG Depression scale.

Results Results indicated that overall there are no statistically significant differences between women with or without depression in their gender perception of the words ($P > .005$). In addition to that, there are no statistically significant differences between the names of car brands that are related to large size cars and/or expensive car models.

Conclusions This research suggests that although there is a tendency to consider the existence of depressive symptomatology as detrimental on cognition, this does not seem to hold true for the perception of the gender of the words as examined by linguistics.

Disclosure of interest The authors have not supplied their declaration of competing interest.

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EV0383

Seasonal affective disorder (SAD) and light therapy: State of the science



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Major depression with a fall/winter seasonal pattern, also known as seasonal affective disorder (SAD), is a recurrent and prevalent disorder. Treatment may include either pharmacological (antidepressant) or non-pharmacological options, most commonly light therapy. Over the years, light therapy has been explored using various delivery methods including light-emitting diode (LED) devices. For over 20 years, cool-white fluorescent sources that yield 10,000 lux of polychromatic white light have been the standard treatment for SAD. Many investigations have confirmed the clinical effectiveness of white light, its overall tolerability, and adverse reactions, such as agitation, insomnia, and headache. Building upon this, more recent studies have compared alternative light sources and different wavelengths of light, such as white, red, green, and blue. If certain wavelengths are more potent and effective, lower intensities of light could reduce side effects and increase tolerability and adherence. Furthermore, studies of the ocular system particularly, intrinsically photosensitive retinal ganglion cells, discovered differences among specific wavelengths of light. While some reports have suggested that 446–477 nm wavelengths of blue light may be the most potent, published clinical trials have revealed mixed results. The purpose of this session is to review the state of the science on light therapy in the treatment of SAD, and suggest recommendations for clinical practice and implications for patients.

Disclosure of interest The author has not supplied his/her declaration of competing interest.

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EV0384

Association of activation syndrome with life-time hypomanic symptoms and Ghaemi criteria



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Objective Activation syndrome consists of 10 suicides associated symptoms, which is induced by antidepressant treatment. These are anxiety, agitation, manic episodes, sleep disruption, irritability, hostility, aggressiveness, impulsivity, akathisia and mania/hypomania. This syndrome is reported to be associated with a bipolar disorder diathesis. The aim of this study is to evaluate lifetime hypomanic symptoms with major depressive disorder, who are prescribed antidepressant medication, and to investigate whether there is a relationship between these symptoms and the development of AS.

Methods Sixty consecutive outpatients with the diagnosis of major depressive disorder who were naturalistically given antidepressant treatment were examined prospectively. Patients were assessed three times; at baseline, 2 and 4 weeks later. At baseline visit, clinical characteristics of patients including Ghaemi criteria were assessed, life-time history of hypomanic symptoms were assessed with the Hypomania-Checklist-32. In all three interviews, Barnes Akathisia Rating Scale, Hamilton Rating Scale for Depression, Hamilton Anxiety Rating Scale and Young Mania Rating Scale were applied to detect the symptoms of AS. The patients who present at least one of the 10 symptoms were considered to have AS.

Results Of the 60 patients 25(41.7%) developed AS. The most prevalent symptoms of AS are insomnia (31.7%), anxiety (25%) and irritability (15%). Significant difference was found between patients with and without AS, with regard to HCL-32 test scores. A moderate correlation between the number of AS symptoms and HCL-32 test scores were determined. AS was found to be significantly more frequent in patients with mere hypersomnia and both increased appetite and hypersomnia those without these symptoms.

Disclosure of interest The findings of this study suggest that certain features of BPS might be associated with the development of AS. Antidepressant treatment of depressive illnesses in this spectrum which are misdiagnosed as unipolar may reveal these symptoms that will complicate the current episode and destabilize the longitudinal course. For this reason, clinicians should evaluate the patients who present antidepressant induced symptoms meticulously and be careful not to overlook the characteristics of BPS.

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EV0385

Reduced latency to first antidepressant treatment in Italian patients with a more recent onset of major depressive disorder

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Introduction Major depressive disorder (MDD) is a prevalent burdensome disease, which frequently remains untreated. The duration of untreated illness (DUI) is modifiable parameter and a valid predictor of outcome. Previous investigation in patients with MDD revealed a DUI of different years, while recent reports have documented a reduction of DUI across time, in patients with different psychiatric disorders.

Objectives/aims The present study was aimed to investigate potential differences in terms of DUI and related variables in patients with MDD across time.

Methods An overall sample of 188 patients with MDD was divided in two subgroups on the basis of their epoch of onset (onset before and after year 2000). DUI and other onset-related variables were assessed through a specific questionnaire and compared between the two subgroups.

Results The whole sample showed a mean DUI of approximately 4.5 years, with a lower value in patients with more recent onset compared to the other subgroup (27.1 ± 42.6 vs. 75.8 ± 105.2 months, $P < .05$). Moreover, patients with onset after 2000 reported higher rates of onset-related stressful events and lower ones for benzodiazepines prescription (65% vs. 81%; $P = 0.02$; 47% vs. 30%; $P = 0.02$).

Conclusions The comparison of groups with different epochs of onset showed a significant reduction in terms of DUI and benzodiazepines prescription, and a higher rate of onset-related stressful events in patients with a more recent onset. Reported findings are of epidemiologic and clinical relevance in order to evaluate progress and developments in the diagnostic and therapeutic pathways of MDD in Italian and other countries.

Disclosure of interest The authors have not supplied their declaration of competing interest.

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EV0386

Efficacy of hypericum extract Ws[®] 5570 compared with paroxetine in patients with a moderate major depressive episode—a subgroup analysis

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Introduction Various studies showed the efficacy and tolerability of WS[®] 5570 (Hyperiplant[®] Rx, Dr. Willmar Schwabe GmbH & Co. KG) for the treatment of acute mild-to moderate depression. Beneficial effects of WS[®] 5570 have been also shown in patients with moderate-to-severe depression.

Objectives/aims We present a subgroup analysis of a double blind, randomised trial to compare the therapeutic efficacy of WS[®] 5570 with paroxetine in patients suffering from a major depressive episode with moderate symptom intensity. This analysis on moderately depressed patients treated with WS[®] 5570 tries to support the hypothesis that WS[®] 5570 is an effective remedy in patients with major depression and moderate symptom intensity.

Methods Moderate depression was defined by a baseline Hamilton Depression Rating Scale (HAM-D) total score between 22 and 25. Sixty-four patients received, after a single blind placebo run-in phase of 3–7 days, either 3×300 mg/day WS[®] 5570 or 20 mg/day paroxetine for six weeks. The change of the HAM-D total score was used to describe the efficacy of WS[®] 5570 compared with paroxetine in the subgroup of patients with moderate depression.

Results The reduction of the HAM-D total score was significantly more pronounced in patients treated with 3×300 mg/day WS[®] 5570 compared to 20 mg/day paroxetine. After six weeks, responder (87.1%) and remission rates (60.6%) to WS[®] 5570 were significantly higher than to paroxetine (71%/42.4%).

Conclusions After six weeks, patients treated with WS[®] 5570 showed a higher reduction in depression severity score and yielded greater response and remission rates compared with patients treated with paroxetine.



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EV0387

The Association between self-stigma and coping strategies in depressive disorder—a cross-sectional study

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Background Self-stigma is a maladaptive psychosocial phenomenon that may disturb many areas of patient's life. In connection with maladaptive coping strategies should make mental health recovery more difficult. Specific coping strategies may be connected with the self-stigma and also with the severity of the disorder. The objective of the study was to explore the relationship between coping strategies, the severity of the disorder and self-stigma in outpatients with depressive disorder.

Method Eighty-one outpatients, who met ICD-10 criteria for depressive disorders, were enrolled in the cross-sectional study. Data on sociodemographic and clinical variables were recorded. All probands completed standardized measurements: The Stress Coping Style Questionnaire (SVF-78), the Internalized Stigma of Mental Illness Scale (ISMI), and the Clinical Global Impression (CGI).

Results The patients with depression overuse negative coping strategies, especially escape tendency and resignation. Using of positive coping is in average level. Coping strategies are significantly associated with the self-stigma. Negative coping (especially resignation and self-accusation) increase the self-stigma, using of positive coping (primarily underestimation, reaction control, and positive self-instruction) have a positive impact to decreased self-stigma. The level of self-stigma correlated positively with total symptom severity score.

Conclusions The present study revealed the important association between coping strategies and self-stigma in outpatients with depressive disorders. Decreasing the use of negative strategies, and strengthening the use of positive coping may have a positive impact to self-stigma reduction.

Disclosure of interest The authors have not supplied their declaration of competing interest.

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EV0388

Korean medication algorithm for depressive disorder (KMAP-DD) 2017: Maintenance treatment

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Introduction The international guideline for treating depression has been widely used.

Objectives The current study focused on the maintenance treatment section of the third revision of Korean Medication Algorithm for Depressive Disorder (KMAP-DD)

Methods A 44-item questionnaire was used to obtain the consensus of experts regarding pharmacological treatment strategies for depressive disorder. Of the 144 committee members, 79 psychiatrists responded to the survey. Each treatment strategy or treatment option was evaluated with the nine-point scale.

Results Most clinicians answered to maintain both antidepressants (AD) and atypical antipsychotics (AAP) for psychotic depression in remission state. The duration of AD maintenance: from 19.8 weeks to 46.8 weeks for patients in remission of the first episode, from 34.8 weeks to 78.4 weeks for the second depressive episode, and long-term continuation for three or more depressive episodes. Aripiprazole was the most preferred AAP. The preferred doses of AD and AAP in maintenance treatment were about 75% and 50% of those in acute treatment. The maintenance of AAP in the psychotic depression in remission was similar to the AD, although shorter and less.

Conclusions The maintenance strategies of KMAP-DD 2017 were similar to those of KMAP-DD 2012. Most clinicians preferred to maintain AD for substantial duration after achieving remission. The maintenance of AAP was also preferred, but the duration was shorter than AD.

Disclosure of interest The authors have not supplied their declaration of competing interest.

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EV0389

Is increased screen time associated with the development of anxiety or depression in young people?

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Introduction Emerging evidence suggests that sedentary behaviour, specifically time spent taking part in screen-based activities, such as watching television, may be associated with mental health outcomes in young people [1]. However, recent reviews have found limited and conflicting evidence for both anxiety and depression [2].

Objectives The purpose of the study was to explore associations between screen time at age 16 years and anxiety and depression at 18.

Methods Subjects ($n = 1958$) were from the Avon Longitudinal Study of Parents and Children (ALSPAC), a UK-based prospective cohort study. We assessed associations between screen time (measured via questionnaire at 16 years) and anxiety and depression (measured in a clinic at 18 years using the Revised Clinical Interview Schedule) using ordinal logistic regression, before and after



adjustment for covariates (including sex, maternal education, family social class, parental conflict, bullying and maternal depression). **Results** After adjusting for potential confounders, we found no evidence for an association between screen time and anxiety (OR = 1.02; 95% CI 0.95–1.09). There was weak evidence that greater screen time was associated with a small increased risk of depression (OR = 1.05, 95% CI 0.98–1.13).

Conclusions Our results suggest that young people who spend more time on screen-based activities may have a small increased risk of developing depression but not anxiety. Reducing youth screen time may lower the prevalence of depression. The study was limited by screen time being self-reported, a small sample size due to attrition and non-response, and the possibility of residual confounding. Reverse causation cannot be ruled out.

Disclosure of interest The authors have not supplied their declaration of competing interest.

References

[1] PMID: 26303369.

[2] PMID: 21807669.

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EV0390

Cross-cultural adaptation, reliability, and validity of the revised Korean version of Ruminative Response Scale



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Objective Rumination is a negative coping strategy defined as repetitive and passive focusing on negative feelings such as depression. The Ruminative Response Scale (RRS) is a widely used instrument to measure rumination, but there is continuing argument about the construct validity of the RRS, because of probable overlap between the measurement of depression and that of rumination. The RRS-Revised, which removed 12 items of the RRS, is suggested as a more valid instrument for measuring rumination. Therefore, we translated RRS-R into Korean and explored the reliability, validity and factor structure in patients with major depressive disorders.

Methods Seventy-nine patients with major depressive disorder took the Korean version of RRS, RRS-R, State Trait Anxiety Inventory, Beck Depression Inventory and Penn State Worry Questionnaire. We performed exploratory factor analysis of RRS-R, and tested construct validity, internal reliability and test-retest reliability.

Results The internal and test-retest reliability of RRS-R was high. Factor analysis revealed that RRS-R is composed of two factors. “Brooding” factor explained 56.6% and “Reflection” factor explained 12.5%. RRS-R, especially “Brooding” factor, was highly correlated with other clinical symptoms such as depression, anxiety and worry.

Conclusions In this study, we find out the RRS-R is more reliable and valid than the original RRS in Korean patients with depression because the RRS-R is free from the debate about the overlap of item with BDI. We also revealed that “Brooding” is highly correlated with depressive symptoms. RRS-R may be a useful instrument to explore the implication of “Brooding” in depression.

Disclosure of interest The author has not supplied his/her declaration of competing interest.

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EV0391

The role of disturbed circadian clocks in the development of depression-like behavior and metabolic comorbidity in mice



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Major depressive disorder (MDD) is often associated with disturbed circadian rhythms. However, a definitive causal role for functioning circadian clocks in mood regulation has not been established. We stereotactically injected viral vectors encoding short hairpin RNA to knock down expression of the essential clock gene *Bmal1* into the brain's master circadian pacemaker, the suprachiasmatic nucleus (SCN). In these SCN-specific *Bmal1*-knockdown (SCN-*Bmal1*-KD) mice, circadian rhythms were greatly attenuated in the SCN. In the learned helplessness paradigm, the SCN-*Bmal1*-KD mice were slower to escape, even before exposure to inescapable stress. They also spent more time immobile in the tail suspension test and less time in the lighted section of a light/dark box. The SCN-*Bmal1*-KD mice also showed an abnormal circadian pattern of corticosterone, and an attenuated increase of corticosterone in response to stress. Furthermore, they displayed greater weight gain, which is frequently observed in MDD patients. Since the circadian system controls important brain systems that regulate affective, cognitive, and metabolic functions, and neuropsychiatric and metabolic diseases are often correlated with disturbances of circadian rhythms, we hypothesize that dysregulation of circadian clocks plays a central role in metabolic comorbidity in psychiatric disorders. In fact, circadian rhythm disturbances have been linked to individual psychiatric and metabolic disorders, but circadian aspects of such disorders have not been considered previously in an integrated manner. Treating and preventing disturbances of circadian clocks in patients suffering psychiatric and metabolic symptoms may be a central element for therapies targeting both disorders concurrently.

Disclosure of interest The authors have not supplied their declaration of competing interest.

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EV0392

Cerebral correlates of emotional interference processing in the elderly with subthreshold depression: A functional fMRI study



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Introduction Compared to healthy controls, adults with major depressive disorder (MDD) showed stronger activation in dorsolateral prefrontal cortex (DLPFC) and anterior cingulate cortex (ACC) in resolving emotional conflict. Whether subthreshold depression (StD) at an advanced age is also accompanied by similar changes in brain activation in coping with emotional conflict remained unknown.

Objectives By using face-word Stroop task, the current study explored the neural correlates of emotional interference processing in old adults with StD.

Methods Participants were 19 community-dwelling older adults with StD assessed by the Center for Epidemiologic Studies Depression scale (CES-D) scores. We collected magnetic resonance images of their brain compared to images of 18 healthy aged-matched adults. We used SPM to analyze differences in brain activations in emotional interference processing between the two groups.

Results Results showed that elderly individuals with StD have stronger activation in DLPFC, ACC, default mode network (DMN) and visual extrastriate cortex compared to healthy controls. Furthermore, the brain activations of the DLPFC, DMN and visual extrastriate cortex were significantly associated with participants' behavioral interference effect in StD.

Conclusions Stronger brain activation in DLPFC, ACC, DMN and extrastriate cortex in old adults with StD suggests that the working efficiency of their brain is quite low and their cognitive control is impaired to some extent.

Disclosure of interest The authors have not supplied their declaration of competing interest.

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EV0393

Clinico-psychopathological features of the resistant depression

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Objective To study the clinical - psychopathological characteristics of patients with resistant depression.

Materials and methods We examined 96 patients aged 18–48 years (mean age 34.70 ± 1.0 years). The investigated patients were divided into two groups: 1st -TRD with positive affectivity - 59 (61.4%); 2nd - curable depression - 37 (38.6%). Selection of patients was made according to following criteria: ICD - 10: (F31) - bipolar disorder; (F32) - depressive episode; (F33) - recurrent depressive disorder.

Results In group 1 patients received amitriptyline (TCA) - 50 mg - 2 times/day in one of 2 consecutive courses (within 6 weeks) and they showed no clinical benefit. In group 2 patients received amitriptyline - 50 mg 2 times/day for 2 consecutive courses. When analyzing the number of depressive episodes the statistically greater number was observed 1–3 episodes in group 2 - in 45.9% of patients than in group 1 - 16.9%, predominant 5–8 episodes - in 44.1% of patients in group 1, than in group 2 - 13.5%. Remissions, observed in group 2, were characterized by longer duration and have a higher quality than in patients of group 1.

Conclusion The highest correlation dependence showed such factors as: frequency of depressive episodes, duration of episode 1, severity of depressive episode 1, quality of remission after depressive episode 1, number of responders at early stages of antidepressant therapy of I-st attack.

Disclosure of interest The authors have not supplied their declaration of competing interest.

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EV0394

Comparison of behavioral activation therapy and treatment as usual among depressed patients in secondary psychiatric care

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Introduction Evidence-based brief therapies are needed to reduce a marked heterogeneity affecting treatment of depression within the public psychiatric care. They should be easy to implement and use for a large group of patients.

Objectives To develop and implement an effective brief treatment protocol for depressed patients treated in public psychiatric secondary care.

Aim To explore and compare the outcome of depressed patients receiving either behavioral activation therapy (BA) or treatment as usual (TAU).

Methods Two hundred and forty two depressive patients referred to adult public secondary psychiatric care formed the BA treated study group. The TAU treated control group ($n = 205$) was collected from the hospital districts database and matched by the hospitalization rate, Alcohol Use Disorders Identification Test (AUDIT) and Beck Depression Inventory (BDI). All patients received anti-depressive medications. In the study group, Montgomery-Åsberg Depression Rating Scale (MADRS) was conducted four times within 24 months follow-up. In both groups, the ability of functioning was controlled by Global Assessment of Functioning scale (GAF).

Results In the study group, depressive symptoms alleviated systematically and significantly during follow-up (Table 1). The improvement in GAF scores was significantly better in the study group throughout the follow-up (Table 1).

Conclusions BA can be implemented and used effectively for depressive patients in public psychiatric secondary care. BA is superior to TAU in terms of functional recovery.

Table 1

	Follow-up (months from baseline)	Group	N	Mean	SD	p	Effect Size
ΔMADRS ¹	6	study	156	9.9	9.8	<0.001	1.02 ²
	12	study	135	13.0	9.3	<0.001	1.39 ²
	24	study	95	14.5	8.1	<0.001	1.78 ²
GAF score ²	0-6	study	167	59.8	11.5	<0.001	0.27 ⁴
		control	159	54.1	13.3		
	6-12	study	128	63.9	13.4	<0.001	0.33 ⁴
12-24	study	94	66.1	11.9	<0.001	0.48 ⁴	
	control	98	56.9	15.2			

¹ Mean change (decrease) in Montgomery-Åsberg Depression Rating Scale (MADRS) compared to baseline

² Mean score in Global Assessment of Functioning scale (GAF) during the given follow-up period

³ Within study group compared to baseline

⁴ Between groups

¹ Mean change (decrease) in Montgomery-Åsberg Depression Rating Scale (MADRS) compared to baseline.

² Mean score in Global Assessment of Functioning scale (GAF) during the given follow-up period.

³ Within study groups compared to baseline.

⁴ Between groups.

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EV0395

Body appreciation: A buffer against the impact of shame on depression

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Shame is defined as a painful affect, associated with the perception that one's personal characteristics and/or behaviours are seen by others as unattractive. Since it signals the possibility of rejection, high levels of shame associate with high psychological suffering and several psychopathological conditions, namely depression. In contrast, body appreciation is considered a set of attitudes of acceptance and affection towards one's body image, even when one is displeased with certain body characteristics, being therefore a disposition to self-soothing and care. Taking into account the association of body appreciation with healthy mental functioning, this study aimed at exploring the buffering effect of body appreciation against shame's impact on the display of depression symptoms. This hypothesis was tested through path analysis in a community sample of adult men and women. Results revealed body appreciation as a significant moderator of the association between external shame and depressive symptomatology. The tested model explained 45% of the variance of depressive symptomatology. A graphical representation allowed understanding that this moderator effect is particularly expressive in those who experience medium to high levels of shame. In these cases, men and women who present higher body appreciation tend to display fewer depression symptoms. These results seem to emphasize the importance of establishing a positive relationship with one's own body image, which appears to be protective either for men's and women's mental health. Considering its buffering effect of shame's impact on depression, upcoming interventions in this area could benefit from the assessment and cultivation of positive body image.

Disclosure of interest The authors have not supplied their declaration of competing interest.

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EV0396

Type D personality and metabolic syndrome in patients with depressionM. Martinac^{1,*}, D. Babić², M. Pavlović²¹ Public Health Centre Mostar, Centre for Mental Health, Mostar, Bosnia and Herzegovina² University hospital Mostar, Department of Psychiatry, Mostar, Bosnia and Herzegovina

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Introduction Pathogenesis of metabolic syndrome (MS) and depression (MDD) is complex and insufficiently explored. In addition to chronic stress, psychotrauma, hypercortisolemia and immunological factors, some personality features may have an impact. Type D personality, most influential personality type in psychosomatic medicine, consists of two dimensions: negative affect (NA) and social inhibition (SI). Individuals with type D personality are more anxious, irritable and depressed and they do not share these emotions with others because of their fear of rejection. Type D personality was proven to be a risk factor for some MS components, as well as for the occurrence of depressive symptoms in cardiac patients.

Aim To investigate the association of type D personality with MS and its components in MDD patients.

Methods Cross-sectional study was conducted on the sample of 80 patients with depression and 40 healthy subjects as the control group. Mini International Neuropsychiatric Interview (MINI ques-

tionnaire) and Hamilton Rating Scale for Depression (HDRS-17) were used for the diagnosis of depression. Type D personality was determined by DS14 questionnaire. The MS diagnosis was made according to ATP III criteria.

Results The presence of type D personality did not significantly contribute to the probability of developing MS in patients with depression. NA was associated with abdominal obesity, low HDL-cholesterol and hypertension.

Conclusion Negative affect was proven to be an independent risk factor in the pathogenesis of obesity, hypertension, and reduced level of HDL-cholesterol, while type D personality in general did not have predictive value for the MS development.

Disclosure of interest The authors have not supplied their declaration of competing interest.

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EV0397

Peculiarities of depressive disorders of “working” emigrants and re-emigrantsN. Maruta^{*,1}, O. Venger²¹ Institute of Neurology, Psychiatry and Narcology of National Academy of Medical Science of Ukraine, SI, Borderline pathology, Kharkiv, Ukraine² State Higher Educational Institution, I. Ya. Horbachevskyi's, Ternopil State Medical University of the Ministry of Health of Ukraine, Neurology, Psychiatry, Narcology and Medical Psychology, Ternopil, Ukraine

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Introduction The problem of emigration and re-emigration in Ukraine is among the most actual state and social problems.

Objectives To research clinical-psychopathological peculiarities of depressions in “working” emigrants and re-emigrants.

Methodology The investigation was carried out in Ternopil Region. Psychogenic depressive disorders (F43.21 and F43.22 according to ICD-10) were diagnosed in 69 non-emigrants, 68 emigrants, and 67 re-emigrants; endogenous ones (F31.3, F31.4, F32.1, F32.2, F33.1, and F33.2 according to ICD-10) were diagnosed in 65, 66, and 63 persons correspondingly; and organic ones (F06.3 according to ICD-10) were diagnosed in 64, 62, and 61 persons correspondingly.

Results It was found out an influence of emigration and re-emigration factors on psychoemotional sphere of the patients. The influence of the emigration factor was the most manifested in patients with psychogenic depressive disorders and was a less manifested in patients with endogenous and organic depression. Re-emigrants had the most severe depressive symptoms that might be explained by an impact of psychosocial factors. In the syndromological structure of depressive disorders it was determined that re-emigrants were more affected by typical affective syndromes – vital and apathic depression, whereas emigrants were more affected by atypical affective syndromes, including anxious-depressive and agitation ones. It might be explained by an influence of objective social-psychological factors as well as an intrapsychic transformation of actual stressors connected with emigration and re-emigration.

Conclusions Emigration should be considered as a factor promoting a pathologically characterological development towards anxious-depressive changes, whereas re-emigration should be considered as a factor of asthenic-depressive and apathic-depressive transformations.

Disclosure of interest The authors have not supplied their declaration of competing interest.

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EV0398

Correlations between doctors' and patients' assessment of depression severity and efficacy of treatment



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Introduction Data on accordance and clinical significance of objective (doctor, psychometric scales) and subjective (patient with depression) assessment of severity of depression are almost lacking. Aim of the multicenter study "EMOTION" was to compare prognostic value of doctor's and patient's assessment of depressive symptoms severity as for its grading and treatment outcome.

Method Study sample consist of 107 depressive patients. The study used clinical and psychometric (HDRS, SHAPS, CGI-S, CGI-I, PGI-S, PGI-I, Visual Analog Scale) methods.

Results Our data suggest that there's statistically significant ($P < 0.001$) discrepancy between doctors' (CGI-S) and patients' (PGI-S) assessment of depressive symptoms' severity at first visit. Concordant opinions were found only in "marked depression" (37.49% of doctors and 36.59% of patients) and in "borderline depression" (4.79% of doctors and 3.79% of patients). Otherwise, doctors' and patients' opinions were discordant. Doctors' scores were more extreme (severe and extremely severe depression); patients' scores were more "moderate". We have found inconsistency between HDRS and CGI-S scores. In the course of reduction of depression severity during antidepressive treatment (agomelatine) doctors' and patients' scores were more and more in line with each other.

Conclusion We have found leveling of prognostic value of psychometric assessment of depression severity by doctors and patients (in terms of reduction of depressive symptoms severity and treatment outcome) during antidepressive therapy. It is possible that in some HDRS items scores were overestimated.

Disclosure of interest The authors have not supplied their declaration of competing interest.

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EV0399

Comorbid depression and ulcerative colitis – is there a connection?



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Ulcerative colitis (UC) is a subset disorder of inflammatory bowel disease (IBD) with chronic course and symptoms such as fatigue, gastrointestinal pain, fever, etc. IBD is associated with psychological manifestations including depression and anxiety. There is an increased number of studies trying to link these comorbidities. The gut-brain axis is regulated by intestinal microbiota and this bidirectional communication including immune, neural, endocrine and metabolic mechanisms may bring us closer to

the answer. The following case concerns a 56-year-old patient with history of major depressive disorder who was in continuous psychiatric care and treated with antidepressants. Several years after the beginning of psychiatric treatment, he was hospitalized for diagnostic examination due to subfebrility of unknown etiology, but with no final somatic diagnosis. After two years he was referred to our department and at administration the patient showed symptoms of depression, anxiety, lack of motivation and suicidal thoughts and tendencies. Subfebrility was still present at that time. His psychopharmacotherapy was revised and there was a slight improvement in mood and behaviour. During outpatient follow-ups the symptoms of depression were still prominent and remission was not achieved even with modulation of antidepressant pharmacotherapy. The following year the patient was diagnosed with UC and started specific treatment after he presented with diarrhea in addition to subfebrility. Subsequently his mood improved, suicidal thoughts were diminished and ultimately remission was achieved. This case suggests that only after UC was being treated the psychiatric symptoms also withdrew which implicates that inflammatory mediators were involved in pathogenesis of depression.

Disclosure of interest The authors have not supplied their declaration of competing interest.

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EV0400

C-reactive protein as predictor of antidepressant response in late onset depression



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Introduction Late-onset depression has been associated with history of vascular disease and atherosclerosis. As immune dysregulation is critically involved in vascular disease. We hypothesized that responsiveness of late onset depression can be associated with level of inflammatory markers in these subjects.

Objective Role of inflammatory mediator in antidepressant responses in late onset depression.

Aim To study C-reactive protein as predictor of antidepressant response in late onset depression.

Methods Depressed patient (as per ICD 10 DCR) age > 60 years recruited from department of psychiatry and complete clinical assessment done and base line depression severity measure on Hamilton Depression Rating Scale (HDRS). C reactive protein level was assessed at base line. Patient prescribed antidepressant medication and at 8 week follow up re assessed for depression severity in HDRS. Data analyzed with spss.21 and spearman correlation was used.

Result Mean age of responder ($n = 6$) 63.5 ± 4.9 year and HDRS at base line 16 ± 1.9 . Mean age of partial responder or non-responder ($n = 19$) 65.1 ± 6.1 year and HDRS at base line 18.5 ± 3.9 . Continuous decrease in depression severity during study period and antidepressant response rate was 24%. Base line CRP level had negative correlation with antidepressant responsiveness ($r = -0.6$, $P < 0.05$).

Discussion Late onset depression was less responsive to antidepressant medication and poor antidepressant response rate was associated with higher level of CRP in late onset depression. Document not received.

Disclosure of interest The authors have not supplied their declaration of competing interest.

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EV0401A

Comparison between patients with depressive disorders and healthy controls in resilience and coping skills



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Introduction Resilience in the psychiatric field, it is defined as the ability to recover from perceived adverse or changing situations through a dynamic process of adaptation. This process is influenced by personal characteristics, family and social resources and is expressed by positive coping skills. It is well known that resilience has an inverse relation with depression, however, the specific role of resilience in disorders like depression, personality disorders and psychosis is not fully understood.

Objectives Compare differences in resilience and coping skills in a sample of patients with depressive disorder in acute phase versus healthy controls.

Methods We are conducting a cohort study to the date we recruited 82 inpatients admitted in our psychiatric ward. The data have been gathered from the 1st December 2014 and they will continue to be collected until the 1st December 2016, the healthy controls are represented by 67 subjects with similar socio-demographic features.

Inclusion criteria are: diagnosis of depressive disorders or dysthymia according to DSM-IV-TR diagnostic criteria, age > 18 years, proper understanding of Italian language, willingness to give written informed consent. We compared them with healthy controls with similar socio-demographic features.

Patients' assessment includes the following tests:

- Resilience Scale for Adults (RSA);
- Brief-COPE Scale (Brief-COPE);
- Statistical analysis will be performed using SPSS for Windows, 21.0 (Armonk, NY: IBM Corporation).

Results Data collection is still ongoing.

Conclusions From a preliminary analysis of data, we assume that the levels of resilience and coping of our patients is reduced compared with controls, however the recruitment during the acute phase could significantly influence final results.

Disclosure of interest The authors have not supplied their declaration of competing interest.

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EV0402

Efficacy of a hypericum extract (STW3-VI) – A reanalysis



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Introduction The course of depression during therapy in studies is usually monitored by scales like HAMD. Also the course of single items of the HAMD during therapy might be of specific interest as some symptoms are of highly predictive value. Furthermore early improvement during antidepressive therapy is a new aspect which came into the focus.

Objectives The objectives of this study were to reanalyze clinical data regarding early improvement as well as specific symptoms or symptom cluster – like sleep disturbances.

Aims The aim of this study was to get deeper insight into the data structure of 2 RCTs ($n = 398$, 42 days treatment) comparing the efficacy of a hypericum extract (STW3-VI/900 mg once daily) to Placebo.

Methods Data structure was evaluated by comparing the total scores of the HAMD-17 to a single item analysis and by calculating the factorial structure of the end of treatment data. The treatment potential was evaluated by calculating a positive predictive value from day 7 to the end of treatment. ANCOVA, factor analysis and regression methods were used.

Results The single item analyses were widely comparable to the highly significant treatment differences of the total scores as it were the calculated subscales. The positive predictive value of the treatment was about 75%.

Conclusions The results underline the elsewhere proven treatment efficacy of STW3-VI regarding several new subscale aspects.

Disclosure of interest COI: The authors are employees of Steigerwald Arzneimittelwerk GmbH, Darmstadt, Germany.

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EV0403

Major depressive disorder history among patients who sought blepharoplasty operation in a private ophthalmology hospital in Saudi Arabia



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Background Much attention has focused on body dysmorphic disorder among patients undergoing plastic surgeries, but there has been little evaluation of their past history of major depressive disorder (MDD).

Aim To estimate the prevalence rate of past history of Major Depressive Disorder (MDD) in patients undergoing Blepharoplasty operation in a private ophthalmology hospital in Jeddah, Saudi Arabia.

Methods All patients who have undergone blepharoplasty operation during the period from 5 April to 4 October 2016 (6 months) were included. Previous psychiatric history was taken from the patients by psychiatric assessment and self-assessment questionnaire, diagnosis of Major Depressive Disorder (MDD) confirmed previously by consultant psychiatrists in patients' health records was included.

Results One hundred and forty-eight persons undergone blepharoplasty in the hospital from 5 April to 4 October 2016. They were 89 females (60%) and 59 males (40%). Among those 148 persons, 10 patients were previously diagnosed with major depressive disorder by consultant psychiatrists with a percentage of 6.8% where 5 were females (5.6% of 89 females) and 5 were males (8.5% of 59 males).

Conclusions The number of individuals who present for blepharoplasty operation with a history of Major Depressive disorder needs to take a special consideration. A link between MDD and cosmetic operation decision should be further studied.

Keywords Blepharoplasty; Major depressive disorder

Disclosure of interest The authors have not supplied their declaration of competing interest.

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EV0404

Specificity in perceived social support in multiple sclerosis patientsE. Nikolaev^{1,*}, N. Vasil'eva²¹ Chuvash State University, Department of Social and Clinical Psychology, Cheboksary, Russia² Chuvash Republic Clinical Hospital, Neurology Unit, Cheboksary, Russia

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Introduction Social support is one of the functions of social relationships that modify stress. Social supportive resources play important role in helping patients to adjust to the disease. Not much is known about social support in multiple sclerosis patients while it is one of the available interpersonal resources.

Objectives and aims To examine the specificity in perceived social support in multiple sclerosis patients.

Methods The sample were 104 in-patients diagnosed with multiple sclerosis (both men and women; mean age 38, SD = 10). All patients included in this study filled out the 22-item Russian version of the social support questionnaire (F-SOZU-22, G. Sommer, T. Fydrich in 1989, adaptation developed by A. Kholmogorova in 2006). Among them there were patients with relapsing-remitting multiple sclerosis and secondary progressive multiple sclerosis.

Results The entire sample reported the normal level of social support. One can mention that multiple sclerosis patients did not differ in general level of perceived social support from the healthy subjects. The exception was the overall satisfaction of social support, which reflected its statistically higher level in multiple sclerosis patients ($P < 0.05$). Further analysis showed no significant differences in perceived social support in patients associated with gender factor and clinical forms of multiple sclerosis ($P > 0.05$).

Conclusions The perceived social support in multiple sclerosis patients is characterized by normal levels of its emotional and instrumental components and inclusion in the network of close social relationships. However, the patients of both genders do not feel stability of these relations and have a decreased sense of security that can be a significant risk factor for depression.

Disclosure of interest The authors have not supplied their declaration of competing interest.

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EV0405

Personality disorders and affective temperament in unipolar and bipolar mood disorder

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Introduction Personality disorders (PD) and Affective temperaments (AT) have been considered vulnerability factors for the development of mood disorder (MD).

Objective To study the simultaneous presence of PD and AT in patients with DU and differences between unipolar depression (DD) and bipolar disorder BD.

Methods An observational study was conducted. Patients were administered the Temperament Evaluation of Memphis, Pisa, Paris and San Diego questionnaire (TEMPS-A) for AT and the Structured Clinical Interview for DSM IV Axis II Disorders (SCID-II) for PD. The interrelationships of the different PD and AT were studied by factor analysis (principal component analysis, PCA) (orthogonal rotation, Varimax).

Results Participants were 156 adult patients with MD, 37.1% with DD and 62.9% with BD. DD patients presented with significantly more paranoid PD ($P = 0.009$), depressive ($P = 0.029$), anxious ($P = 0.009$) and irritable temperament ($P = 0.006$) compared to BD.

PCA results showed four significant factors, explaining the 63.1% of total variance, corresponding to four potential groups of patients with specific PD and AT associations.

Conclusion The comorbidity between MD and PD and AT may differentiate DD from BD. Specific patterns of comorbidity may be useful as they may substantially influence the course of the mood disorders and how patients respond to treatment.

Disclosure of interest The authors have not supplied their declaration of competing interest.

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EV0406

Depressive disorders: A multidimensional non-drug approach

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In Europe, 25% of the population suffers from one type of depressive disorders each year. When depression is diagnosed, one on two people will actually be given a medication e.g. antidepressant and benzodiazepine (when correlated to anxiety or sleep trouble); the relapse risk is about 50%. This pathology and its chemical treatment affect the individual's health and life balance, e.g. cognitive impairments, family circle and career. Plus, side effects might create dependence, inability to focus or drive, disinhibition leading to suicide attempts. In addition, it also affects society at an economic level.

Comparing prior research, there are many causes to depressive disorders, a fragile balance that allows depression to begin and last. These causes include psychological factors (personal history, loss, trauma) biological factors (genetic predisposition, neurochemical dysregulation, bacteria) and environment (stress, social interaction, family circle, physical environment). Due to their multiple causes and maintenance factors, we consider depressive disorders in a multidimensional clinic through non-drug approach treatment and prevention. In severe depressive disorders and resistant depression EMDR therapy has shown effective results. Taking in account the high chance of relapses (50%), we highlight regular physical activity as a prevention factor that diminishes relapses chances compared to medication. Furthermore, meditation practice impacts cerebral plasticity. Finally, an environmental approach through luminotherapy (increase serotonin precursor) or nutritherapy (bacterium balance) helps healing and prevents relapses. These therapies can be easily adapted to any population and institutional context.

Disclosure of interest The authors have not supplied their declaration of competing interest.

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EV0407

Frequency of depressive disorders in a representative sample of Nicosia, CyprusI. Papapetrou^{1,*}, G. Charalambous², A. Sissouras³, E. Jelastopulu⁴¹ Frederick University of Nicosia, Cyprus, Postgraduate Program Health Management, Strovolos, Nicosia, Cyprus² Frederick University of Nicosia, Cyprus, Postgraduate Program Health Management, Nicosia, Cyprus³ University of Patras- Greece, Department of Operational Research and Management, Patras, Greece⁴ University of Patras, Greece, Public Health, Patras, Greece

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Introduction "Health Profile" of Nicosia was conducted in 2013–2014, within the framework of the program "Healthy Cities"

in order to collect and analyse information on the state of health and health-related behaviors of the citizens of Nicosia in Cyprus.

Aims To estimate the frequency of self-reported depressive disorders and examine burdening as well as factors influencing it.

Methods Based on the 2011 census, a cross-sectional study was carried out on a representative random stratified sample, which was selected to be interviewed, including 477 men and 525 women, from the city area. Participants answered a questionnaire, which required among other items on self-perceived physical and mental health. Participants were also asked the following questions: “Do you have/had in the past depression or/and anxiety?” and “Have you received a medical diagnosis for this disorder?”

Results Approximately 70% of the sample reported they had experienced anxiety and depression (37% moderate and 33% severe episodes). Diagnosed depression was reported by 4%. Severe depressive disorders were more frequently reported by women (41%, $P < 0.001$), older aged citizens (70.2%, $P < 0.001$) widowed/divorced (45.5%, $P < 0.001$), persons with lower family income ($< 1000 \text{€}$, 79.7%, $P < 0.001$) and among people with chronic diseases (45.3%, $P < 0.001$).

Conclusions The self-reported prevalence of anxiety and depression in the citizens of Nicosia is very high – probably reflecting a negative effect of the economic crisis –, and contrariwise diagnosis of the disorder is rarely provided and consequently therapy rarely offered. Specific population groups, such as women, elderly citizens, patients with chronic diseases are more vulnerable to depressive disorders requiring specialized medical attention.

Disclosure of interest The authors have not supplied their declaration of competing interest.

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EV0408

The onset, course and resolution of depressive symptomatology in chronic hepatitis C patients on pegylated interferon alpha: A 72-week prospective study



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Introduction Treatment with pegylated interferon alpha (PEG-IFN- α) in patients with chronic hepatitis C (CHC) is associated with depressive symptomatology more frequently than other inflammatory diseases treated with PEG-IFN- α .

Objectives To prospectively evaluate the onset, course and resolution of depressive symptomatology in CHC patients treated with PEG-IFN- α .

Methods Hamilton depression rating scale (HAMD) was used to assess depressive symptoms in 103 subjects with CHC prior to initiation of PEG-IFN- α (mean dose $152.6 \pm 25.6 \text{ mcg}$; duration of therapy 48 weeks) and at the follow-up visits (4th, 12th, 24th, 48th and 72th week). Control group consisted of 103 CHC subjects, without PEG-IFN- α .

Results Our results showed a significant increase in HAMD scores as early as in the 4th week of PEG-IFN- α therapy compared to HAMD scores prior to initiation of PEG-IFN- α (38.8% vs. 24.3%). The peak of depressive symptomatology was evidenced in the 12th week (mean HAMD 9.34 ± 6.93), when almost 50% of patients had HAMD above 7. At the end of the treatment (48th week), 38.8% had HAMD above 7, and in the 72nd week (24 weeks after the therapy completion) prevalence of depression was decreased to the values lower than at baseline (23.3% vs. 24.3%). No change in prevalence of depression was detected in control group.

Conclusion Our results are important because they show the overall course of depressive symptomatology during the interferon therapy. These data also show spontaneously resolution of depression 6 months after the completion of PEG-IFN- α . This study is the longest study in this area.

Disclosure of interest The authors have not supplied their declaration of competing interest.

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EV0409

Presence of somatic symptoms (especially pain) in patients with depressive disorder and its impact on quality of life, and possible involvement with anhedonia



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Depressive Disorder, according to WHO will be one of the most disabling causes in the world. Depression includes psychological and somatic symptoms, like anhedonia or pain, and both have a bidirectional relationship, so that the presence and severity of one of them directly affects the other one, and both leads to a disruption in quality of life and increase health resources. The relationship between major depression and chronic pain has been widely investigated but few studies have focused on other depressive spectrum disorders, and never the possible relationship between pain and anhedonia in DD. Our aim is to analyse the presence of somatic symptoms (especially pain) in patients with DD and its impact on quality of life, and involvement with anhedonia. We analysed the correlation between the scores of the HADS, SSI-28, SHAPS and SF-36 scales. Results showed a significant correlation between SSI-28 and HADS-A ($r = 0.45$; $P < 0.001$), HADS-D ($r = 0.35$; $P < 0.001$) and with 7 of the 8 domains of SF-36: Bodily Pain ($r = -0.62$; $P < 0.001$), General Health ($r = -0.29$; $P = 0.003$), Role Physical ($r = -0.45$; $P < 0.001$) Mental Health ($r = -0.34$; $P = 0.003$), Vitality ($r = -0.403$; $P < 0.001$), Social Functioning ($r = -0.37$; $P < 0.001$). In addition, SHAPS correlates with 6 of the 8 domains of SF-36: PF ($r = -0.33$; $P = 0.001$), GH ($r = -0.27$; $P = 0.006$), Vit ($r = -0.41$; $P < 0.001$), SF ($r = -0.52$; $P < 0.001$), RE ($r = -0.24$; $P < 0.001$) and MH ($r = -0.49$; $P < 0.001$). The results demonstrate that both anhedonia and somatic symptoms negatively correlate with HRQoL, and that a bidirectional relationship between depression and somatic symptoms is clearly proven, which means that depression may be related with the presence of somatic symptoms, especially pain, and also somatic symptoms lead to an increase of depressive symptoms. This could impact on the diagnosis and treatment of depressed patients with somatic symptoms and anhedonia.

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EV0410

The impact of depression on the human personality

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Depression is a common experience. We have all felt “depressed” about a friend’s cold shoulder, misunderstandings in our marriage, tussles with teenage children, sometimes we feel “down” for no reason at all. However, depression can become an illness when:

- the mood state is severe;
 - it lasts for 2 weeks or more and;
 - it interferes with our ability to function at home or at work.
- Signs of a depression includes:
- lowered self-esteem (or self-worth);
 - change in sleep patterns, that is, insomnia or broken sleep;
 - changes in appetite or weight;
 - less ability to control emotions such as pessimism, anger, guilt, irritability and anxiety;
 - varying emotions throughout the day, for example, feeling worse in the morning and better as the day progresses;
 - reduces capacity to experience pleasure: you cannot enjoy what’s happening now, nor look forward to anything with pleasure;
 - hobbies and interests drop off;
 - reduces pain tolerance: you are less able to tolerate aches and pains and may have a host of new ailments;
 - changes sex drive: absent or reduced;
 - poor concentration and memory: some people are so impaired that they think that they are becoming demented;
 - reduces motivation; it does not seem worth the effort to do anything, things seem meaningless;
 - lowers energy levels.

At the Institute, we believe that personality and temperament contribute to depression, particularly *non-melancholic* depression. Certain personality types are more at risk of developing depression than others.

Generally speaking, someone who is depressed would: have a low mood, be pessimistic, have lowered self-esteem and feel hopeless and helpless.

Disclosure of interest The author has not supplied his/her declaration of competing interest.

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EV0411

Antidepressants and sexual dysfunction: study with vortioxetina

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Introduction Antidepressant treatment, although it is effective to improve the manifestations of major depression, may also induce or exacerbate some symptoms of sexual dysfunction. Symptoms such as decreased libido, anorgasmia, delayed ejaculation, erection difficulty or dyspareunia, affect the quality of life of the subject who suffers and the self-esteem, can lead to lack of adherence to



treatment and in accordingly, the relapse of depressive symptoms. Serotonergic antidepressants are frequently associated with the onset of sexual dysfunction in sexually active patients exceeding 70%. Clinicians underestimate the actual incidence of dysfunction as the technical specifications of drugs show lower levels than 25% and spontaneous reports of patients do not exceed 20–40%.

Aims Vortioxetina is a reuptake inhibitor of serotonin (5-HT) and is also an agonist of the 5-HT1A partial agonist 5-HT1B and an antagonist of 5-HT3, 5-HT1D and 5-HT7. Apparently, this molecule at doses of between 5 and 15 mg is safe and effective and does not cause sexual dysfunction. It is a well-tolerated and safe, with low incidence of sexual dysfunction.

Methods To evaluate the action we have evaluated sexual dysfunction in patients with major depression before receiving treatment vortioxetina (whether state or not previously treated with other antidepressants) and at 2, 6 and 12 months after starting treatment with the drug. So we’ve used the SALSEx scale (Scale for measuring sexual dysfunction secondary to psychotropic drugs).

Results The results of this study are still being analyzed.

Disclosure of interest The authors have not supplied their declaration of competing interest.

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EV0412

Cognitive symptoms in mayor depression: A study with vortioxetina

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Introduction The major depression is associated with decreased cognitive functions in a range of areas, including attention, memory and executive functions. The cognitive symptoms of depression can have a profound effect on the ability of patients to keep out the tasks of daily living, and are significant factors that affect the ability to function both interpersonal and occupational level.

Aims Vortioxetina have a multimodal action acting on various serotonin receptors in addition to inhibiting serotonin reuptake. Vortioxetina, is a new therapeutic tool seems to have shown efficacy in the treatment of cognitive symptoms of depression.

Methods To evaluate this action we have evaluated the cognitive decline in patients with major depression before receiving treatment vortioxetina (whether state or not previously treated with other antidepressants) and at 2, 6 and 12 months after starting treatment with the drug. For that, we’ve used the Verbal Hearing Test King (RAVLT), which evaluates the auditory verbal short-term memory, the learning rate, the retention of information, and the differences between learning and recovery, and testing Digit substitution by symbols (DSST) that perform quick detection of brain dysfunctions by a conventional task.

Results The results of this study are still under analysis.

Disclosure of interest The authors have not supplied their declaration of competing interest.

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EV0413

The effect of subjective well being method on depression in high school studentsM. Pourshahriari^{1,*}, Z. Abrishami²¹ Alzahra University, Psychology, Tehran, Iran² Rozbeh hospital, Psychiatry, Tehran, Iran

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Introduction Depression has a large impact on individual, family and society. This disorder can start early in life and often go untreated. The aim of current research was to investigate the effectiveness of subjective well being method in reduction of depression in high school students by using a cluster random sampling four hundreds students were selected from five different areas. All subjects answered the Kovaks Depression Questionnaire and hundred (fifty boys and fifty girls) had been selected who were under the mean score. The subjects were randomly assigned to four groups, two experimental, two controls. The intervention was used in an hour and a half each week for twelve weeks fifteen.

Methods The data was analysed using manova that showed significant difference among experiment and control groups on depression scores. But there were no difference between sexes. The study suggest further study with longer intervention.

Disclosure of interest The authors have not supplied their declaration of competing interest.

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EV0414

Standardization of Czech version of beck depression inventory (BDI II)R. Ptacek^{1,*}, J. Raboch¹, M. Vnukova¹, J. Hlinka², M. Cervenkova³¹ First Faculty of Medicine, Charles University, Department of Psychiatry, Prague, Czech Republic² Institute of Computer Science, The Czech Academy of Science, Prague, Czech Republic³ University of New York in Prague, Psychology, Prague, Czech Republic

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Introduction Depression is now the fourth most common cause of invalidity. World Health Organization (WHO) predicts that by 2020 it will be the second most common cause (WHO, 2001). Beck Depression Inventory (BDI II) is highly reliable tool for measuring the intensity of depression.

Methods The aim of this study was to assess the validity and reliability of the Czech version of BDI II. This was done on a representative sample of working population.

Results Results from 1027 participants were obtained. The sample was equally distributed among males and females. T-test showed that on average women suffered from higher depressive symptoms than males. Cronbach alpha showed high items consistency of 0,92 and confirmatory factor analysis found, as predicted, 3 factors: cognitive, somatic and affective.

Conclusion Cronbach alpha and factor analysis showed high internal consistency and reliability of Czech version of BDI II. Czech version of BDI II is thus not only a translation but can be considered a psychometric tool that is comparable with the original version. The results of this study are therefore comparable with other available results.

Disclosure of interest The authors have not supplied their declaration of competing interest.

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EV0415

How does lifestyle affect depression?J. Raboch¹, R. Ptacek^{1,*}, M. Vnukova¹, S. Tkacova²¹ First Faculty of Medicine, Charles University, Department of Psychiatry, Prague, Czech Republic² University of New York in Prague, Psychology, Prague, Czech Republic

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Objective The aim of this study was to test the assumption that there seems to be association between depression and lifestyle choices. The hypothesis was that unhealthy lifestyle will have an association with increased score on BDI II.

Methods Czech version of BDI II was used and a questionnaire of lifestyle was distributed among Czech economically active population. Combination of interviews (for older population) and questionnaires (for younger population) was used. Stepwise multiple linear regression was applied to test whether and to what extent is lifestyle associated with depression.

Results In total data from 1027 participants was collected; 675 persons aged 25–50 years and 352 persons aged 51–65 years. The model explains 31% of variance of depression and the model is highly significant $F(8,1018) = 57.66, P = 0.001$. Lifestyle choices that were found to be associated with depression were sleeping habits, regular eating and drinking habits and generally conscious adherence to healthy lifestyle.

Conclusion Overall, an association was found between depression and certain lifestyle choices. Importantly it was also found conscious maintenance of healthy lifestyle is an important factor. This study thus confirmed the hypothesis that there is an association between depression and lifestyle. The most important factor of lifestyle in this study was shown to be regular sleeping pattern lasting at least 6 hours. Regular eating and maintaining drinking regime during the day were also found to be crucial.

Disclosure of interest The authors have not supplied their declaration of competing interest.

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EV0416

Exploring perinatal depression symptom clusters as predictors of childbearing outcomesK. Records^{1,*}, M.J. Rice², Z.D. Apugan¹¹ University of Missouri St Louis, College of Nursing, St Louis, USA² University of Colorado Anschutz Medical Center, College of Nursing, Denver, USA

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Introduction Perinatal depression is related to poorer outcomes for women and their children. Measurement indices that categorize perinatal depression as present or absent are commonly used in clinical practice and research efforts. Categorization minimizes the health effects of potentially different symptom clusters and may confound understanding of health outcomes.

Objectives The objective of this investigation is to explore the symptom clusters resulting from administering two commonly used depression screening instruments during pregnancy and postpartum.

Aims (1) Identify the depressive symptom clusters for perinatal depression; (2) Test whether symptom clusters predict maternal and newborn outcomes, and if so, whether these differ from categorization analytics.

Methods A secondary analysis was conducted on data from a longitudinal study of 139 women. They participated from their 3rd trimester of pregnancy through 8 months after birth and completed surveys at five times using the center for epidemiologic studies Depressed Mood Scale (CES-D) and the Edinburgh Postna-

tal Depression Survey (EPDS). Analysis procedures included cluster analysis and hierarchical regression.

Results Individual symptoms were reported by 2.9–31.7% of the sample. Separate clusters (CES-D = 4; EPDS = 2) were identified and, of these, two clusters were primary predictors of maternal and newborn outcomes. Results differed from that obtained with cut-score analytics.

Conclusions Examination of depression symptom clusters as related to health outcomes during childbearing has significance for clinical practice and research, particularly for women who would not score as depressed on established screening instruments.

Disclosure of interest The authors have not supplied their declaration of competing interest.

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EV0417

Health-related quality of life of primary care patients with depressive disorders



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Background Depressive disorders are known to impair health-related quality of life (HRQoL) both in the short and long term. However, the determinants of long-term HRQoL outcomes in primary care patients with depressive disorders remain unclear.

Methods In a primary care cohort study of patients with depressive disorders, 82% of 137 patients were prospectively followed up for five years. Psychiatric disorders were diagnosed with SCID-I/P and SCID-II interviews; clinical, psychosocial and socio-economic factors were investigated by rating scales and questionnaires plus medical and psychiatric records. HRQoL was measured with the generic 15D instrument at baseline and five years, and compared with an age-standardized general population sample ($n = 3707$) at five years.

Results Depression affected the 15D total score and almost all dimensions at both time points. At the end of follow-up, HRQoL of patients in major depressive episode (MDE) was particularly low, and the association between severity of depression (Beck Depression Inventory, BDI) and HRQoL was very strong ($r = -0.804$). The most significant predictors for change in HRQoL were changes in BDI and Beck Anxiety Inventory (BAI) scores. The mean 15D score of depressive primary care patients at five years was much worse than in the age-standardized general population, reaching normal range only among patients who were in clinical remission and had virtually no symptoms.

Conclusions Among depressive primary care patients, presence of current depressive symptoms markedly reduces HRQoL, with symptoms of concurrent anxiety also having a marked impact. For HRQoL to normalize, current depressive and anxiety symptoms must be virtually absent.

Disclosure of interest The author has not supplied his/her declaration of competing interest.

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EV0418

Antidepressant withdrawal mania: Two case reports



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Introduction Although rarely reported, antidepressant discontinuation may induce hypomania or mania even in the absence of bipolar disorder [1,2].

Objectives We report two cases of antidepressant withdrawal induced mania.

Methods Clinical process consultation and PubMed search were performed in November 2016 using the search keywords antidepressant, mania and discontinuation.

Results Case report 1: a dysthymic 60 years old woman with 20 years of psychiatric following had been treated with venlafaxine 150 mg/daily the past year. She abruptly stopped taking this drug, developing heightened mood, irritability and racing thoughts five days later. She was admitted at our hospital, initiating then valproate and antipsychotics. Two weeks later, the hypomania clinical state remitted completely.

Case report 2: a 64 years old woman, with a 12-year-old diagnosis of unipolar depression was brought to our emergency service with complaints of disorganized behavior, paranoid delusional ideas, excessive speech, irritable mood and reduced need for sleep, 1 week after abrupt trazodone 150 mg/daily discontinuation. Valproic acid 1000 mg/daily and olanzapine 20 mg/daily were introduced, with gradual improvement of symptoms. Two weeks later she was completely asymptomatic.

Conclusion Psychiatrists should be aware of the risk of antidepressant withdrawal induced mania. More studies should be conducted about this subject, aiming for the clarification of risk factors and the establishment of clinical criteria for this phenomenon.

Disclosure of interest The authors have not supplied their declaration of competing interest.

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EV0419

Vortioxetine versus citalopram in treating major depressive disorder (MDD)



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Introduction Citalopram is a widely used antidepressant (AD), indicated for the treatment of Major Depressive Disorder (MDD), with a high and Selective Serotonin Reuptake Inhibitory action (SSRI), good efficacy and safety profile. Vortioxetine is a novel multimodal antidepressant compound, with a mixed action on Serotonin (both 5-HT agonism and antagonism). Its clinical efficacy has been established in several short and long term trials; furthermore it proved effective at mitigating cognitive dysfunction, which is addressed to as one of the main causes of social impairment in MDD patients.

Objectives To evaluate the relative efficacy and safety of Vortioxetine versus Citalopram, in patients suffering from MDD.

Aims To assess whether Vortioxetine effectiveness and tolerability are comparable to those observed for previous antidepressants.

Methods The main outcomes were efficacy (variance from baseline to 1 month) in the Montgomery-Åsberg Depression Rating Scale (MADRS) and Hamilton Rating Scale for Depression (HAM-D) and tolerability (adverse events). Changes in cognitive performance were assessed using the following specific tools: Digit symbol substitution test (DSST), Trail Making Test A (TMT-A) and Hopkins Verbal Learning Test-Revised (HVLTR).

Results Data collection is ongoing. According to Literature we expect to find a significant number of MDD patients on Vortioxetine to achieve a reduction in depressive symptoms from baseline, to report poor adverse events and to increase their cognitive performance.

Conclusion As shown by recent literature, Vortioxetine might be an effective option in treating MDD with particular focus on cognitive dysfunction.

Disclosure of interest The authors have not supplied their declaration of competing interest.

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EV0420

Depression and loneliness did not affect academic achievement among university students



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Background Many students experience symptoms of loneliness, either as a result of the new academic situation or due to the lack of social skills, which results in an inability to actively participate in community activities and socialization. Depression is another common problem that impacts students' ability to perform life activities. Further, while intuitively a negative association between loneliness, depression and academic achievement is assumed, consistent data are missing. Accordingly, the present study investigated the relationship between depression, and loneliness and academic achievement among undergraduate students.

Method This study was carried out on 240 university students (mean age: M=23.42 years), who completed the Beck Depression Inventory and the UCLA Loneliness Scale, while for academic achievement the average marks were used.

Result Increased age was associated with lower scores in loneliness and depression, and higher achievements. Higher scores of depression and loneliness were associated. Achievement scores were unrelated to loneliness and depression.

Conclusions Against intuitive expectations, academic achievement was unrelated to symptoms of depression and loneliness. Accordingly, we assume that academic achievement seemed to be related to further cognitive and emotional processes such as motivation, mental toughness, stress resistance, and goal oriented behavior.

Disclosure of interest The authors have not supplied their declaration of competing interest.

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EV0421

An item response theory based analysis of the Hamilton depression rating scale-an Indian perspective



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Introduction Hamilton Depression Rating Scale (HAMD) remains the most widely used outcome measure though many consider the scale to have many defects.

Objectives To use IRT analysis to identify HDRS items which are problematic in terms of IRT parameters, thus suggest changes to the scale.

Methods Patients attending psychiatric OPD meeting DSM-5 criteria for unipolar depression were selected for the study. Patients were between 18–65 years of age, had no major medical problems and were not on any medicines at present. 17 item HDRS was administered using the anchors developed by William Guy as part of the ECDEU NIMH Collaborative Study To determine the relationship between scores on the individual HAMD items and overall depressive severity in an outpatient population Option Characteristic Curve (OCC) which is a graphical representation of the probability of endorsing the different options for a given item across the range of depressive severity) and Item Characteristic Curve (ICC) which is a graphical representation of the mean item score (expected value) and confidence interval as a function of depressive severity was used.

Results Results showed that Items Depressed Mood, Work and Activities show good relationship between item responses and overall depressive severity. Items Hypochondriasis, somatic symptoms general and retardation appeared to be more problematic with regard to their ability to discriminate over the full range of depression severity.

Conclusions Further studies are needed to critically review one of the most commonly used scale for one of the commonest malady of humans.

Disclosure of interest The authors have not supplied their declaration of competing interest.

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EV0422

Folate and pyridoxine to ssri in major depression and residual cognitive Decline



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Introduction Depressive disorders are very common conditions, lifetime risk for experiencing major depression is approximately 15%.

Objective Patients with major depression having an insufficient response to SSRI may benefit from addition of methylfolate and pyridoxine.

Aim The aim of our study was to determine the effect of folate and pyridoxine augmentation to SSRI on emotional, physical and cognitive symptoms in major depression.

Methods Eighteen patients with MDD were enrolled, were on citalopram 20 mg/day when folate/15 mg per day/and pyridoxine/40 mg per day/were added. They have been monitored for three months using standard scales for depression and assessment by interview.

Results After three months of using folate and pyridoxine to SSRI there was a significant improvement in depression as measured by the scales. In 8 patients were recorded improvements of 30–50%. The most prominent changes were in cognitive sphere of depression such as attention, reasoning and problem solving, working memory and speed of processing.

Conclusion Low levels of folate and pyridoxine have been associated with the presence of depression and residual poor cognitive function. Our study confirms that folate and pyridoxine as adjunctive therapy to SSRI-partially refractory major depression is useful in particular to issues of residual cognitive interference conditions such as impaired concentration and memory, slow mentation, attention/vigilance, problem solving, working memory and speed of processing.

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EV0423

Clinical and neurocognitive characteristics associated with treatment-resistant depression

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Introduction Treatment resistant depression (TRD) is a disabling condition associated with a relevant psychosocial impairment worldwide.

Objectives This exploratory study is aimed to evaluate the main clinical and neurocognitive characteristics in a sample of 21 subjects admitted to the Psychiatric Clinic of University of Genoa as inpatients between 2015 and 2016 and diagnosed with TRD according to Thase and Rush staging method.

Methods Patients have been assessed using the Hamilton Depression Rating Scale (HDRS), Hamilton Anxiety Rating Scale, and Clinical Global Impression (CGI). The Continuous Performance Test (CPT), Trial Making Test (TMT-A/B), Stroop Color Word Interference Test, Verbal Fluency Test, and Rey auditory-verbal learning test (RAVLT) have been administered as well.

Results Subjects with early-onset (<50 years) depression had a longer illness duration, higher depressive episodes and more impaired performance at RAVLT while individuals with late-onset (>50 years) depression showed a higher severity of depressive symptoms and more anxiety symptoms. Depressive symptoms were positively associated with anxiety ($r=0.82$; $P=0.00$) and negatively with TMT-A/B ($r=-0.56$, $P=0.01$), Stroop Color Word Interference Test ($r=-0.72$, $P=0.005$ and $r=-0.616$, $P=0.008$), and RAVLT ($r=-0.60$; $P=0.02$) performances. According to regression analyses, anxiety symptoms were the only significant predictor of depression severity ($P=0.02$).

Conclusions Early-onset depression is associated with more disability and worse neurocognitive performance whereas late-onset depression is linked to more anxiety symptoms and more depressive symptoms severity. Clinicians should closely monitor patients with TRD for the presence of anxiety symptoms that may represent a significant risk factor of poorer long-term outcome.

Disclosure of interest The authors have not supplied their declaration of competing interest.

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EV0424

Chronic benzodiazepine use in aged patients with depressive disorder

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Objective To identify predictive variables of chronic benzodiazepine use among elderly patients with depressive disorder.

Methods This was a cross-sectional, descriptive and analytical study, including 41 patients suffering from depressive disorders, aged 65 years or more, treated with benzodiazepine (BZD) and

followed-up in outpatient psychiatry unit at Hedi Chaker university hospital in Sfax in Tunisia. We used a standardized questionnaire including socio-demographic and clinical data. Chronic BZD use was defined as BZD availability at least 50% of the days between day 181 and day 365 following initiation.

Results The average age of patients was 69.29 ± 5.7 years. The sex ratio (M/F) was 0.5. The majority of them were married (78%), unemployed (82.9%) and living in urban area (61%). They had at most a primary degree (90.2%) and a low socioeconomic level (63.4%). The average time of BZD consumption was 4 years and 5 months.

The prevalence of chronic BZD use in our sample was 56.1%. Duration of benzodiazepine use was greater than 1 year for all chronic BZD users. The mean dose of Benzodiazepine (Lorazepam) consumed was 3.87 ± 2.8 mg per day. Chronic BZD use was correlated with low socioeconomic level (86.3% vs 36.8%; $P=0.000$), psychiatric comorbidity (72.7% vs 26.3%; $P=0.004$) and recent hospitalization (59% vs 15.7%; $P=0.023$).

Conclusion There is a high prevalence of chronic BZD use in our study. For the 65 years and older patients with depressive disorder, significant predictors of chronic BZD use were low socioeconomic level, psychiatric comorbidity and recent hospitalization.

Disclosure of interest The authors have not supplied their declaration of competing interest.

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EV0425

Views of relatives and friends about the person who is having first episode of depression

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Introduction Major depressive episode is having highest lifetime prevalence almost about 18% of all psychiatric disorder. W.H.O has ranked depression the 4th leading cause of disability worldwide and projects that it will be 2nd leading cause of disability by 2020. a number of consistent socio demographic correlates have also been found across countries. Here I am going to give a glimpse of MDD i.e. Depression excluding Bipolar Depression. Although It is the commonest psychiatric disorder, but attitude views about disease is very unscientific and biased.

Objective Objective of this study was to know the views of relatives and friends about Depression, and acceptance of scientific view about depression.

Aims As various survey reports are projecting that Depression will be the 2nd commonest cause of disability by 2020. So to create an awareness about depression and its modalities of successful treatments.

Method In this study, 96 patients were selected who had first episode of MDD without any discrimination of male and female. Their relatives and friends were categorized by their socioeconomic status. All of them were put on open questions regarding the disease.

Results Amongst them 10% were from upper socioeconomic status, 68% were from middle socioeconomic status and 22% were from lower socioeconomic status. Only 36% accepted depression as a disease, 45.8% suggested to change behavior and thought to get rid off disease; 8.2% believed the disease is due to devils spirit; 20.1% had no comments.

Conclusion After explaining the disease psycho and pharmacopathology and showing the results of medicines 91.3% accepted it as a disease entity, 4.2% still in favor of devils spirit and 4.5% had no comments.

Disclosure of interest The author has not supplied his/her declaration of competing interest.

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EV0426

Memory, attention and language deficits in major depressive disorder

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Objectives For a long time, cognitive deficits were considered as part of depressive episodes and were expected to improve as other affective symptoms diminished with treatment. Because of this, cognitive impairment was rarely assessed for Major depressive disorder, but in the present time this has changed.

Methods The study included 35 patients (age between 18 and 70) diagnosed with recurrent major depressive disorder (according to ICD-10 and DSM-V) which were evaluated during an acute depressive episode. The severity of depression was quantified clinically and with the help of Hamilton Depression Rating Scale -17 items- whereas cognitive functions were evaluated with standard cognitive tests.

Results Out of the 35 patients included, 25 were female patients, the rest of 10 being represented by male participants. A median score of 81,5 seconds on the Trail Making Test part A showed attention focusing deficits when compared with standard scores. For semantic fluency, ten words represented the mean score; whereas for phonemic fluency the mean score was lower (seven words). A median score of 5 words resulted from the assessment of the verbal learning and memory, these are considered to be associated with memorization and retention of a list of words given.

Conclusions These results sustain what the majority of studies revealed, that cognitive deficits are present in all cognitive domains, mostly in attention, verbal fluency and memory.

Disclosure of interest The authors have not supplied their declaration of competing interest.

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EV0427

Pathologies related to depression in elderly patients

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Introduction The occurrence of chronic diseases, motor limitation, cognitive impairment and social isolation could be related to late life depression.

Objective To describe the pathologies related to elderly patients with depression. To study possible relationship between depression and others pathologies in elderly patients.

Methods This retrospective study included 124 geriatric patients enrolled in a private long-term care institution with mean age of 86.2 ± 6.5 years old, mean weight of 60.28 ± 2.00 kg and mean period of hospitalisation of 4.4 ± 2.3 years. For data analysis, double-entry tables and tests of proportion Qui-square were used.

Results Cardiovascular, respiratory, endocrine metabolic, skeletal muscle, sense organs, hematological, digestive tract; neuropsychological and genitourinary, diseases were analyzed.

We observed a significant correlation between depression and endocrine-metabolic (P value of 0.0003), sense organs (P value of $9.298 \text{ E-}5$) and skeletal muscle pathologies (P value of $6.843 \text{ E-}6$)

Conclusions We observed in that population that depression could be prevalent in elderly patients with endocrine-metabolic, sense organs and skeletal muscle pathologies.

Disclosure of interest The authors have not supplied their declaration of competing interest.

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EV0428

Effect of yoga and meditation on accelerated cellular aging in major depressive disorder patients

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Introduction Accelerated aging is associated with major depressive disorder (MDD) and studies of yoga and meditation based lifestyle intervention (YMLI) on biomarkers of cellular aging are lacking.

Aim and objectives To investigate the peripheral blood biomarkers of cellular aging in MDD patients after short term YMLI. Biomarkers include DNA damage, oxidative stress (OS), telomere attrition, and nutrition sensing assessed respectively by 8-hydroxy 2'- deoxyguanosine (8-OHdG); reactive oxygen species (ROS) and total antioxidant capacity (TAC); telomere length and telomerase activity; and sirtuin-1.

Methods We consecutively enrolled 33 MDD patients and 40 healthy subjects; 30 MDD patients were followed up with 12-week YMLI. Biomarkers of cellular aging in peripheral blood were measured with assay kits. All patients were evaluated by examining the correlation between cellular aging markers and Montgomery-Asberg Depression Rating Scale (MADRS) scores.

Results The levels of DNA damage, OS, and telomere attrition in MDD patients were significantly higher than healthy subjects (all $P=0.005$). The MADRS scores had a significantly positive association with 8-OHdG and ROS levels and negative association with TAC, telomerase and sirtuin-1 levels (all $P<0.01$).

Conclusions Peripheral blood biomarker levels in our results suggest significant cellular aging in MDD patients compared to healthy subjects. There was strong correlation between the changes in biomarkers of cellular aging and clinical improvement in MDD. Our study is the first to show significant increase in sirtuin-1 levels in MDD patients after yoga and meditation. Therefore, biomarkers of cellular aging might be indicators of MDD severity and clinical remission after YMLI.

Disclosure of interest The authors have not supplied their declaration of competing interest.

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EV0429

Depression screening in primary care patients



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Introduction Depression is a common mental disorder that can be associated with more functional disability than most chronic medical illnesses and the increased reporting of medically unexplained somatic symptoms.

Aim To assess the prevalence of depression in a Tunisian population, as well as the associated factors.

Methods We conducted a cross-sectional, descriptive and analytic study, among 707 subjects consulting in 20 primary care

units in Sfax and Tunis, Tunisia. These participants, randomly chosen, were asked to answer a questionnaire after their consent. Depressive symptoms were evaluated using the “Beck Depression Inventory” (BDI).

Results The mean age of participants was 39.84 years. Among them, 38.6% had a low educational level (illiterate or primary school level); 45.3% were professionally inactive and 92.9% had a low to medium socio economic level. Medical, psychiatric and suicide attempt histories were reported respectively in 51.2%, 7.6% and 1.8% of cases. According to BDI, a mild depression was noted in 22.9%; moderate 16.1%; severe 4.1%. Among those presenting a moderate to severe depression (MSD), only 16.8% were followed up in psychiatry, 4.2% were receiving antidepressant and 9.8% benzodiazepine. MSD was associated with low educational level ($P < 0.001$); low to medium socio economic level ($P < 0.001$); psychiatric histories ($P < 0.001$); suicide attempt histories ($P < 0.001$); somatic histories ($P < 0.001$).

Conclusion Our study highlighted a high prevalence of depression that is still under diagnosed and therefore poorly managed. General practitioners should be made aware of the importance of screening for depression in medical patients because it not only complicates their overall medical treatments, but also impedes their physical and social functioning.

Disclosure of interest The authors have not supplied their declaration of competing interest.

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EV0430

Depressive symptoms among genders

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Introduction Depression is one of the most well-known psychological issues and is among the most severe ones. World Health Organisation's (WHO) report on health identifies 1.9% lifetime prevalence of depressive episode for males and almost twice as high–3.2% for females.

Methods This study aimed to map the depressive symptoms among working population in Czech Republic.

Results Analysis of covariance showed that there is significant effect of age $F(52) = 6.58, P = 0.010$ and gender $F(52) = 12.53, P < .001$ and t-tests showed the means of BDI II scores were significantly different for genders with females having higher mean (11.91) than males (9.80), $t(1025) = -3.42, P < .001$.

Conclusion The clinical burden of depression is still an increasing one in today's society and this research helped to identify the potentially most vulnerable individuals. These seem to be working women aged 35–44.

Disclosure of interest The authors have not supplied their declaration of competing interest.

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EV0431

Core self-evaluation and depression among caregivers of Alzheimer disease patients

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Introduction Caregivers of Alzheimer Disease (AD) patients suffer from chronic stress and psychophysical burden, which often lead to depression symptoms. It seems that core self-evaluation (CSE), coping with stress and social support might be modifying factors in coping with situation of caregiving.

Aims The aims of the study were to examine: (1) level of depression; (2) relationships between CSE, style of coping with stress, social functioning and depression severity among caregivers.

Methods The study involved 60 caregivers of AD patients who were children of the sick and have been caring for at least one year. It was cross-sectional and assessed by questionnaires. Following tools were used: Core Self-Evaluation, Beck Depression Inventory, Coping Inventory for Stress Situations, Distress Thermometer and an original questionnaire assessing the situation of caregiving.

Results A total of 51.7% of responders demonstrated severity of depression symptoms, associated to at least one mild clinical depression episode. The factors introduced to the model explained 65% variance of depression symptoms. Predictors of greater depression symptoms proved to be: low CSE ($\Delta R^2 = 0.32; \beta = -0.12$), low social support ($\Delta R^2 = 0.08; \beta = -0.27$), low life satisfaction ($\Delta R^2 = 0.02, \beta = -0.26$), high levels of distress ($\Delta R^2 = 0.12, \beta = 0.31$), coping style focused on emotions ($\Delta R^2 = 0.12, \beta = 0.17$).

Conclusions In the area of caregivers' psychological assistance and depression therapy, interventions leading to increase of CSE and providing adequate social support that contributes to better care provision and maintaining proper self-image, should be taken into consideration.

Disclosure of interest The authors have not supplied their declaration of competing interest.

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EV0432

Neurometabolic alterations in a depression-like rat model of chronic forced swimming stress using in vivo proton magnetic resonance spectroscopy at 7 T



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Although recent investigations of major depressive disorder (MDD) have focused on the monoaminergic system, accumulating evidence suggests that alternative pathophysiological models of MDD and treatment options for patients with MDD are needed. Animals subjected to chronic forced swim stress (CFSS) develop behavioral despair. The purpose of this study was to investigate the *in vivo* effects of CFSS in the rat prefrontal cortex (PFC) with 7 T and short-echo-time proton magnetic resonance spectroscopy (¹H MRS). Ten male Wistar rats underwent 14 days of CFSS, and *in vivo* ¹H MRS and forced swim tests were performed before and after CFSS. Point-resolved spectroscopy was used to quantify metabolite levels in the rat PFC. The spectral analyses showed that *in vivo* ¹H MRS can be used to reliably assess the Glu system. The rats showed significantly increased immobility times and decreased climbing times in the FST after CFSS, which suggested that the rats developed behavioral despair. The pre-CFSS and post-CFSS Glu and Gln levels did not significantly differ ($P > 0.050$). The levels of myo-inositol, total choline, and N-acetylaspartate, myo-inositol/creatine, and total choline/creatine increased significantly ($P < 0.050$). Similar findings have been reported in patients with MDD. Taken together, these results suggested that the CFSS-induced metabolic alterations were similar to those found in patients and that high-field and short-echo-time *in vivo* ¹H MRS can be used to investi-

gate depression-induced metabolic alterations. Such investigations might provide alternative insights into the nonmonoaminergic pathophysiology and treatment of depression.

Disclosure of interest The authors have not supplied their declaration of competing interest.

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e-Poster Viewing: E-mental Health

EV0433

Efficacy of an active implementation process of a computerized CPG of major depression disorder in primary care



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Introduction The application of scientific evidence in clinical practice management of Major Depressive Disorder (MDD) is complex. Generally, the usual dissemination process and implementation of Clinical Practice Guidelines (CPG) induce modest changes. A computerized version of a Clinical Practice Guideline for Major Depression (e-CPG-MD) has been integrated in Electronic Clinical Records of Primary Care in Catalonia (Spain). It offers an opportunity to improve clinical results. The design allows access to precise help in the visit itself, improving diagnosis, treatment and follow-up.

Objectives To evaluate the effects of a multifaceted implementation process of e-CPG-MD, analysing their use and changes in MDD diagnosis.

Methods A cluster randomized clinical trial was performed in 10 primary care centers (PCC) in Barcelona. In five of ten centers, a multifaceted implementation process of the e-CPG-MD was developed during 6 month. The active process includes: interactive training program, regular feedback audit, educational outreach visits and periodic reminders.

Results The multifaceted implementation of e-CPG-MD was associated with a significant increase in use during the first 6 months (4.1%+3.1% vs. 52.7%+7.3%, $P<0.001$). In the active centers, the MD diagnosis increased significantly (rate quotient = 1.56, $P<0.001$) and the proportion of moderate and severe MD increased (13.6% vs 41.1%, $P=0.002$).

Conclusions A multifaceted implementation method of e-CPG-MD increased significantly its use in active centers at 6 months. Diagnosis of MDD and the proportion of moderate and severe cases also increased significantly.

Disclosure of interest The authors have not supplied their declaration of competing interest.

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EV0434

Using digital mood monitoring technology to support the assessment, engagement and empowerment of young people presenting to mental health services with mood instability



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Background Digital mood-monitoring technology, such as mood-monitoring applications, is increasingly advocated within clinical research and is a potentially effective method to engage and empower youth. However, limited evidence is available on this type of technology.

Objectives (1) To assess the evidence for the use of mobile mood-monitoring applications in youth; (2) to explore what available smartphone application would be most suitable to monitor mood from the perspective of young people; (3) to examine whether mood-monitoring applications are useful for investigating mood instability in youth; (4) to explore the utility and acceptability of using the mood-monitoring application from young people's and clinicians' perspectives.

Aim To investigate how mood-monitoring applications can be used to support the assessment, engagement and empowerment of young people presenting to mental health services with a range of diagnoses in which mood instability forms a key component.

Methods A systematic review using a Cochrane methodology was conducted. After obtaining ethical approval, this study will also employ a mixed methods approach, through which quantitative findings (e.g., digital mood-monitoring data) will be furnished with an in-depth understanding of young people's views on digital mood-monitoring technology.

Results Findings from a systematic review focusing on the evidence for the psychometric properties, usability and clinical impacts of applications in youth will be presented. Preliminary results from consultations groups and plans for future research will also be discussed.

Conclusions Evidence acquired through this research can potentially influence mental health policies and result in more innovative (adjunct) interventions and improved outcomes for young people with mood instability.

Disclosure of interest The authors have not supplied their declaration of competing interest.

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EV0435

The ICT4LIFE Project—Design and development of a new information technology platform for patients with Alzheimer's disease



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Aim With an increasingly growing population in Europe, cognitive impairment is a major social and health issue. According to the World Alzheimer Report (WHO, 2014), dementia, including Alzheimer's disease is one of the biggest global public health challenges our generation is facing. There are many efforts at European level to promote active and healthy ageing. This three-year project has the ambition to provide new services for integrated care with breakthrough research and radical innovation by employing user-friendly Information and Communication Technology (ICT)

tools, ultimately increasing patients' quality-of-life and autonomy at home.

Methods ICT4Life proposes an innovative platform for integrated care by the use of sensor-based analytics for human behaviour. Novel ICT services are used to determine the relation between cognitive decline, related psychopathological symptoms and the quality-of-life of the patients, and to assess how these affect patients' and caregivers' daily living. ICT4Life platform uses advanced sensor-based analytics; to maximize elderly empowerment and self-care abilities thanks to a properly designed and reconfigurable recommendation system that will be able to exploit user-generated data; and to improve decision-making processes in care professionals' daily activities. All solutions are developed following a user-centred methodology and tested in real-life scenarios.

Results The study design and the preliminary results of the ICT4Life project are presented on the poster.

Conclusion ICT4Life programme develops a solution for individuals with early stage cognitive impairment that will permit doctors and caregivers to extract useful information about patients, while contributing in a user-friendly way to extending their independence.

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e-Poster Viewing: Eating Disorders

EV0436

Previous and posterior psychopharmacological treatment in bariatric surgery patients



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Introduction Bariatric surgery is an effective treatment for obesity. It has been demonstrated that it improves the prognosis of vascular risk factors. However, the long term effect of surgery on psychiatric pathology, as depression, and the treatment adjustment needed is not clear.

Aim To describe the previous and posterior psychopharmacological treatment of patients operated of bariatric surgery in Hospital del Mar.

Material and methods We used a database of 292 bariatric surgery patients who have been operated in Hospital del Mar from January 2010 to November 2015. In this database, sociodemographic information, psychiatric antecedents, and anterior and posterior treatments among other data are included. We have made a descriptive analysis about more used treatments and their evolution.

Results In the sample, 27.1% of patients started with some psychiatric treatment the months before the bariatric surgery (16.4% had already a previous treatment prescribed). The medications the most frequently started before the surgery were selective sero-

tonin reuptake inhibitors (SSRI, 11%), second were benzodiazepines and third a combination of the two previous treatments. Among antidepressants, Fluoxetine was the most prescribed (45.5%). Six months after surgery, 72.9% of patients were not taking any treatment.

Conclusion The large variety of psychiatric drugs used in our sample indicates that clearer guidelines are needed about the most appropriated treatments for those patients. Further studies on the impact of this surgery on pathologies and their psychopharmacological treatments are needed.

Disclosure of interest The authors have not supplied their declaration of competing interest.

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EV0437

A French psychoeducational audio-visual tool for adult patients with eating disorders



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Introduction Eating disorders are pathologies with potentially serious psychic and somatic consequences, and high mortality. Lifetime prevalence in adults is about 0.6% for anorexia nervosa, 1% for bulimia, and 3% for binge eating disorder. However, the prognosis is improved if a suitable care is quickly established. Caregivers are often highly involved and helpless in facing such diseases. They often express a significant psychological distress. We must contribute to provide them answers, to strengthen their key role as a resource and support for the patient. It is found that carers themselves are poorly trained in screening, diagnosing and supporting eating disorders. There are effective therapeutic approaches, such as psychoeducation, to improve therapeutic alliance.

Objectives/aims This work aims to realize a French psychoeducational audio-visual tool for patients with eating disorders, their caregivers, and professional carers.

Methods We made an extensive review of literature (focus on the international practice guidelines, existing psychoeducational tools), and several consensus meetings. We decided of original directions to drive the psychoeducational approach of the movies, taking into account previous findings.

Results This tool includes three movies approaching the symptoms and the choice of treatment setting, based on the disease course and the care's goals. They may be broadcasted on a national level through professional networks and associations involved in the treatment of eating disorders.

Conclusion This work improves the knowledge of eating disorders in carers, patients and their families. The relevance and effectiveness of this tool on the course of the disease has to be further evaluated.

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EV0438

An expressive group approach to borderline personality disorder in patients with bulimia nervosa: A clinical case



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Introduction It is widely known comorbid Bulimia Nervosa (BN) with Borderline personality disorders (BPD). This is associated with worse prognosis and resistance to pharmacological and psychotherapeutic treatments. In integrated treatment, both disorders are addressed, not being frequent psychotherapy groups that address only the personality traits. Some studies have proposed the brain basis of psychodrama intervention in both pathologies.

Objectives To highlight the clinical effectiveness of adding a non-verbal orientation (psychodrama) to the treatment of BN patients; to specifically address personality traits, by presenting a clinical case. We rely on studies.

Methods Clinical case: 42-year-old woman patient with BN (DSM-5) severe degree, BITE: Symptoms scale = 28; S. Severity = 13; and BPD (7 DSM-V); MCMI-III: BPD = 115 She is incorporated into a day hospital with integrated and multidisciplinary approach: psychotropic drugs, individual, group and family psychotherapy. This patient is added to an open psychodrama group; where he works exclusively personality pathology, during one year.

Results Improvement was observed in BN (she switched to intermediate grade); BITE: Symptom scale = 23, S. Severity = 8; also improves BPD criteria of DSM-V = 4 (minimum = 5) MCMI-III: BPD = 104.

Conclusions (1) Psychodrama psychotherapy groups to treat Bulimia and BPD could provide an added clinical improvement in both pathologies.

(2) Insufficient RCTs compared to other models of psychotherapy (mentalizing, interpersonal, dialectical behavior) do not allow to speak even scientific evidence of psychodrama.

Disclosure of interest The authors have not supplied their declaration of competing interest.

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EV0439

A cognitive and behavioural group therapy for binge eating disorder: An original 12 sessions design



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The Binge Eating Disorder (BED) consists in binge eating with a loss of control and guilty feeling. Weigh excessive preoccupation, psychiatric comorbidities and psychosocial impairment are associated to BED. BED prevalence is 3 to 5%, which is the more frequent eating disorder. The efficacy of CBT is well-known with several publications.

Method We have proposed 12 sessions of 1.30 hours for a 6 to 8 patients group, managed by a psychiatrist trained to CBT. Each session approaches a different topic (eating behavioural,

self-esteem, problem resolution, stigmatization, emotion coping, cognitive therapy. . .).

Assessment Patients are evaluated before and after therapy with Eating Disorder Inventory version 2 and Rathus Scale for self-esteem. Thirty patients were included.

Results Patients improve eating behavioural and other topics like self-esteem, social functioning, problem resolution and emotion coping. It appears that 12 sessions group CBT could be effective with patients who suffer of BED. Others studies are needed to evaluate the long-term outcome.

Disclosure of interest The author has not supplied his/her declaration of competing interest.

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EV0440

Avoiding refeeding syndrome in anorexia nervosa



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The term refeeding syndrome has been used to describe the adverse consequences that can occur in all malnourished patients in the early stages of nutrition repletion whether the method of refeeding is oral, enteral or parenteral. Those consequences include acute thiamine deficiency resulting in Wernicke's encephalopathy and Korsakoff syndrome, with the potential for permanent cognitive impairment; hypophosphatemia, hypokalemia, hypomagnesemia and fluid overload resulting in cardiac failure. Adaptive changes in metabolism occur during a period of starvation or fasting: levels of glucose fall within 24 to 72 hours, as response, glucagon levels rise and insulin concentrations decrease. Glucose levels are maintained by glycogenolysis at first and gluconeogenesis latter. The reintroduction of nutrition leads to a switch from fat to carbohydrate metabolism and an increase of insulin concentration. Insulin stimulates the movement of potassium, phosphate, and magnesium into the cell leading to its depletion in extracellular compartment. Reactivation of carbohydrate metabolism increases degradation of thiamine, a cofactor required for cellular enzymatic reactions in Krebs's cycle. Deficiency in all these nutrients can then occur. Patients with anorexia nervosa are at risk of suffering from refeeding syndrome. This psychiatric disorder causes potentially life-threatening, physical complications and has the highest mortality rate among psychiatric disorders. The purpose of this review is to clarify recommendations for prevention and treatment of refeeding syndrome in anorexia nervosa.

Disclosure of interest The authors have not supplied their declaration of competing interest.

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EV0441

Merycism – A case report about rumination syndrome



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Introduction Rumination is a common phenomenon among ruminant animals but in humans, it is always regarded as a symptom indicative of abnormal function of the upper gastrointestinal track. It is characterized by recurrent regurgitation of recently ingested food into the mouth. This syndrome was previously described in children and adults with mental retardation, but this entity is becoming increasingly recognized in children, adolescents and adults with normal mental capacity.

Objectives/aims The authors describe a clinical case of a 51-year-old woman with rumination syndrome and bulimia nervosa.

Methods A detailed report of the clinical case was made as well as a literature review of articles published in Pubmed/Medline on the topic “Rumination syndrome” and “Merycism”.

Results The authors describe a clinical case of a 51-year-old woman who began ruminative behavior when she was 10 years old, describing the regurgitation of the swallowed food back to her mouth shortly after eating and the re-chewing of it. She states that the regurgitated food tastes the same as when she ate it and she denies any pleasure associated with this behavior. When she was 17 years old, by the time she was pregnant, she started bulimic behavior and, as the rumination, it never ceased. Her medical history is significant for chronic gastritis and type 2 diabetes mellitus.

Conclusions Although rare, merycism is an entity in the clinical practice of eating disorders. With this work, the authors share this case report as well as information concerning this topic.

Disclosure of interest The authors have not supplied their declaration of competing interest.

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EV0442

Non-invasive brain stimulation treatment in a group of adolescents with anorexia



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Introduction Anorexia nervosa (AN) is characterized eating behaviors and body image disturbances. Given poor treatment outcomes are available for AN, treatment innovations are urgently needed. Recently, non-invasive neuromodulation tools have suggested having potential for reducing AN symptomatology targeting brain alterations.

Objectives The objective was to verify whether an excitatory transcranial direct current stimulation (tDCS) over the left prefrontal cortex may aid in altering/resetting inter-hemispheric balance in AN patients, re-establishing control over eating behaviors.

Aims Research is aimed to evaluate the potential of tDCS treatment in determining a more rapid improvement compared to classical treatments in adolescents with AN.

Methods Twenty-two adolescents with AN, underwent the treatment as usual (AU) plus the tDCS treatment (TDCS+AU: $n=8$, age $M 13.7 \pm 1.9$ years) or a family therapy (FT+AU: $n=14$, age $M 15.1 \pm 1.75$ years), for six weeks. Psychopathological scales (EDI-III, EAT 26, BUT, MASC, CDI) and anthropometric indicator of nutritional status (BMI) were assessed before and after treatment.

Results BMI improved only in the TDCS+AU group ($P<0.01$). Mean BMI percentage of improvement was $14.43\% \pm 10.8$ in the TDCS+AU and $4.83\% \pm 5.4$ in the FT+AU. Both groups improved in the total scores of the EDI, EAT-26, MASC and CDI scales (all $P<0.01$).

Conclusions tDCS treatment improved BMI values more than classical treatment and determined comparable to the classical treatment improvement in the psychopathological scales. This results may be an important starting point to further explore the beneficial effect of brain based treatments for AN.

Disclosure of interest The authors have not supplied their declaration of competing interest.

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EV0443

Body Image in Bariatric surgery candidates



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Introduction Body image is a multidimensional concept that has assumed a significant role in eating disorders in which affective and perceptual distortions have been documented. Obesity is not a psychiatric disorder according to DSM-5 but several studies highlighted the presence of body image diseases in obesity.

Objectives The aim of this work is to evaluate the presence of body uneasiness in obese seeking for Bariatric surgery and to correlate it with psychopathological symptoms, psychosocial and anamnestic variables.

Methods From June 2014 to June 2016, we enrolled 537 Bariatric surgery candidates. Body image was investigated using the Body Uneasiness Test (BUT-A), a 34-item self-report questionnaire which measures weight phobia (WP), body image concerns (BIC), avoidance (A), compulsive self-monitoring (CSM), detachment and depersonalization (D). Psychopathological symptoms and personality traits have been evaluated using SCL90R and MMPI-2.

Results Descriptive analyzes showed that BUT subscales were altered in most of our sample. Correlations of Pearson underlined significant associations between BUT subscales and SCL90R subscales. No correlation was found between BMI, marital status and BUT scores, while young, female and unemployed people had more difficulties with body.

Conclusions Our data highlight the presence of considerable body uneasiness in obese, correlated with the severity of psychiatric symptoms but independent from the severity of obesity. This seems to reflect the mind-body split detected both in obesity and in eating disorders. Therefore, a multidisciplinary integrated approach including psychological work on cognitive, emotional and perceptual aspects of body image will help patients to improve coping with corporeal changes achieved through surgery.

Disclosure of interest The authors have not supplied their declaration of competing interest.

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EV0444

Sex-specific issues in eating disorders: A clinical and psychopathological investigation



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Introduction Gender is crucial in many aspects of life, including attitude towards body image perception. Although the well-known female preponderance, recent studies demonstrate an increasing Eating Disorders (EDs) incidence in males but scant literature attention.

Aims This study aims to highlight the growing phenomenon of EDs in males and shed light on sex-related clinical features and psychiatric co-morbidities.

Method Out of 280 persons aged 18–74, consecutively referred to Bologna's outpatients EDs clinic, 267 were included in this retrospective observational study.

Results The men/women ratio was one to five. The most frequent EDs in males was Binge Eating Disorder, whereas in females Anorexia Nervosa and Bulimia Nervosa prevailed. Excessive exercising and fasting were the most common dysfunctional behaviors in men, while self-induced vomiting and laxative-diuretic abuse were more typical in women. Mood and Somatoform Disorders were more common in women, whereas Anxiety and Psychosis Disorders in males. Within personality disorders, borderline and histrionic prevailed in female, while narcissistic and anti-social in males.

Conclusions Male compared to female EDs, show differences in clinical presentation, symptoms and co-morbidities. The increased proportion of affected men should alert general practitioners, clinicians and psychologists working in non-specialized settings to be more aware of the possibilities of encountering an ED in men and of the need of exploring the eating habits in all male patients. The finding of a more pronounced physical hyperactivity in men in order to achieve an ideal body shape which is muscular and athletic suggests the need of a deeper attention to sex-different symptoms and behaviors declination.

Disclosure of interest The authors have not supplied their declaration of competing interest.

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EV0445

Shame traumatic memories and body image shame in Binge Eating Disorder: Can memories of warmth and safeness buffer this link?



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Introduction Growing research show that body image-related shame plays a particularly important role in the vulnerability to and persistence of Binge eating symptoms. Also, shame experiences from childhood and adolescence were found to function as traumatic memories and are significantly associated with eating psychopathology. Nonetheless, little is known about the effect of shame traumatic memories in Binge Eating Disorder (BED), and whether early positive emotional memories of warmth and safeness may buffer against the impact of shame memories on body image shame.

Aims This study examined the moderator effect of positive emotional memories on the association between shame traumatic memories and current body image shame in women diagnosed with BED.

Methods Participants ($N=109$) were assessed through the eating disorder examination and the shame experiences interview, and answered to self-report measures assessing the traumatic features of a key shame memory, positive emotional memories and body image shame.

Results Body image-related experiences were most frequently recalled as significant shame memories. Positive emotional memories were negatively associated with shame traumatic memories and body image shame, and had a significant moderator effect on the association between shame traumatic memories and current body image shame.

Conclusions This study was the first to demonstrate that early shame experiences may contribute for BED patients' shame based on their body image. Data suggest that the access to memories of early feelings of affiliation and safeness may be key to tone down negative affect. These findings have important implications for the conceptualization and treatment of BED.

Disclosure of interest The authors have not supplied their declaration of competing interest.

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EV0446

A new measure of psychological inflexibility related to eating behavior in adolescence: Confirmatory factor analysis and validity assessment



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Introduction On the onset of adolescence there is an increased vulnerability for mental health problems, namely disordered eating symptomatology. Disordered eating symptomatology has been described as a problem of psychological inflexibility. Psychological inflexibility related to eating behaviors, i.e., the adoption of inflexible idiosyncratic dietary rules without considering external and internal contingencies, is associated with disordered eating symptoms in adult populations. Nonetheless, the study of psychological inflexibility related to eating behaviors in adolescence is scarce.

Aims The current study aimed at examining the factor structure and psychometric properties of the Inflexible Eating Questionnaire for Adolescents (IEQ-A).

Methods Participated in this study, 728 adolescents (513 girls and 215 boys), aged 14 to 18 years, who completed self-report measures of psychological inflexibility related to eating behaviors, body image, disordered eating symptoms and general psychopathology symptoms.

Results Results of the confirmatory factor analysis indicated that the IEQ-A replicated the 11-item one-dimensional structure previously identified in adult samples. A multigroup analysis also demonstrated the scale's structure invariance between genders. The scale presented high internal reliability for both boys and girls (95). Correlation analyses confirmed the scale's convergence with psychological inflexibility with body image. IEQ-A was also positively associated with disordered eating symptoms and depression, anxiety and stress symptoms.

Conclusions Findings corroborated the adequacy of the IEQ-A factor structure and supported that this is a valid measure to assess psychological inflexibility related to eating behavior in adolescence. This measure is therefore of potential utility for clinicians and researchers focusing on eating-related difficulties in this vulnerable developmental stage.

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EV0447

New technologies as risk factor for eating disorders



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Introduction Eating disorders (ED) have a significant prevalence in children and adolescents. The use of new technologies allows to access to a big amount of information. Excessive use of these technologies at this stage of life decreases social and family relationships and provides access to online content in favor of these disorders, which can affect to the development of an ED. The aim of this study is to analyze the relationship between the use of new technologies and the risk of developing an ED.

Material and method We have selected a sample of 500 patients who were in the 2nd year of secondary school to which has been applied a battery of scales, including the EAT-26 scale for ED; and has been collected socio-demographic data, including the use of internet and mobile phone. We used SPSS to analyze the relationship between these variables.

Results We have analyzed clinical and socio-demographic characteristics of the sample. In relation to the risk of developing an eating disorder we have found that high frequencies of use of the Internet and high frequencies of use of mobile phones (especially more than 4 hours a day) increases significantly the score in EAT-26 scale for ED ($P < 0.05$).

Conclusions Regarding the results, we can say that, in our sample, the use of Internet and/or mobile phone more than 4 hours a day significantly increases the probability of having a high score on the scale for ED. This data can be essential when planning treatment or establishing a preventive strategy.

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EV0448

The central role of body image in the explanation of the engagement in disordered eating attitudes and behaviors



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Shame is a universal emotion, that has been emphasized as a pathogenic phenomenon in well-being and mental health. In fact, although shame has been considered an adaptive defensive response, higher levels of this painful emotion are strongly associated with different mental health conditions. The current study aimed to test whether the association of external shame with eating psychopathology would be explained by the mechanisms of body image-related cognitive fusion, psychological inflexibility, and also dietary restraint. A path analysis testing a mediational model was conducted in a sample of 787 women from the general community, aged between 18 and 51 years old. The tested model accounted for 71% of the variance of eating psychopathology and revealed an excellent fit to the data. Results demonstrated that external shame's impact on disordered eating attitudes and behaviors is indirect, carried through increased body image-related cognitive fusion, psychological inflexibility related to physical appearance, and dietary restraint. These findings seem to support the association between shame and eating psychopathology. Furthermore, these data add to literature by suggesting that individuals who present higher levels of shame may present increased tendency to engage in dietary restraint and other maladaptive eating behaviors, through higher levels of body image-related psychological inflexibility and cognitive fusion. The current study seems to hold important clinical implications, highlighting the importance of developing intervention programs in the community which target shame and body image-related maladaptive attitudes and behaviors and, in turn, promote adaptive emotion regulation strategies (e.g., acceptance abilities).

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EV0449

Ghrelin response to hedonic eating in underweight and short-term weight restored patients with anorexia nervosa



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Introduction Recently, anorexia nervosa (AN) has been conceptualized as a reward-related disorder, and brain imaging studies have shown functional and structural abnormalities in areas of the brain involved in reward processes in both acute and recovered AN patients. However, the role of endogenous biochemical mediators, such as Ghrelin, in the modulation of reward processes has been poorly investigated in this eating disorder.

Objectives Hedonic eating, that is the consumption of food exclusively for pleasure and not to maintain energy homeostasis, is a useful paradigm to investigate the physiology of food-related reward.

Aims We assessed the Ghrelin response to food-related reward in symptomatic AN women in order to further explore the modulation of reward processes in this severe and debilitating disorder.

Methods Plasma levels of Ghrelin were measured in 7 underweight and 7 recently weight-restored satiated AN patients before and after the ingestion of a favorite (hedonic eating) and non-favorite (non-hedonic eating) food. Ghrelin responses were compared it that of previously studied healthy controls.

Results We found that in satiated underweight patients with AN plasma Ghrelin levels progressively decreased after the exposure and the consumption of both the favorite and non-favorite food whereas in satiated weight-restored AN patients and satiated healthy controls plasma Ghrelin concentrations significantly increased after the exposure to the favorite food and after eating it, but decreased after the non-favorite food.

Conclusions These results suggest a derangement in the Ghrelin modulation of food-related pleasurable and rewarding feelings, which might sustain the reduced motivation toward food intake of acute AN patients.

Disclosure of interest The authors have not supplied their declaration of competing interest.

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EV0450

Age at onset of eating disorders: A statistical validation of proposed cut-offs



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Introduction Despite age at onset (AAO) of eating disorders (EDs) has classically been described in adolescence; to date there is not an univocal definition. While initial studies described a bimodal distribution of AAO for ED, recently several studies didn't confirm these findings.

Objectives AAO thresholds definition for anorexia nervosa (AN) and bulimia nervosa (BN) with statistical validation of proposed cut-offs is highly needed, since AAO represents a crucial clinical feature.

Aims We obtained data from subjects with AN and BN to perform a normal distribution admixture analysis to determine their AAO.

Methods A total of 806 ED patients (792 females; 379 AN and 427 BN) were recruited. Diagnosis of AN and BN were ascertained according to the DSM-IV-TR criteria by means of the SCID – Patient Edition. AAO was assessed by a clinical interview performed by a psychiatrist matched with a systematic review of medical records. To test AAO subgroups, we used a normal distribution admixture analysis.

Results A bimodal normal distribution of AAO with an early onset and late onset component was found for both AN and BN. Most of the subjects with AN (75.3%) and BN (83.3%) belonged to the early onset group. Both groups had a mean AAO of about 18 years. No significant differences were found concerning the AAO between groups.

Conclusion Consider clinical history and course of AAO for EDs may be crucial for planning treatment. To our knowledge, this is the first study that applied a validated statistical procedure to identify AAO cut-off points for AN and BN.

Disclosure of interest The authors have not supplied their declaration of competing interest.

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EV0451

Interhemispheric functional connectivity in anorexia and bulimia nervosa



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Introduction The functional interplay between brain hemispheres is fundamental for behavioral, cognitive and emotional control. Several pathophysiological aspects of eating disorders (EDs) have been investigated by the use of functional Magnetic Resonance Imaging (fMRI).

Objectives The objective of the study was to investigate functional brain asymmetry of resting-state fMRI correlations in symptomatic patients with anorexia nervosa (AN) and bulimia nervosa (BN).

Aims We aimed at revealing whether brain regions implicated in reward, cognitive control, starvation and emotion regulation show altered inter-hemispheric functional connectivity in patients with AN and BN.

Methods Using resting-state fMRI, voxel-mirrored homotopic connectivity (VMHC) and regional inter-hemispheric spectral coherence (IHSC) analyses in two canonical slow frequency bands (“Slow-5”, “Slow-4”) were studied in 15AN and 13BN patients and 16 healthy controls (HC). Using T1-weighted and diffusion tensor imaging MRI scans, regional VMHC values were correlated with the left-right asymmetry of corresponding homotopic gray matter volumes and with the white matter callosal fractional anisotropy (FA). **Results** Compared to HC, AN patients exhibited reduced VMHC in cerebellum, insula and precuneus, while BN patients showed reduced VMHC in dorso-lateral prefrontal and orbito-frontal cortices. The regional IHSC analysis highlighted that the inter-hemispheric functional connectivity was higher in the ‘Slow-5’/Band in all regions except the insula. No group differences in left-right structural asymmetries and in VMHC vs callosal FA correlations were found.

Conclusions These anomalies indicate that AN and BN, at least in their acute phase, are associated with a loss of inter-hemispheric connectivity in regions implicated in self-referential, cognitive control and reward processing.

Disclosure of interest The authors have not supplied their declaration of competing interest.

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EV0452

Investigation of endocannabinoids and endocannabinoid-related compounds in obese subjects during an hedonic eating experimental test



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Introduction Hedonic eating refers to the consumption of food just for pleasure and not for energetic needs. Endocannabinoids and endocannabinoid-related compounds play an important role in food-related reward and are likely involved in hedonic eating.

Objectives In a previous study we found that in normal weight healthy subjects plasma levels of 2 arachidonoylglycerol (2-AG) decreased progressively after food ingestion in both hedonic and non-hedonic eating condition, but they were significantly higher in hedonic eating. Plasma levels of anandamide (AEA), oleoylethanolamide (OEA) and palmitoylethanolamide (PEA), instead, progressively decreased in both eating conditions without significant differences.

Aims In order to investigate the physiology of endocannabinoids in obesity, we assessed the responses of AEA, 2-AG, OEA and PEA to hedonic and non-hedonic eating in obese individuals.

Methods Fourteen satiated obese patients consumed favorite (hedonic eating) and non-favorite (non-hedonic eating) foods in two experimental sessions. During the tests, blood was collected to measure peripheral levels of AEA, 2-AG, OEA and PEA.

Results Plasma levels of 2-AG progressively decreased in non-hedonic eating whereas they gradually increased after hedonic eating. Plasma levels of AEA decreased progressively in non-hedonic eating, whereas they initially decreased after the exposure to the favorite food and then returned to baseline values after its consumption. The responses of OEA and PEA to favorite and non-favorite food did not show significant differences.

Conclusions These findings demonstrate that, compared to normal weight healthy subjects, obese subjects exhibit different responses of peripheral endocannabinoids to the ingestion of food for pleasure and this could have implications for the onset/maintenance of obesity.

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EV0453

Attachment and hypothalamus-pituitary-adrenal axis functioning in patients with eating disorders



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Introduction Attachment theory suggests that different attachment styles influence the development of individual's self-esteem and modulate the individual's ability to manage stressful events

by responding with adequate affective adjustment. High levels of insecure attachment are present in adults with Eating Disorders (EDs).

Objectives The variables that mediate the association between attachment style and EDs have not been investigated enough. The possibility exists that the endogenous stress response system is involved.

Aims To appraise the role of the endogenous stress response system, we studied the effect of attachment styles on the hypothalamus-pituitary-adrenal (HPA) axis functioning in ED patients.

Methods Fifty-two women with EDs and 25 healthy women completed the ECR questionnaire to assess their attachment style. Saliva samples were taken in the morning to measure the Cortisol Awakening Response (CAR). Moreover, the saliva cortisol response to the Trier-Social-Stress-Test (TSST) was measured in 30 ED patients and 15 healthy controls.

Results Patients with avoidant attachment showed an increased CAR compared to both healthy controls and to patients with anxious and secure attachment styles. In the initial TSST phase, cortisol levels decreased in the secure attachment group but not in patients with avoidant attachment. In the TSST stress response phase, the cortisol raise was higher in insecure patients and delayed in avoidant ones.

Conclusions In adults with EDs, attachment styles affect the HPA axis functioning and this could have a role in the pathophysiology of EDs.

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EV0454

Insidious: The relationship between patients and their eating disorders and its impact on ED symptoms, illness duration and self-image



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Patients with eating disorders (EDs) often spontaneously talk about their disorder in terms of a symbolic other (a demon, a voice, a guardian). Further, externalizing exercises where patients are encouraged to separate their true self from their ED self are common in some treatment approaches. Yet, no previous quantitative study has investigated this phenomenon. We examined the patient-ED relationship (using the interpersonal structural analysis of social behavior methodology) and its implications for ED symptoms, illness duration and self-image. Participants were 16–25 year old female patients ($N=150$) diagnosed with anorexia nervosa ($N=55$), bulimia nervosa ($N=33$) or eating disorder not otherwise specified ($N=62$). Results suggested that patients had comprehensible and organized relationships with their EDs. EDs were primarily experienced as acting critical and controlling towards patients. Higher ED control was associated with more ED symptoms and longer illness duration, especially when coupled with patient submission. Patients reacting more negatively towards their EDs than their EDs were acting towards them had lower symptom levels and more positive self-images. Externalizing one's ED, relating to it like a symbolic other, seemed to make sense to patients and depending on its quality seemed to influence ED symptoms, illness duration and self-image. We put forward both clinical and theoretical implications based on the assumption that the patient-ED relationship may function in similar ways as real-life interpersonal relationships do.

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EV0455

Anorexia nervosa and attachment



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Introduction Attachment is an innate programming whereby a child seeks for security. There is scientific and empirical evidence that insecure attachment is usual in eating disorder patients [1].

Objectives To highlight the relevance of attachment between child and caregivers, as well as its significance in therapeutic approach.

Methods A 17-year-old girl hospitalized after attending to emergency department due to fainting. BMI: 12.89. She reports restrictive behavior since age 11 that her mother regards as "child issues". Divorced parents, she grew up with her mother, diagnosed of hypochondria, who mentions not understanding why she is not the one who is hospitalized.

Results During hospitalization, she turned 18-years-old. Guardianship of her younger siblings was removed to her mother. She had a secure relationship with her 24-year-old sister, so she decided to move in with her. Later on, she had a positive progress, maintaining the gained weight and mood stability, although cognitive distortions persist.

Conclusions Among developmental and maintaining factors of eating disorders, impaired attachment is becoming increasingly interesting. Even though the main goal of treatment is weight restoration, exploring attachment patterns can facilitate to achieve that aim. This clinical case emphasizes the importance of attachment in eating disorders among child and young adults.

Disclosure of interest The authors have not supplied their declaration of competing interest.

Reference

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EV0456

Immunity and eating disorders. Clinical description of a case



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Introduction Recently, there is an increasing interest in the link between anorexia nervosa and autoimmune diseases. Studies show

significant association between anorexia nervosa, diabetes mellitus, autoimmune thyroid disease and Crohn's disease [1]. The findings of significantly elevated autoantibodies (anti α -MSH, anti ACTH) and cytokines (IL-1, IL-6, IFN- γ , TNF- α) support this relationship.

Objectives To illustrate with a clinical case the connection between eating disorders and Crohn's disease.

Methods Fourteen years-old boy with moderate depression syndrome after his grandfather's decease. Since overweight diagnosis by his pediatrician, he begins to restrict food intake with an important weight loss (19 kg in 9 months) and over exercising. Blood test reveals microcytic and hypochromic anaemia, rest of the examination shows no other disorder. Psychometric assessment EDI-3 suggests Anorexia Nervosa restricting type.

Results Two months after clinical stabilization, he is hospitalized due to abdominal pain. Exploration including blood test, serology, coproculture, sonography and colonoscopy reveals severe Crohn's disease.

Conclusions This case is about a patient diagnosed of moderate depressive syndrome, who develops anorexia nervosa and Crohn's disease during his follow up. It exemplifies the link between stress, immunity and eating disorders. Recent findings suggest that immune diseases are involved in onset and maintenance of eating disorders. More studies are required in order to inference its consequences in evaluation, prognostic, treatment and identification of subgroups of patients.

Disclosure of interest The authors have not supplied their declaration of competing interest.

Reference

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EV0457

Alexithymia, recognition of facial emotion and inference in patients with Eating Disorders (ED) or Substance Abuse Disorders (SAD)

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Alexithymia is a psychological construct characterized by difficulty describing emotions and distinguishing them from somatic components of the emotional activation. Patients with eating disorders (ED) or substance use disorders (SAD) commonly present also impairment of recognition of facial expressions and deficits in social inference. Patients with ED and SAD may present impulsiveness, difficulty in emotion-focused coping skills, and search for a concrete relief from psychological suffering. The purpose of study is to compare the ED, SAD and healthy controls (HC), in several variables, including Alexithymia, empathy, and ability to recognize

emotions, social inference. Thirty-two patients with ED, 27 patients with SAD and 31 HC were recruited between September 2016 and April 2016 at the psychiatric ward of Novara Hospital, nursing home of Nebbiuno and the nursing home of Viverone. We administered to patients the same battery of tests, composed by Toronto Alexithymia Scale-20 (TAS-20), Facial Emotion Identification Test (FEIT), the awareness of Social Inference Test (TASIT), temperament and Character Inventory (TCI), Interpersonal Reactivity Index (IRI), Symptoms Checklist-90 (SCL-90). The two clinical groups showed differences in TAS, FEIT and TASIT, highlighting Alexythimic traits, difficulty in recognizing emotions and deficit of social inference, compared to HCs. The TCI and SCL-90 have also highlighted the common psychopathological characteristics and temperamental in patients with ED and SAD. Alexythymia is particularly represented in patients with ED and SAD, and could represent a maintenance factor, together with deficits in emotions recognition and social inference. The similarities between ED and TD seem to suggest the possibility of shared core features.

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EV0458

A family-based intervention of adolescents with eating disorders: The role of assertiveness



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Introduction One of the key profile features of adolescents with Eating Disorders (ED) is a difficulty with assertiveness. Indeed, current research points to the importance of these patients' perception of excessive control exerted by their families. Because these adolescents generally live with their families of origin, family-based variables may impact the development and evolution of psychosocial risk factors associated with this psychiatric disorder.

Objective To investigate whether adolescents with ED improve on assertive communication as a result of parental assertiveness training.

Methods The sample was comprised of 50 female adolescents with ED receiving group therapy treatment at Niño Jesús hospital in Madrid. Out of the 77 parents participating in the study, 36 were part of the experimental group and subjected to training in assertive skills (8-week sessions for about 2 hours). In addition, 41 parents formed the control group (with no assertiveness training). Before and after this training (or the same amount of time for the control group), adolescents were administered the psychometric test known as the Rathus Assertiveness Schedule (RAS).

Results A significant increase in RAS scores was found in adolescents whose parents were subjected to the assertiveness training. Moreover, there was a significant decrease in self-restriction scores in patients with ED after their parental assertiveness intervention. No significant changes were observed, however, in the control group.

Conclusions Our results indicate that providing families with educational tools that aim at developing assertive communication may boost the level of assertiveness in adolescents and, thereby, presumably help in the prognosis of ED.

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EV0459

Reconceptualization of recovery from anorexia nervosa: Patients' perspective



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Outcome research has not found a consistent definition of recovery from anorexia nervosa by consensus of experts, or by empirical validation. Therefore, medical criterion of recovery varies between studies and results are not comparable. This poster refers to a study of 44 participants treated for anorexia nervosa and who believe they have recovered. The purpose of this study is to reconceptualize recovery from patients' perspective. The Free Association about Recovery – Questionnaire (FAR-Q) is a new tool by which to explore and understand the anorexic's account of recovery. Content analysis reveals four subjective definitions of recovery: (1). Return to the social normality; (2). Cohabit with eating disorder; (3). Self-acceptance; (4). Rebirth. This study assesses patients' stages of recovery process and gives recommendations to health professionals.

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EV0460

Long-standing Pica with compulsive features in a woman with iron and zinc deficiency



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Introduction Pica is the consumption of non-nutritive substances, which is inappropriate to the individual's cultural practices or developmental level. It is frequently associated with mental retardation, and occasionally observed in pregnant women and children.

Objectives We describe a case of long-standing pica in a woman with no co-morbid psychiatric condition.

Case Madam NA is a 27-year old married Malay housewife, with 4 sons and 4 miscarriages. Her mother had addiction problems. She sought help from the Eating Disorders Clinic, Singapore General Hospital, for uncontrollably eating uncooked rice. This started at age 8, when she was left alone at home with no food. Since then, she had been eating up to 10 cups of raw rice daily. She was unable to leave the house without carrying a bag of raw rice; if she forgot, she would feel intense discomfort and would need to return to get the rice. She persisted in eating raw rice despite it causing friction in her marriage. When she tried to stop, she would get irritable and crave it. This behavior only ceased during her pregnancies but would restart soon after delivery. There was no other psychiatric history. Blood investigations showed anemia, with iron and zinc deficiency, as well as newly diagnosed Grave's disease. After iron and zinc supplementation, her raw rice intake decreased substantially.

Conclusions We report an unusual case of long-standing pica with compulsive features in a young woman with no psychiatric co-morbidity, which improved during pregnancy and with iron and zinc supplementation.

Disclosure of interest The authors have not supplied their declaration of competing interest.

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EV0461

Eating disorders in Malays in Singapore

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Introduction The prevalence of eating disorders has been increasing in the Asian countries. Malays in Singapore are at the crossroads because they are largely traditional in practice and almost all are Muslim, but are exposed to western culture. Studies found that Malays at increased risk of eating disorders but yet those that present for treatment are very small, and this study aims to study Malays with eating disorders to unveil this contradiction.

Methods All Malay patients presenting to Singapore General Hospital (SGH), which hosts the only specialized eating disorder programme in Singapore, between 2003 and 2014 were identified and medical records studied retrospectively.

Results Malays constitute only 42 out of 1340 patients treated in the same period. The mean age at presentation is 18.81 years (SD=5.54) and the majority are students (78.6%). A total of 92.9% are single. There are more cases of bulimia nervosa than anorexia nervosa (45.2% vs. 26.2%). In total, 54.8% have psychiatric comorbidities, the most common is depression (31.0%), 38.1% have a history of deliberate self-harm and 21.4% attempted suicide. A total of 52.4% reported teasing as a trigger, while 16.7% were triggered by being overweight.

Discussion There is only a small number of Malays that presented. Fasting is commonly which may be confused with restriction. Other factors could be lack of awareness. The higher prevalence of bulimia nervosa suggests that purging is recognized as abnormal. High prevalence of co-morbidities suggests that family members recognize co-morbidities better. Outreach programs for Malay will help increase awareness.

Disclosure of interest The authors have not supplied their declaration of competing interest.

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EV0462

Use of atomoxetine in eating disorders. A case report

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Introduction Eating disorders (EDs) are an important public health problem and not all patients respond adequately to psychotherapy. In the last decade, researchers report a significant comorbidity of EDs and attention-deficit/hyperactivity disorder (ADHD), especially binge eating disorder and bulimia nervosa. Some studies postulate the hypothesis of a common neurobiological substrate, such as noradrenergic pathways among others.

Objectives To revise the possible use of atomoxetine, a highly selective noradrenergic reuptake inhibitor, for the treatment of EDs.

Methods We describe the effect of atomoxetine in a young woman with purging disorder and history of ADHD in childhood added to cognitive behavioural therapy (CBT).

Results patient had selective/restrictive eating behaviours, daily purges and occasional binges for last five years. At age 14 she was diagnosed with ADHD by impulsivity/aggressiveness and poor school performance, but she did not take drugs and left medical consultations. She came to our specific unit of EDs in november-2015. Her BMI was 24.88 kg/m². We initiated CBT and atomoxetine (80mg/day). In this first year of treatment binges and purges have disappeared and exposure to new foods and body image have improved partially. We found clear improvement in mood, motivation and attention/concentration in relation with introduction of atomoxetine. These facts have positive impact on the clinical evolution. Her current BMI is 26.90 kg/m².

Conclusions Identify comorbid ADHD to assess the use of specific drugs for this disorder could be beneficial in the treatment and prognosis of EDs. However, more studies are needed to determine effectiveness, particularly of non-stimulant drugs.

Disclosure of interest The authors have not supplied their declaration of competing interest.

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EV0463

Theory of mind in binge eating disorder: an exploratory study



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Introduction to date, studies on the relationship between Theory of Mind (ToM) and eating disorders (ED) have never considered binge eating disorder (BED).

Aims a) to assess ToM abilities in a sample of patients suffering from BED comparing them with healthy controls; b) to evaluate the influence of several variables (demographic, clinical and neuropsychological dimensions, attachment styles, traumatic events, comorbid Axis I and II disorders) on ToM abilities.

Methods we assessed ToM in a sample of 20 BED patients and 22 women from the general population using the Reading the Mind in the Eyes Test (RMET) and the Faux Pas Test (FPT).

Results regarding the first aim, the comparison between groups showed that the clinical group scored significantly lower than the control group on the RMET as well as on FPT. Regarding the second aim, two different multiple regression models were performed: one for the RMET and one for the FPT. Both of them led to significant results. When modeling RMET score, it emerged that age and Binge Eating Scale significantly reduce the score, while vocabulary and drive for thinness have a positive effect ($r^2 = 0.62$). When modeling FPT score, we found that central coherence and binge eating significantly reduce the total score ($r^2 = 0.33$).

Conclusions our study begins to shed light on the relationship between ToM and BED; in particular, it suggests that BED patients have lower mentalization skills than healthy controls and ToM abilities are partially influenced by clinical variables related to eating pathology.

Disclosure of interest The authors have not supplied their declaration of competing interest.

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EV0464

Some stay the same: Personality change after treatment for eating disorder



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Introduction Strong evidence establishes a close relationship between personality traits and mental illness; where personality can be said to influence the likelihood, severity and longevity of a mental disorder. Personality is usually seen as fixed, yet there is a growing body of evidence for the changeability of personality, though this has rarely been studied in relation to mental disorders.

Objective To study the longitudinal interplay between personality and eating disorders (EDs), particularly the associations between personality, recovery and treatment modality.

Aims To investigate changes in the five domains and thirty lower-level facets of personality in non-underweight EDs, and its associations to intervention and outcome.

Methods Two hundred and nine adults with EDs enrolled either in a four-month multimodal psychodynamic group-therapy (DAY) or four-six month internet-based supported cognitive behavioural therapy (iCBT). ED diagnosis and personality (by the five-factor model) were assessed at baseline, termination and 6-month follow up. Structural equation modeling was used to analyze domain-level development, and reliable change (RCI) for facet-level development.

Results Remission rate at end of treatment was 71% in DAY and 55% in iCBT. Over time, Neuroticism decreased significantly while Extraversion, Openness and Conscientiousness increased ($P < 0.01$). Treatment and outcome had little influence on domain-level change. At the facet-level, 28% of patients reliably changed in any given facet, and there were several differences in pattern based on treatment and outcome.

Conclusions This study lends support for the possibility of personality change and its relevance for recovery from EDs.

Disclosure of interest The authors have not supplied their declaration of competing interest.

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EV0465

Run for it: Compulsive exercise in adolescents with eating disorders – a nationwide longitudinal study



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Introduction Rigorous exercise to control weight and/or shape and to avoid negative affect has been proposed as significant in the etiology, development and maintenance of eating disorders (EDs), resulting in more severe and enduring pathology. However, few studies have investigated compulsive exercise (CE) among adolescents with EDs.

Objective To study the longitudinal relationship between EDs and CE in adolescents.

Aims to investigate if adolescent ED patients show a similar relation between EDs and CE as previous research has found in adults.

Methods A total of 3116 girls and 139 boys from a nationwide clinical EDs database were investigated on CE prevalence and frequency in relation to ED diagnosis, psychiatric symptoms, associated features and outcome. Denial of illness in self-ratings was adjusted for.

Results Adjusted CE prevalence in girls was 44%; with high prevalence in bulimia nervosa. Average CE frequency was 3.9 times/week (SD=2.6). Those with CE scored significantly higher than non-CE on total ED severity, dietary restriction and negative perfectionism ($P<0.001$). There were only minor differences between CE and non-CE patients on emotional distress, hyperactivity, suicidality and self-esteem. Among boys, adjusted CE prevalence was 38%, and only total ED severity was significantly related to CE ($P<0.05$). Initial CE did not impact prognosis, yet cessation of CE during 1-year follow-up was associated with ED remission.

Conclusions CE is a common clinical feature in adolescents with EDs, as previously found in adults. CE had less detrimental impact on EDs than predicted and cessation was associated with better outcome.

Disclosure of interest The authors have not supplied their declaration of competing interest.

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EV0466

The role of interoceptive awareness in eating disorders: A study on a group of binge eaters

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Introduction Interoceptive awareness is defined as the ability to perceive the body states. Such ability is provided by the interoceptors, organs and structures specifically designated to receive both internal and external stimuli. This capability, especially the perception of satiation, seems to be lacking in individuals suffering from Eating Disorders and there is no procedure to increase this ability.

Objectives The primary purpose is to improve patient's interoceptive awareness. We tested whether patients diagnosed with binge eating disorder (BED), while deprived of eyesight, would better focus on their internal signals, such as the satiation feeling, and therefore eat less and slower.

Methods For the first time, 29 patients with BED were deprived of vision during a meal. In a standardized procedure, participants ate two different meals, the first one while deprived of eyesight, the second one, a week later, in normal conditions. Both the amount of eaten food and the total time to complete the meal were taken into account during each of the meals. The patients filled in a Visual Analogue Scale (VAS) questionnaire at the end of each meal, in order to evaluate the experience and their internal feelings.

Results The results show that patients suffering from BED, when deprived of eyesight, eat less food, take more time to finish the meal and experience the same level of satiation with respect to the normal condition.

Conclusion This procedure could be of great interest for the implementation of specific intervention protocols that are aimed at the recovery of interoceptive awareness in patients with eating disorders.

Disclosure of interest The authors have not supplied their declaration of competing interest.

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EV0467

Confirmatory factor analysis of the eating attitudes test short version in a sample of Portuguese women



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Introduction The Eating Attitudes Test-40 (EAT-40) is a valid index of symptoms frequently observed in eating disorders. The EAT-40 was adapted and validated for the Portuguese population. Thereafter a short-version composed of 25 items selected from the exploratory factor analysis (EAT-25) was developed. Apart from the total score, the TAA-25 evaluates three dimensions: Diet, Bulimic Behaviours and Social Pressure to Eat.

Objective To examine the factor structure of the EAT-25 using confirmatory factor analysis (CFA) in a sample of Portuguese women.

Methods The sample was composed of 433 women (mean age = 36.07; SD = 15.15). CFA was used to test the model suggested by prior exploratory factor analyses of EAT-25. AMOS software was used.

Results After four items were deleted and some errors were correlated, CFA indicated a good fit for the second-order factor ($\chi^2/df = 3.066$; CFI = 0.918; GFI = 0.883, RMSEA = 0.069; $P[\text{rmsea} \leq 0.05] < 0.001$). The 19-item TAA showed excellent internal consistency ($\alpha = 0.91$) and the three dimensions presented good Cronbach's alphas ($\alpha > 0.80$).

Conclusions These findings suggest that the 21-item TAA model obtained through CFA is a reliable and valid measure to assess disordered eating attitudes among women.

Disclosure of interest The authors have not supplied their declaration of competing interest.

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EV0468

Cognitive fusion: Maladaptive emotion regulation endangering body image appreciation and related eating behaviours

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Body image-related cognitive fusion is described as the perception that undesired and distressing internal events related to body image are reliable representations of reality. This maladaptive emotion regulation process is known for its impact on human suffering, namely eating psychopathology. On the contrary, body appreciation is a positive body image construct, defined as an attitude of acceptance and affection toward one's body image characteristics, despite some level of dissatisfaction. Although body appreciation associates negatively with several pathogenic processes, its relationship with body image-related cognitive fusion is still unexplored. The present study intended to analyse the power of body image related cognitive fusion regarding its impact on body appreciation, and also on the engagement in disordered eating. The study's sample comprised 308 women, aged between 18 and 35. A path model tested the mediator role of body image related cognitive fusion in the relationship between body image dissatisfaction and body appreciation, and eating disorders symptomatology, controlled for the effect of body mass index.

The tested model accounted for 67% of the variance of disordered eating. Body image related cognitive fusion appeared as a significant mediator of the association between body dissatisfaction and body appreciation. Body appreciation presented a significant direct effect on eating disorders symptomatology. These findings highlight the disturbing effect of cognitive fusion related to body image



on the construction of a positive body image, presenting an impact on the engagement in disordered eating. In this line, cognitive fusion may be a pertinent target in clinical practice and also within eating disorders prevention.

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EV0469

What relationship between eating disorders and alexithymia among medical students?



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Introduction The student population seems to be vulnerable to eating disorders (ED) but is this in relation to their ability to express their emotions or alexithymia?

Objectives Studying the prevalence of ED and alexithymia among medical students, and establish the relationship between these entities.

Methods It was a cross-sectional study of 97 students in Sfax University Medicine (Tunisia). We used:

- a questionnaire containing demographic and clinical data;
- Eating Attitudes Test (EAT-26): a score ≥ 20 indicates ED;
- Toronto Alexithymia Scale (TAS-20): a score ≥ 61 indicates alexithymia.

Results The average age of participants was 24.07 years (± 2.71); the sex ratio (M/W) was 0.4. Their average BMI was 22.85 kg/m² (± 3.36). They were smoking in 36.1% and sedentary in 43.3% of case. They had a nibbling activity in 57.7%. The average score of the EAT-26 was 11.66 \pm 8.66 and prevalence of TCA was 19.6%. The average score of TAS-20 was 50.92, 0.46 and alexithymia was found in 16.5% of students. ED was significantly correlated with nibbling ($P=0.02$), BMI or overweight ($P=0.012$), smoking ($P=0.006$) and physical inactivity ($P<0.00$). Also alexithymia was significantly correlated with smoking ($P=0.003$) and physical inactivity ($P=0.025$). A significant correlation was found between alexithymia and ED ($P=0.008$).

Conclusion It is clear from our study an association between alexithymia and the ED. Psychological support aimed specifically alexithymic dimension is indispensable, not only for decreasing the emergence of ED but also contributing to lower any addictive behavior.

Disclosure of interest The authors have not supplied their declaration of competing interest.

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EV0470

Prenatal stress exposure as a risk factor for anorexia nervosa: A controlled study



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Introduction Prenatal risk factors, such as gestational complications and exposure to stress during pregnancy, may have a role in the development of many psychiatric disorders including eating disorders.

Aim To investigate the impact of prenatal stress exposure on the development and clinical features of anorexia nervosa.

Methods One hundred and nine patients with a lifetime diagnosis of anorexia nervosa and 118 healthy controls underwent a clinical assessment, which included interviews, questionnaires and a

neuropsychological battery. The mothers of the patients and controls underwent a specific interview focused on stressful life events, which occurred during pregnancy. Obstetric and neonatal records were consulted.

Results The mothers of patients experienced more severe stressful episodes during pregnancy than the mothers of controls and the perceived distress showed significant positive correlation with both total number of obstetrical complications and placental weight. In patients, the severity of stressful events was strongly associated to cognitive rigidity and perseverance.

Conclusions Prenatal stress exposure might be a risk factor for the development of anorexia nervosa and it is associated with cognitive traits of rigidity and perseverance.

Disclosure of interest The authors have not supplied their declaration of competing interest.

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EV0471

The disorder of lived corporeality: A possible link between attachment style and eating disorder psychopathology



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Introduction According to the trans-diagnostic perspective, disturbances in eating patterns of eating disorders (EDs) are considered as epiphenomena secondary to the patient's overvaluation of his/her body shape and weight.

Objectives The phenomenological theory states that the main feature of ED psychopathology is a disturbance in the way affected persons experience their own body (embodiment). Insecure attachment may promote the development of unstable self-identity leading to use body weight as a source of self-definition.

Aims The aim of our study was to assess the role of embodiment impairments in the relationships between attachment styles and ED psychopathology.

Methods One hundred twelve ED patients and 108 healthy subjects filled in the Identity and Eating Disorders (IDEA) questionnaire, which assesses embodiment and personal identity abnormalities, the eating disorder inventory-2 (EDI-2) and the experiences in close relationships (ECR) scale, which defines attachment styles.

Results ED patients showed IDEA, EDI-2 and ECR scores significantly higher than controls. Significant correlations between IDEA scores, insecure attachment and almost all EDI-2 sub-item scores emerged in ED patients but not in controls. IDEA total score mediated the relationship between avoidant attachment and EDI-2 interoceptive awareness.

Conclusions These findings demonstrate that in ED patients insecure attachment is correlated to disorder of identity and lived corporeality that, in turn, mediates the association between attachment and a specific ED psychopathological trait. Therefore, we suppose that early relationships, through the development of disturbances in identity and embodiment, lead to altered perception of bodily signals and deranged discrimination of one's emotions, which could contribute to EDs.

Disclosure of interest The authors have not supplied their declaration of competing interest.

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EV0472

The impact of self-esteem on eating disorders

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Introduction Eating disorder (ED) are an important mental health problem because of their overall prevalence, especially in children and adolescents. Low self-esteem is considered, along with others, one of the risk factors for the development of these disorders, without having clarified the real impact of low self-esteem on the development of ED. The aim of this study is to analyze the relationship between self-esteem and the risk of developing an eating disorder.

Material and method We have selected a sample of 500 patients who were in the 2nd year of secondary school to which has been applied a battery of scales including the Rosenberg self-esteem scale, and the EAT-26 scale for ED. We used logistic regression using SPSS to analyze the relationship between both variables.

Results In addition to analyzing clinical and sociodemographic characteristics of the sample, we have found that for every decrease of 1 point in Rosenberg scale, there is an increase of 9% in the probability of being a case of ED for the EAT-26 scale ($P < 0.05$).

Conclusions Regarding these results, we can conclude that, in our sample, having low self-esteem score, significantly increases the likelihood of having a high score on the scale of ED. This data can be useful in establishing a preventive strategy and an adequate treatment.

Disclosure of interest The authors have not supplied their declaration of competing interest.

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EV0473

Cortisol awakening response in binge-purging and restrictive anorexia nervosa

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Introduction Anorexia nervosa (AN) is a complex psychiatric disorder characterized by severe restriction of food intake and aberrant behaviours. The endogenous stress response system, including the hypothalamus-pituitary-adrenal (HPA) axis, may have a role in the pathophysiology of AN.

Objectives It has been shown that specific clinical traits of AN, such as binge-purging behaviours, may be associated with higher psychopathology and poorer outcomes. Therefore, the HPA axis functioning could differ between patients with restrictive AN (ANR) and those with binge-purging AN (ANBP).

Aims In order to evaluate whether HPA axis functioning differs between the two subtypes of AN, we assessed the cortisol awakening response (CAR) of symptomatic ANR and ANBP patients.

Methods Our sample included 17 ANBP and 18 ANR patients, and 42 healthy women. All of them filled in the Eating Disorder Inventory-2 (EDI-2). For CAR assessment, participants collected saliva samples at home. Saliva cortisol concentrations were measured by an enzyme immunoassay method.



Results ANR and ANBP patients exhibited a CAR significantly higher than healthy women. Furthermore, the CAR of ANBP women was higher than that of ANR women and positively correlated with the bulimia subitem score of the EDI-2.

Conclusions Present findings show, for the first time, differences in the CAR between ANBP and ANR subtypes supporting the idea that binge-purging behaviours may have a specific connection with HPA axis.

Disclosure of interest The authors have not supplied their declaration of competing interest.

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EV0474

Association between eating disorders and 5-HTTLPR polymorphism: The experience of an Italian eating disorders unit

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Introduction Eating Disorders (ED) as Anorexia Nervosa (AN), Bulimia Nervosa (BN) and Binge Eating Disorder (BED) are severe and debilitating psychiatric diseases whose etiology is complex and still largely unknown. Several studies seem to suggest that serotonin could be involved and notably there are several associations with 5-HTTLPR polymorphism, especially with the S allele and the S/S genotype.

Objectives The purpose of this study is to evaluate if an association between ED and 5-HTTLPR (especially the S allele frequency) can be shown.

Material and methods A group of about 100 subjects attending the eating disorders unit of Ancona will be tested. Their DNA will be taken and the frequency of the S allele will be compared with a control subjects group negative for ED. Then, the ED group will be divided, according to the DSM-5 criteria, in 3 subgroups (AN, BN, BED) and potential differences will be evaluated.

Results At the moment, we are still collecting patients. According to other studies involving 5-HTTLPR, the S allele frequency in Italy is comparable with the European one, so there is reason to believe that an association could be found.

Conclusions Serotonin involvement in ED in literature is shown, but it still has to be completely expounded. Studies as this one could help in describing the etiology and the development of this disease.

Disclosure of interest The authors have not supplied their declaration of competing interest.

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EV0475

Visuo-Haptic information processing in patients suffering of anorexia nervosa

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Introduction Several studies recently investigated how Anorexia Nervosa patients (ANp) process multimodal information. Longo (2015) hypothesized that ANp might be less reliant on visual perception of bodies than healthy controls (HC). Case et al. showed that processing of multimodal information might be disrupted in ANp. Literature lacks of studies that measure precisely and compare directly the contributions of each sensory input.

Objective To investigate the integration of visual and haptic inputs in ANp compared with HC and measure the weight of each input.

Method We used a visuo-haptic integration task with a setup adapted from Gori et al. (2008) to measure each sensory input's when judging the size of a cube according to Maximum Likelihood Estimation theory which describes the optimal multimodal integration behaviour (Ernst and Banks, 2002). Fifteen ANp and 16 HCs were recruited.

Results Regardless the group, we found considerable individual variability about the integration processes; moreover, many participants did not integrate optimally. Correlation analysis suggested that ANp rely less on visual information than HC.

Conclusions Despite using a setup previously validated with children, the observation that many HC did not integrate optimally is not in line with the results of previous studies, making it difficult the comparison with the AN group. The setup might not be adapted to adults and it needs to be improved. Our study shows for the first time how it might be possible to measure and compare directly the contribution of two different sensory modalities. This could provide precious information to deeply investigate the pathology.

Disclosure of interest The authors have not supplied their declaration of competing interest.

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EV0476

Overweight and obesity's prevalence, identification of risk factors in children and teenagers in two schools of Monteria



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The research has the intention to determinate the prevalence, risky factors of overweight and obesity in a sample of six hundred people between seven (7) and eighteen (18) years old, chosen by a simple random sampling with exclusion criteria, pathologies that affect the weight and size (diabetes paralysis; malformation or physic limitations). The data was collected through national poll of the nutritional situation and Colombia ENSIN, in the demographic and anthropometric information register and poll identification of food habits and physical activity questionnaire for children PAQ-C. The comparative analysis was made through SPSS in two determined populations by the low and medium social status criteria in the overweight and obesity variables, risky factors related with physical activity food habits and gender. It can be concluded that the population presents normal weight, prone to obesity. Based on the medium socioeconomic status, the percent of male obese teenagers is higher than the female one. Children independent of the socioeconomic status, present a higher percentage of obesity than teenagers. A high percent of population do not do physical exercise. There is no evidence of the relation between socioeconomic level and the presence of unhealthy food habits.

Disclosure of interest The authors have not supplied their declaration of competing interest.

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EV0477

Are coping strategies really different among family members of patients with eating disorders?



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Introduction Family members of patients with Eating Disorders (EDs)–in dealing with the relatives' disease–report negative feelings such as self-blame and criticism, but little is known regarding their coping strategies.

Objectives To describe coping strategies in a sample of relatives of patients with EDs using the Family Coping Questionnaire–Eating Disorder version (FCQ-ED).

Aims (1) To evaluate coping strategies in relatives of patients with EDs; (2) to describe differences in coping strategies according to type of kinship with the patient; (3) to identify correlations among socio-demographic characteristics, patients' clinical characteristic, and type of coping strategies.

Methods Relatives' coping strategies were evaluated using the FCQ-ED, a self-administered questionnaire, consisting of 32 items, grouped in 5 subscales: coercion; positive communication; collusion; seeking for information; avoidance, plus one item on seeking for spiritual help.

Results Seventy-two patients and 127 relatives were recruited. The most frequently adopted coping strategies were seeking for information, positive communication, seeking for spiritual help; the former were positively correlated with the level of education of both patients and relatives. Mothers avoided the patients less frequently than other relatives.

Discussion This is one of the first studies focused on coping strategies in families of patients with EDs showing that problem-oriented ones are used quite often. Socio-demographic characteristics and type of kinship can have an impact on the adoption of coping strategies, but further longitudinal studies are needed in order to identify other possible factors implied in their development.

Conclusions This represents an initial attempt to understand how clinical, social and personal variables can have an impact on the development of coping strategies.

Disclosure of interest The authors have not supplied their declaration of competing interest.

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EV0478

Turkish version of body attitude test: Its reliability and validity



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Introduction Breast cancer (BC) may cause problems on body perception and awareness which can be perceived as a threat on body attitude among women with breast cancer.

Objectives The Body Attitude Test (BAT) assesses subjective attitude toward women's own body.

Aim The aim of the present study was to develop the Turkish version of the BAT and examine its reliability and validity.

Methods The study group (SD) consisted of 72 women diagnosed with BC while 100 healthy women (HW). The women evaluated by BAT, Eating Disorder Inventory (EDI) and Self Esteem Inventory (SEI) in 7–10 days intervals. Internal consistency was determined with Cronbach's alpha coefficient. Factor analysis was conducted on BAT ratings given by control group.

Results The mean age was 43.7 ± 8.76 of women with BC while 46.4 ± 10.84 in HW. Mean duration of cancer was 2.4 ± 0.7 years. Factor analysis showed BAT was composed of two factors as body dissatisfaction and lack of familiarity with one's body. The BAT demonstrates satisfactory level of internal reliability ($\alpha = 0.932$). BAT was related with EDI subscales: drive for thinness ($r = 0.741$, $P < 0.001$), ineffectiveness ($r = 0.736$, $P < 0.001$) and body dissatisfaction ($P = 0.718$, $P < 0.001$) and SEI subscale: familial self-esteem ($r = -0.629$, $P < 0.001$).

Conclusion The results support the validity and reliability of BAT which is able to differentiate the clinical and non-clinical form of subjective attitude toward women's own body. Turkish version of BAT could be used as an appropriate measure for assessing subjective attitude towards own body in women with and without breast cancer in Turkey.

Disclosure of interest The authors have not supplied their declaration of competing interest.

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EV0479

Eating problems and body image among Finnish adolescents

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Objective To study prevalence of self-reported body image and eating distress symptoms among Finnish adolescents, and to study associations between psychopathology, body image and eating distress.

Design Cross-sectional population-based, survey subjects, 7th to 9th grade students aged 13–15: 3154 in Finland in 2014.

Methods Data were collected by student self-reported questionnaire including scale designed for evaluating attitudes and behaviors towards body shape and eating, and Strengths and Difficulties Questionnaire (SDQ) for assessing emotional and behavioral problems.

Results The female adolescents reported much more dissatisfaction and concerns with their bodies than the males, high levels of distress with body emotional, behavioral and peer problems measured with SDQ. Body image and eating problems were higher in Finnish than Japanese females with peer problems.

Conclusion The finding was in accordance with previous studies that found that body image and eating distress are associated with to gender and wide range of psychiatric problems.

Disclosure of interest The authors have not supplied their declaration of competing interest.

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EV0480

Self-admission to in-patient treatment: Patient experiences of a novel approach in the treatment of severe eating disorders

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Introduction The course of an eating disorder is often prolonged and can lead to enduring disability for many years, with some patients requiring lengthy periods of in-patient care. Unfortunately, there is still little evidence concerning the optimal model of in-patient care for these patients.

Objectives Self-admission is a novel treatment tool, whereby patients who have high health care utilization are offered the possibility to self-admit to an inpatient ward for up to seven days, because of deteriorating mental health or any other reason. Purposes behind the model are to increase the availability of in-patient care, to promote autonomy and agency, and to decrease total inpatient care utilization.

Aims To investigate whether self-admission can be beneficial for patients with severe eating disorders.

Methods Two beds out of eleven at a specialist eating disorders inpatient unit were reserved for self-admission of well-known patients. All participants were interviewed about their experiences in the program at 6 months.

Results Participants described an increased sense of agency and safety in their everyday lives. Suggestions were also made, such as a more active outreach approach in promoting admission, providing a continual staff contact during the brief admission episode, and offering a similar self-admission model for day treatment.

Conclusions Self-admission is a viable tool in the treatment of severe eating disorders and can increase quality of life by providing a safety net and promoting agency. However, logistical obstacles must be addressed in order to promote a constructive use.

Disclosure of interest The authors have not supplied their declaration of competing interest.

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EV0481

EMDR therapy on trauma-based restrictive eating cases

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Introduction Eating Disorders (ED) affect an individual's physical and mental health with abnormal eating habits. Traumatic life events may underlie the development of ED as many studies document [1]. In the present study, we examined the effectiveness of EMDR therapy that was originally used to treat Post-Traumatic Stress Disorder (PTSD) [2], on restrictive eating symptoms associated with trauma. Cases B.Ö. (18) and B.S. (20) came to the clinic consecutively for resembling complaints about the sense of food sticking in their throat, breathing difficulties, raised heart beatings, unease to swallow, and choking fear. The patients revealed past traumatic events about being out of breath while swallowing



their bites. Then, they have started to restrict their food intake and the types of food consumed, which led to emaciation with health problems, interrupted daily routines, and social isolation; meeting the diagnosis of avoidant/restrictive food intake disorder (ARFID) in DSM-5. Due to traumatic experiences, EMDR therapy was applied.

Discussion After five EMDR therapy sessions, patients turned back to healthy eating habits, normal BMI, and effective daily life. As expected, EMDR therapy made significant improvements in the treatment of ARFID.

Conclusion EMDR can be useful to treat ED with traumatic background.

Disclosure of interest The authors have not supplied their declaration of competing interest.

Reference

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EV0482

Sleep disturbances in anorexia nervosa

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Introduction In clinical practice, insomnia is a common feature in anorexia nervosa (AN). Sleep self-reports in AN suggest that these patients report poor sleep quality and reduced total sleep time. Weight loss, starvation and malnutrition can all affect sleep. Patients with eating disorders who have sleep disturbances have more severe symptomatology.

Objectives The authors intend to review sleep disturbances observed in AN, describe possible pathophysiological mechanisms and evaluate the clinical impact of sleep disturbances on the treatment and prognosis of the disease.

Methods In this study, a non-systematic search of published literature from January 1970 and August 2015 was carried out, through PubMed, using the following keywords: 'sleep', 'anorexia nervosa' and 'insomnia'.

Results These patients subjectively report having poor sleep quality, with difficulty falling asleep, interrupted sleep, early morning waking or reduced total sleep time. Sleep disturbances found in AN using polysomnography are: reduction in total sleep time, decrease in slow wave sleep, slow wave activity and reduced sleep efficiency.

Conclusions Privation of adequate and restful sleep has a negative impact on the quality of life of patients, may contribute to the appearance of co-morbidities, such as depression and anxiety, and to a poor prognosis for AN.

Disclosure of interest The authors have not supplied their declaration of competing interest.

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EV0483

Eating disorders symptoms related to gestational BMI in breastfeeding mothers

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Background and aims Research has shown that maternal obesity and underweight are major risk factors for reduced initiation, duration, and exclusivity of breastfeeding. This prospective, cohort study analysed the association between gestational body mass index (BMI) and symptoms of eating disorders (ED) in breastfeeding women.

Methods The study involved 1318 consecutive, at term, healthy mothers, who delivered at the division of Perinatal Medicine of Policlinico Abano Terme, located in a North-Eastern Italy industrialized area, supporting advanced educational levels, good socio-economic status and low and late fertility. The day of discharge mothers completed the eating disorder examination-questionnaire (Fairburn and Beglin, 2008), including four subscales, restraint (R), shape concerns (SC), weight concerns (WC), eating concerns (EC) and a global score (GS). Mothers' BMI groups were categorized as underweight, normal weight, overweight and obese, according to 2009 IOM guidelines.

Results EDE-Q mean values (\pm SD) significantly increased with BMI increasing categories. Compared to normal weight mothers ($n=290$, 22.0%), obese women ($n=273$, 20.7%) had higher significant GS (0.6 ± 0.7 vs. 0.2 ± 0.3 ; $P=0.006$), R (0.6 ± 0.9 vs. 0.3 ± 0.6 ; $P<0.0001$), EC (0.4 ± 0.6 vs. 0.3 ± 0.5 ; $P<0.0001$), SC (0.9 ± 1.0 vs. 0.3 ± 0.5 ; $P<0.0001$) and WC (0.7 ± 0.8 vs. 0.1 ± 0.3 ; $P<0.0001$). In addition, formula-feeding adoption at discharge significantly increased with BMI increasing categories (P per trend = 0.01).

Conclusions We present evidence that gestational obesity is associated with reduced breastfeeding rates at discharge and higher ED symptomatology. Women need information and support to gain adequate weight during pregnancy.

Disclosure of interest The authors have not supplied their declaration of competing interest.

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EV0484

Bulimia nervosa in Singapore: Clinical profile, comorbidity and gender comparisons

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Introduction Though eating disorder cases have been on the rise in Asia, little is known about them. Bulimia nervosa (BN) has been associated with poor treatment outcome and high mortality risk, and is the second most commonly diagnosed eating disorders in Singapore, after anorexia nervosa (AN), yet no report thus far has explored this condition.

Objectives The current study seeks to describe the clinical population diagnosed with BN in our hospital treatment program, as well as to compare their clinical characteristics with a previously published local study on patients with AN.

Method Retrospective medical records review was carried out for patients diagnosed with BN in our hospital's eating disorders treatment program. Patient records from 2003 to 2013 were retrieved and analyzed. We also further compared presenting characteristics across genders and with AN patients.

Results Between 2003 and 2013, 348 patients were diagnosed with BN by psychiatrists based on the Diagnostic and Statistical Manual of Mental Disorders (DSM IV-TR). BN patients presented with high rate of self-harm behaviors (37.1%), previous suicide attempts (19.0%) and psychiatric comorbidities (67.5%), many of which require inpatient treatment. Significant differences were found between genders and in comparison with the AN patients.

Conclusion Our results suggest that many patients with BN present with severe psychiatric comorbidities, in some aspects more severe than the AN population. The current study appeals for the development of more effective detection and treatment of vulnerable populations in Singapore. We further discuss about

the potential roles of mental health literacy and stigmatization in influencing treatment-seeking behaviors.

Disclosure of interest The authors have not supplied their declaration of competing interest.

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e-Poster viewing: Emergency psychiatry

EV0485

What is commonly missed in the suicidal risk assessments in the emergency room?



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Introduction Suicidal behaviour remains the most common reason for presentation to the emergency rooms. In spite of identifiable risk factors, suicide remains essentially unpredictable by current tools and assessments. Moreover, some factors may not be included consistently in the suicidal risk assessments in the emergency room by either emergency medicine physicians or psychiatrists.

Method Step 1 involved the administration of a survey on the importance of suicide predictors for assessment between psychiatry and emergency medicine specialties. In step 2 a chart review of psychiatric emergency room patients in Kingston, Canada was conducted to determine suicide predictor documentation rates. In step 3, based on the result of the first 2 steps a suicide risk assessment tool (Suicide RAP [Risk Assessment Prompt]) was developed and presented to both teams. A second patient chart review was conducted to determine the effectiveness of the educational intervention and suicide RAP in suicide risk assessment.

Results Significant differences were found in the rating of importance and the documentation rates of suicide predictors between the two specialties. Several predictors deemed important, have low documentation rates. Thirty of the suicide predictors showed increased rates of documentation after the educational intervention and the presentation of the suicide RAP.

Conclusion Though a surfeit of information regarding patient risk factors for suicide is available, clinicians and mental health professionals face difficulties in integrating and applying this information to individuals. Based on the result of this study suicide RAP and educational intervention could be helpful in improving the suicidal risk assessment.

Disclosure of interest The authors have not supplied their declaration of competing interest.

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EV0486

Antipsychotic drugs in pregnancy



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Background There has been significant increase in prescription of antipsychotic medication in the community for females in child-bearing age the problem is we do not have clear guidelines because we do not have a control group.

Objectives To evaluate maternal psychiatric, medical and perinatal outcomes associated with antipsychotic drugs in pregnancy.

Aim To use wisdom when the risk is minimal for both mother and child.

Method We study 3 pregnant women, one with a 6 years old, one with a 2 years old child and one still pregnant. We measure their blood sugar, blood pressure, fetal heart, movement, ultrasound using first generation antipsychotic (FGA).

Results Patient became less psychotic then back to normal and fetal development is normal till now, no diabetes mellitus or hypertension, no malformation or abortion.

Conclusion It is still too early to reach a clear and absolute use of safe antipsychotic drugs in pregnancy. A large sample is needed for a study and a control should be needed.

Disclosure of interest The author has not supplied his/her declaration of competing interest.

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EV0487

Neuroleptic malignant syndrome: A rare, life-threatening and not fully understood condition



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Introduction Neuroleptic Malignant Syndrome (NMS) is a rare life-threatening idiosyncratic reaction associated with the use of neuroleptics. It is characterized by delirium, muscular rigidity, fever and autonomic nervous system dysregulation. Its diagnosis represents a significant challenge for clinicians and many aspects regarding its epidemiology, etiopathology and nosology remain controversial.

Objectives Summarize current knowledge to facilitate NMS diagnosis and allow a fast onset of therapeutic and life-saving interventions.

Methods Non-systematic review of the literature—scientific publications from Pubmed and a Psychiatry Textbook.

Results NMS typically develops during the first week after the neuroleptic is introduced, although it may also appear after years of treatment. Its incidence is of 0.02 to 3% in patients taking antipsychotics; the mean age of its patients is 50 years. Typical symptoms are muscle rigidity and temperature greater than 38°C in a patient on antipsychotic; however, recent reports indicate that these core symptoms may not always be present. Several risk factors have also been identified and must be addressed. NMS may be fatal in 10 to 20% of cases or may produce residual sequelae, like cognitive dysfunction or neurological deficits. NMS must be managed by aggressive use of supportive measures, as well as specific interventions. It recurs in 30% of patients, which can be diminished by specific measures.

Discussion NMS requires timely and accurate diagnosis and treatment. Antipsychotics should be used cautiously in patients at increased risk. When recognizing this condition, prompt withdrawal of the offending agent is the most important step. Wise approaches can diminish morbidity, mortality and recurrence.

Disclosure of interest The authors have not supplied their declaration of competing interest.

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EV0488

Evaluation of experts' clinical practice in crisis unit and psychiatric emergency technical and therapeutic principles to better intervene



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Introduction Clinical practice in emergency room and crisis unit is often fraught with pitfalls (Immediate demands, accelerated temporality, difficulties working with family and care network). This practice contains specific clinical therapeutic interventions based on recognized theoretical frameworks. These theoretical frameworks constitute “formal knowledge”. They help to diagnose but have got limitations. In fact, clinical competence requires also technical and interpersonal skills (“know-how”) as well as reasoning skills and clinical intuition (“Informal knowledge”). All these knowledge and skills are built over clinical experience based on trainings and supervisions, continued clinical reasoning and exchanges with colleagues.

Objectives Our research aims to capture therapeutic processes in clinical crisis intervention by illustrating what experts really do in their clinical practice and above all, how they do.

Aims Our study illustrates several crisis situations, moment-by-moment, by analyzed experts’ voices.

Method Our method is grounded in a first person epistemology and used a qualitative methodology focused on explication interview. Ten crisis interviews were analyzed in a micro and macro perception.

Results Our research based on experts’ voices has identified a series of therapeutic techniques and principles who are essential to better intervene in clinical crisis intervention. A model of intervention was developed to train debutant clinician.

Conclusion We believe that reflexivity is a powerful attitude to understand and transform practices in a lasting way.

Disclosure of interest The authors have not supplied their declaration of competing interest.

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EV0489

Interpersonal sensitivity in the at-risk mental state for psychosis in Karachi, Pakistan



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Introduction Interpersonal sensitivity can be explained as a personality trait in which there is an excessive and expanded awareness of the behavior and emotions of others. Individuals having high interpersonal sensitivity are sensitive to interpersonal relationships and self-deficiencies in comparison to others. Studies report that high interpersonal sensitivity can cause low self-esteem and feelings of insecurity.

Objectives The objective of this study was to examine the level of interpersonal sensitivity in individuals with an at-risk mental state (ARMS) for psychosis compared to the individuals not at risk for psychosis.

Methods A total sample of 50 individuals was recruited from Bahria University, Karwan-e-Hayat and Karachi Psychiatric Hospital: 25 with ARMS for psychosis and 25 participants who were not ARMS, according to scores on Schizophrenia Proneness Inventory-Adult (SPI-A). All of the participants then responded to self-report questionnaire on Interpersonal Sensitivity Measure.

Results Results showed that the group with ARMS had a significantly higher interpersonal sensitivity on average (112.5) as compared to healthy individuals (91.8). Results show significant difference in both of the groups ($t = -5.049$; $P < .0001$) indicating that interpersonal sensitivity in people with ARMS was relatively high compared to those who were not at risk.

Conclusion This study suggests that being ‘hypersensitive’ to interpersonal interactions is a psychological feature of the potentially prodromal phase of psychosis. Addressing difficulties in interpersonal relationships and offering early psychotherapeutic

interventions can be beneficial, not only in averting serious illness, but preventing loss to individual and national productivity.

Disclosure of interest The authors have not supplied their declaration of competing interest.

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EV0490

Reducing restraint with clozapine in involuntarily admitted patients with schizophrenia



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Introduction In the entire world, restraint and seclusion are common interventions in psychiatric in-patient settings due to aggressive behavior.

Objectives Our objective was to test for the immediate anti-aggressive property of clozapine compared to other antipsychotic treatments in an enriched cohort with high rates of restraint during early hospitalization.

Methods We present a retrospective chart review in all involuntary admissions with schizophrenia during 2011–2014 in Psychiatry and Neurology Hospital, Brasov, Romania. Timing and number of restraints in addition to clinical, demographic and treatment characteristics were extracted. Based on our earlier observation of clinical efficacy of early, fast titration of clozapine, we tested the hypothesis that clozapine treatment was associated with reduced use of restraint, and with longer restraint-free periods.

Results In 115 patients with schizophrenia (age = 39.7 ± 11.1 years; male = 59%) involuntarily admitted due to externalized (74.78%) or self-directed violence (25.22%), restraint was used in 89.6%; with a median duration of 3 hours until restraint past admission. Antipsychotics used immediately after hospitalization included haloperidol (70.4%), clozapine (11.3%), olanzapine (10.4%) and other second-generation antipsychotics (7.9%). Comparison of restraint characteristics favored immediate clozapine use with highly reduced rates of restraint (38.5% vs. 95.6%. $P < 0.001$) and significantly extended hours until restraint ([118 h, 24 h, 426 h] vs. [3 h, 0.25 h, 48 h]; median; 25th, 75th percentile; $P < 0.001$) relative to the remaining cohort. These effects remained highly significant after controlling for potential moderators of restraint use in multivariate models.

Conclusions These retrospective data suggest an early anti-aggressive effect of clozapine during the immediate use of clozapine in highly problematic patients.

Disclosure of interest The authors have not supplied their declaration of competing interest.

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EV0491

The 4-hour window: UK Government targets versus clinical priorities



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Introduction In 2002, the Department of Health (United Kingdom) introduced a 4-hour target due to long waiting times. It is expected that 95% of patients who attend the A&E (Emergency) Department should be registered and admitted/discharged within 4 hours. Exceeding this is termed a “breach”.

Objectives The aim of this re-audit was to assess for a response following recommendations after an initial audit with concerning results. Forth Valley Royal is an acute public hospital in Central Scotland with 860 in-patient beds, covering a population of 300,000. It

contains two general adult wards (42 beds), one IPCU (12 beds) and two Elderly wards (40 beds).

Methods Referral data was sourced across 4 consecutive months: April–July 2015 (initial audit) and October 2015–January 2016 (re-audit). These included all referrals from A&E to Psychiatry. Times were calculated for the 4 subprocesses listed in Table 1 below.

Conclusion/discussion Following the initial audit, interventions such as training A&E staff to better manage psychiatric patients and encourage earlier referrals, led to a positive response in the re-audit (Subprocess 1). Breach rates reduced to 28% (from 35%) on re-audit. Less breaches (81% compared to 88%) were referred after 2-hours by A&E. Overall, the breach rates have reduced and they are less attributable to the A&E referring patients late. The outcome of patients leaving A&E without being seen by a psychiatrist was unknown – adverse outcomes would strengthen the debate to enforce the 4-hour window.

Table 1

Initial audit = 222 referrals (35% breach rate)
Re-Audit = 348 referrals (28% breach rate)

Disclosure of interest The author has not supplied his/her declaration of competing interest.

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EV0492

Neuroleptic malignant syndrome: Case report and literature review



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Introduction Neuroleptic malignant syndrome (NMS) is an uncommon but potentially fatal adverse effect of neuroleptic, both classic and atypical drugs.

Objective To review the incidence, clinical characteristics, diagnosis and treatment of NMS.

Aim We have described the case of a man of 32 years of age diagnosed with bipolar disorder treated with lithium. He presented high-dose corticosteroids after having tonsillitis. Then, he presented manic decompensation requiring neuroleptic treatment (oral risperidone). After 72 hours, he presented an episode characterized by muscular rigidity, fever, altered mental status and autonomic dysfunction. Life support measures and suspension of neuroleptic treatment were required.

Methods A literature review of the NMS was performed using the PubMed database.

Results The frequency of NMS ranges from 0.02 to 2.4%. The pathophysiology is not clearly understood but the blockade of dopamine receptors seems to be the central mechanism. Some of the main risk factors described are: being a young adult, the concomitant use of lithium and metabolic causes, among others. NMS occurs most often during the first week of treatment or after increasing the dosage of the neuroleptic medication. Some issues of NMS are those related with diagnosis, treatment and reintroduction of antipsychotic treatment or not.

Conclusions NMS can be difficult to diagnose due to the variability in the clinical symptoms and presentation. Because of it diagnosis is of exclusion, clinicians should always take it into consideration

when a patient is treating with neuroleptic, especially when the dosage has been recently increased. NMS is a clinical emergency.

Disclosure of interest The authors have not supplied their declaration of competing interest.

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EV0493

The correlation between mood disorders and suicide attempts for the period 2013–2015 at “Mother Teresa” hospital center, Fatbardha Myslimaj, Psychiatrist, Mirela Gokaj, Deana Rama



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Background People, who have tried to commit self-injurers or suicidal attempts, refer symptomatic presence of disorders of humor and numerous problems social as factors precipitant to suicidal thoughts and actions. It is important recognition of the signs of suicide and self-inflicting behavior to help prevent suicide.

Materials and methods The study includes a period of 3 years of cases hospitalized in the psychiatric clinic UHC, since 2013–2015. The data are taken from the records of admissions at the Psychiatric Clinic at the University Hospital Center. Results are grouped and studied issued by mood disorders, sex, age, place of residence and social status.

Results The influence of mood disorders is recently estimated very important in causing suicide attempts compared with other mental illnesses, similar values with contemporary literature.

Conclusions The majority of suicide attempts do not result in death. Many of these efforts are made in a way that makes salvation possible. These efforts are often a cry for help. Suicide is a social phenomenon different cognitive aspect such as ethical, philosophical, legal, psychiatric, etc. Employees of psycho-social care should be informed about this phenomenon and finding the diagnosis, prevention and treatment of suicidal attempts by persons at risk of suicide.

Keywords Suicide attempt; Mood disorder; Self-infliction

Disclosure of interest The authors have not supplied their declaration of competing interest.

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EV0494

Peculiarities of providing care in various emergencies



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Air crashes Attention is focused on providing care to the relatives (identifying the bodies of the perished, talking to investigators, filling out the requisite documentation, etc.), resolving social issues (organizing funerals, informing various services of what had happened, etc.).

Fires Special attention is paid to the victims with burns at the inpatient facilities of hospitals.

Terrorist acts Provision of care depends on the duration of the emergency and the number of people involved; in the case of a continual stress, in the phase of isolation the medical-psychological care is provided to victims' relatives. At later stages—it is provided to the victims and their relatives.

Natural disasters Are of a special nature, as they are always sudden and there exists a threat that a great number of people may become victims.

Organizational measures in the acute period of an emergency:

- coordinating the work of specialists of the local, regional and federal level;
- interacting with non-governmental organizations;
- setting up a 24-hour “hotline” service (“HL”) on the basis of a medical institution;
- deploying facilities for providing care to victims, their relatives, and to “secondary victims”.

Principles of medical-psychological care:

- urgent care must be provided jointly with psychiatrists/psychotherapists at the places, where the victims are located;
- individuals with the most severe stress reactions must be identified and observed by psychiatrists/psychotherapists;
- appropriate and prompt intervention should be made to relieve acute stress disorders;
- therapeutic interventions should not be a hindrance to victims' participation in the urgent evacuation and interrogation expedients as well as completing social tasks.

Disclosure of interest The author has not supplied his declaration of competing interest.

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EV0495

Anxiety disorder on acting people in emergencies



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Introduction Disasters and emergencies generate a psychological impact on both survivors and response teams. Traumatic events and his memory would be a risk factor for anxiety disorders.

Objectives Describe the most common post emergency anxiety signs in a sample of Spanish people who responded directly to emergencies.

Methods Study carried out by survey filled through Google Forms application; in this survey, we retrospectively value anxiety using the screening scale for generalized anxiety disorder of Carroll and Davidson.

Results The survey was answered by 20 people, of whom 60% were women 68.20% age range between 18–6 years and with university studies in the 70% of the interviewees. Four nurses, 2 doctors, 4 emergency assistants workers, 2 civil protection workers, 1 ambulance worker, 1 military, 3 policemen, 1 fire-fighter and 2 others. Sixty percent of cases did not received specific aid. The anxiety scale items that are most affected are musculoskeletal stress and sleep, with lower prevalence of psychological anxiety (Fig. 1). Women showed higher prevalence of psychological anxiety, muscle tension, and sleep disturbance.

Conclusions The data reveals that the staff responding to emergencies recalled experienced musculoskeletal problems or sleeping disturbance better than psychological anxiety which was relegated to the background. Post-emergency treatment should be provided to all participants in emergencies including specific interventions for musculoskeletal stress and insomnia.

Graph1. Scale for Generalized Anxiety Disorder of Carrol and Davidson results

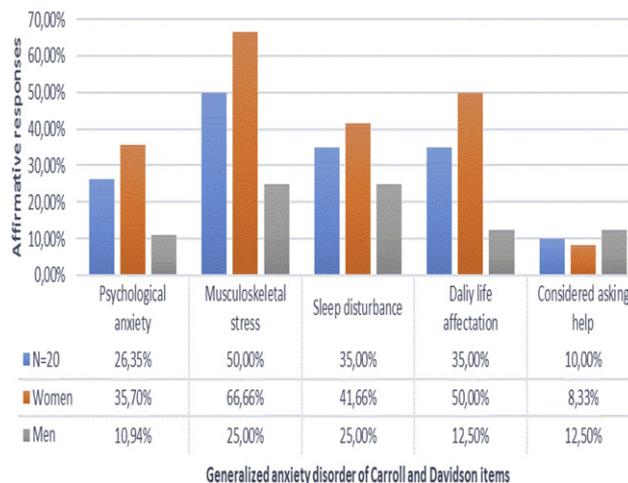


Fig. 1 Scale for generalized anxiety disorder of Carrol and Davidson results.

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EV0496

Change with the times exploring psychiatric inpatients' attitudes towards physical restraint



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Introduction When other options fail, physical restraint is used in inpatient psychiatric units as a means to control violent behavior of agitated inpatients and to prevent them from harm. The professional and social discourse regarding the use of restrictive measures and the absence of the inpatients' attitudes towards these measures is notable. Our research therefore tries to fill this gap by interviewing inpatients about these issues.

Objectives and aims To assess the subjective experience and attitudes of inpatients who have undergone physical restraint.

Methods Forty inpatients diagnosed with psychiatric disorders were interviewed by way of a structured questionnaire. Descriptive statistics were conducted via use of SPSS statistical software.

Results Inpatients reported that physical restraint evoked an experience of loneliness (77.5%) and loss of autonomy (82.5%). Staff visits during times of physical restraint were reported as beneficial according to 73.6% of the inpatients interviewed. Two thirds of the inpatients viewed the use of physical restraints as justified when an inpatient was dangerous. Two thirds of the inpatients regarded physical restraint as the most aversive experience of their hospitalization.

Conclusions Our pilot study explored the subjective experience and attitudes of psychiatric inpatients towards the use of physical restraint. Inpatients viewed physical restraint as a practice that was sometimes justified but at the same time evoked negative subjective feelings. We conclude that listening to inpatients' perspectives can help caregivers to evaluate these measures.

Disclosure of interest The authors have not supplied their declaration of competing interest.

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EV0497

The psychiatric emergency service in the Netherlands



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Every region in The Netherlands has got an emergency service. This is a team of people that immediately goes to see the psychiatric patient after an instruction of for instance the general practitioner or the police. This special team works 24 hours a day, 7 days a week. The patient is then visited by members of the team, a social worker accompanied by a psychiatrist, or the patient will go to the ambulant unit (the polyclinic) directly. This is a very effective procedure, because behind the two people that visit the psychiatric patient, is a whole team of people who have the opportunity to start an ambulant treatment the day after. Through this team we have the opportunity to treat patients intensively without a needed admission in the clinic. The basis of this team are social-nurse-therapists who are very skilled. These people take lead in the treatment and have a psychiatrist as a back-up. Suicidal patients are through a special procedure included in a clinic upon a juridical decision. If it is expected that the patient is dangerous, the police will accompany the emergency teams. If psychiatric medication is needed, the treatment will start directly. Other forms of treatment are psychotherapy, a short treatment by conducting 5 meetings with the patient, or intensive ambulant treatment. In my opinion it is a very good example of how ambulant treatment of psychiatric patients works and is effective for everybody involved.

Disclosure of interest The author has not supplied his/her declaration of competing interest.

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EV0498

Algorithm-based protocol for the identification, management and treatment of psychiatric patients with acute psychomotor agitation



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Introduction Psychomotor agitation is the most common behavioural disorder observed in emergency and psychiatry departments. This syndrome is characterized by excessive or inappropriate motor or verbal activity and important emotional tension. Psychomotor agitation may be associated with medical conditions, substance intoxication/withdrawal and in a significant number of cases with schizophrenia or bipolar I disorder.

Objectives The objective of this protocol was to provide up-to-date guidance to identify, manage and treat patients with an episode of acute agitation, considering the consensus clinical knowledge, current ethical standards and available therapies. This protocol is aimed to be a patient-centric tool helping to anticipate and prevent the escalation of agitation symptoms.

Methods The method followed to elaborate this document was through a combination of comprehensive bibliographical review (compiled in the article "Assessment and management of agitation in psychiatry: expert consensus" by Garriga M. et al. (World J

Biol Psychiatry, 2016), interaction with patients, and the clinical experience in our centre.

Results The elaboration of this protocol resulted in a document that contains guidelines to identify, manage and treat patients efficiently, ethically and safely. One of the novelties of the protocol is the addition of dichotomies based on the patients' willingness to cooperate. The information is summarized in easy-to-use algorithms for non-specialized healthcare professionals.

Conclusions This protocol may provide the basis of a new standardized treatment paradigm for psychomotor agitation which may help improve the patient's experience and therapeutic alliance with the healthcare professional and optimize resources in healthcare centres.

Disclosure of interest COI: The preparation of the protocol was funded by an unrestricted grant from Ferrer International. The company had no say on protocol content. Dr Vieta has received funding for research projects and/or honoraria as a consultant or speaker for from the following companies and institutions: AB-Biotics, Allergan, AstraZeneca, Bial, Bristol-Myers Squibb, Dainippon Sumitomo Pharma, Elan, Eli Lilly, Farmaindustria, Ferrer, Forest Research Institute, Gedeon Richter, Glaxo-Smith-Kline, Janssen, Lundbeck, Otsuka, Pfizer, Roche, Sanofi-Aventis, Servier, Shire, Solvay, Sunovion, Takeda, Telefónica, Institute of Health Carlos III [Instituto de Salud Carlos III], Séptimo Programa Marco (ENBREC), Brain and Behaviour Foundation (NARSAD) and Stanley Medical Research Institute.

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e-Poster Viewing: Epidemiology and social psychiatry

EV0499

Maladaptive and addictive Internet use in zagazig university students, Egypt



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Background Internet use has increased broadly worldwide. There are growing concerns about problematic Internet use (PIU) among youth. Among undergraduate students, excessive Internet use can adversely affect their interpersonal relations and academic achievements.

Aim To estimate the prevalence of PIU among Zagazig university students, and to identify the possible associations between sociodemographic and Internet-related factors and PIU.

Methods A cross-sectional study included a total of 732 undergraduate students, aged 17–34 years, from various colleges in Zagazig University. Participants were randomly selected and assessed for their internet use and abuse using the Internet Addiction Test (IAT), along with a semi-structured questionnaire for sociodemographic and Internet-related factors.

Results Maladaptive Internet use was found in 37.4% of respondents, and addictive Internet use was found in 4.1% of respondents. Logistic regression showed the predictors of PIU were: using the Internet throughout the day (OR 3.34, 95% CI: 1.75, 6.38), the number of hours spent daily using the Internet (OR 1.17, 95% CI: 1.10, 1.25), the number of days/week using the Internet (OR 1.28, 95% CI: 1.04, 1.58), accessing the Internet using multiple devices (OR 1.55, 95% CI: 1.21, 1.98), and accessing the Internet both indoors and outdoors (OR 1.57, 95% CI: 1.13, 2.19).

Conclusion This is the first prevalence study of PIU at an Egyptian university. PIU was common among university students.

Addressing this issue and its predictors could eventually help to enhance academic performance and achievement among those students.

Disclosure of interest The authors have not supplied their declaration of competing interest.

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EV0500

Social and economical impact about problems with therapeutical adherence



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Introduction Psychotic spectrum diseases are one of the most expensive illnesses in our society. Being able to recover as much social and laboral activity as possible has to be the goal. Trying to achieve this objective, we face different problems, as for example therapeutic adherence.

Objectives Show the importance of an adequate treatment and adherence in order to keep the patient as much integrated in the society as possible, and in order to reduce the economic and social cost of the psychotic spectrum diseases.

Methods Case report and bibliography review.

Results The patient of this case is a 34 year old woman with a schizophrenia diagnosis given after 4 hospitalizations in psychiatry units. She had 4 years of stabilization taking an injectable antipsychotic, in which she was able to study and keep adequate familiar and sentimental relationships. After being badly recommended to retire her medication for some who identified himself as member of the “new psychiatry”, she began with new delusions and hallucinations which had to be treated at the Hospital Psychiatry Unit. She was close to get a statal job related to her architecture studies, but she was not able to go to the exam due to the exacerbation of her illness. In the review we see that the average economic cost per schizophrenic patient in developed European countries such as Germany is, at least, 14000€ per patient.

Conclusions Adequate treatment adherence is highly important to keep an adequate control of the illness in order to sustain the better social live and job function.

Disclosure of interest The authors have not supplied their declaration of competing interest.

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EV0501

The impact of the economic crisis on mental health in Portugal: A qualitative approach



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Introduction Portugal is among the European countries with higher prevalence of mental disorders, associated with substantial unmet needs for treatment. Literature on the impact of the economic recession shows that an increased risk of mental health problems is likely to occur. Despite possible growing needs, the budget cuts at the health system level may have decreased the adequacy of care response. Understanding the impacts of the recession

in psychological distress and in access and quality of care is imperative to set public health priorities.

Objectives Resorting to a qualitative approach, this study aims to explore the perceptions and experiences of primary health care users and professionals during the recession in the Lisbon Metropolitan Area.

Aims Provide in depth information regarding the specific contexts and subjective experiences of key informants during the economic recession that started in 2008.

Methods This study design resorts to focus groups with primary health care users and semi-structured interviews with health professionals. All interviews were recorded and transcribed verbatim. Inductive approach and thematic analysis were performed, using NVivo 10.

Results This study explores the views and insights of users and health professionals regarding their socio-economic context, mental health needs, changes in health services and possible solutions to alleviate the impact of the economic recession.

Conclusions Being based on the perspectives of users and health professionals, this approach will complement epidemiological evidence for policy-making.

Disclosure of interest The authors have not supplied their declaration of competing interest.

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EV0502

Financial difficulties, economic hardship and psychological distress during the economic recession in Portugal



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Introduction Portugal is one of the European countries most affected by the Great Economic Recession. Mental health outcomes are likely to deteriorate during this period, with greater proportional impact among those more socially disadvantaged. Self-reported measures of financial difficulties and economic hardship are likely to be associated with psychological distress during this period.

Objectives To characterize the relationship between psychological distress and self-reported measures of financial difficulties and type of material deprivation during the Economic Recession in Portugal.

Methods A follow-up epidemiological survey was conducted in 2015, with a probability sub-sample of 911 respondents of the 2008 World Mental Health Survey Initiative Portugal. Psychological distress was evaluated by the Kessler-10 scale. Financial difficulties were assessed by asking the responds if they had enough money for their daily activities. Type of material deprivation considered difficulties in acquiring essential goods, paying debts or buying other goods (clothes or leisure activities). Chi-square analysis were used to evaluate the association between psychological distress, financial difficulties and type of material deprivation.

Results A statistically significant association ($P < 0.05$) between psychological distress and financial difficulties was found. Among the respondents that reported not having enough money, 22% reported psychological distress. Regarding the type of material deprivation, a statistically significant association was only found for essential goods.

Conclusions During the economic crisis, financial difficulties and material deprivation in essential goods were associated with increased levels of psychological distress, potentially widening social and health inequalities across the Portuguese population.

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EV0503

Mental health and human rights in Morocco: The urgent need for new policy



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Introduction All over the world, there is global emergency when it comes to respecting human rights in providing good mental health services. Morocco as an African and a developing country has always had a mental health policy defined by several glitches and failures, which had not helped him improve its mental health services quality. Nevertheless, huge improvements were achieved through time.

Objectives This report, aims to draw attention on how compulsory it is to think and act all together to promote mental health and provide patients with better health services in Morocco.

Methods The National Human Rights Council conducted an information and investigation mission in Morocco's main mental health hospitals and facilities between March 27 and July 6, 2012.

Results Structures are insufficient and inadequate in terms of geographical distribution, architecture and equipment. There is a big shortage of medical and paramedical staff and little interest is given to vulnerable groups. Nevertheless, huge improvements have also been achieved through time with mental health issues becoming a cornerstone of the ministerial program, the involvement of the NGOs, the construction of newer facilities, the implementation of an information gathering system and the presence of a substance use policy.

Conclusion Psychiatry in Morocco has come a long way since it was firstly implemented in the country as a medical specialty. Undoubtedly, a lot has been done but much more remains to be achieved. The current situation requires relevant actions and that clearly includes the implementation of a new mental health policy and the update of the legal framework.

Disclosure of interest The authors have not supplied their declaration of competing interest.

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EV0504

Epidemiological study of disability from mental disorders in children and adolescents population in Saratov region in 2000–2014



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Introduction Children and Teenager's disability is an extremely important medical and social problem, being very characteristic of the state of public health in the country and the level of social well-being of society.

Objectives An epidemiological study of the structure of disability due to mental disorders in children and adolescent population of the Saratov region for the period from 2000 to 2014.

Methods The analysis of the statistical data reporting forms "Information on the health care system" and "Information on the groups of the mentally ill" in the Saratov region in 2000–2014 by epidemiological, demographic and mathematical-statistical methods.

Results Number of children and adolescents (0–17 years), recognized as disabled by mental illness, increased both in absolute numbers (growth rate-12.86%), and the intensive indicators (49.88%). Increasing the number of disabled children and adolescents registered in schizophrenia, schizoaffective psychosis, schizotypal disorder, affective psychosis with delusions incongruent the affect. The most significant increase is observed in the group of chronic nonorganic and childhood psychoses. In epilepsy and mental retardation in the analyzed period was a slight decrease in total disability.

Conclusions The most significant increase in disability in the group of chronic nonorganic and childhood psychosis, most likely due not only to a true increase in morbidity and disability, but also with a great attention of both the public and the country's health services to the problems of childhood autism and, as a consequence, greater detection of children with this category of disorders.

Disclosure of interest The authors have not supplied their declaration of competing interest.

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EV0505

The psychiatric services of Saratov region and directions of its' improvement (Clinical, statistical and epidemiological aspects)



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Introduction The determining of the actual number of people with mental disorders and their spreading by nosology still remains actual, especially according to different regions.

Objectives The determining of the psychiatric services effectiveness in Saratov region on the basis of comprehensive analysis of its' clinical, statistical and epidemiological characteristics.

Methods The analysis of mental state indicators based on the example of adults' schizophrenia Saratov region in dynamics for 10 years (2005–2015) in comparison with Russian Federation.

Results Over the past 10 years the number of clinically supervised patients with schizophrenia decreased at 0.9% in the city and 2.2% in region population. This is consistent with the tendency of schizophrenia morbidity in Russian Federation over the same period. The number of supervised adult patients with primary diagnosed schizophrenia in Russia remained at the same level and amounted to 10.8 per 100 thousand population. At the same time the noticeable fluctuations in the number of this patients' category were observed in Saratov and Saratov region. Over the past 10 years, the proportion of patients with primary diagnosed schizophrenia disability in the class structure of mental disorders is quite high, averaging of 41.1% in Saratov region. Analyzing the number of patients with re-confirmed disabilities the gradual decline from 1846 to 755 people (at 59.1%) was found.

Conclusions The mental health analysis of Saratov region population allows to suggest the long-term forecast of mental disorders' morbidity, to analyze the level of disability due to schizophrenia, to develop recommendations for the optimal regional model of psychiatric services.

Disclosure of interest The authors have not supplied their declaration of competing interest.

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EV0506

Prevalence of depression in psychiatry trainees in 22 countries: Findings from the international burnout syndrome study (BoSS)



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Aims The Burnout Syndrome Study screened for burnout in psychiatric trainees in 22 countries, along with associated factors. This paper reports the results of the PHQ-9 depression screen that formed part of the study.

Background It is well documented that physicians have higher rates of mental illness compared to the general population. Post-graduate medical trainees may work long hours and be exposed to stressful or saddening situations regularly. Their environment and workload means they may not exhibit appropriate help-seeking behaviours and be at significant risk of depression.

Methods The study used a cross sectional, multi-country online survey. Participants were asked to participate via an email invitation. The participants were asked to complete the PHQ-9 questionnaire, which is validated as a primary care self-administered screen for depression. Mixed methodology was used when recruiting trainees to obtain the most representative sample possible from each country. Statistical analysis was performed using SPSS.

Results Complete data was obtained from 1980 trainees with an average age of 31.9 years and with 2.8 years of training. The prevalence of depression in psychiatric trainees varied by country from 50% in Latvia to 7.1% in Belarus. The average rate of depression was 20.8%.

Conclusions Prevalence of depression in the US general population is estimated at 6.7%, making the prevalence of depression in trainees of 20.8% a sign that action needs to be taken to reduce depression rates in trainees.

Disclosure of interest The authors have not supplied their declaration of competing interest.

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EV0507

Paranoidism and memory deficits: An epidemiological study



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Background The Green et al. Paranoid Thought Scales (GPTS) was developed to fulfill a need for a tool that was adapted to the current dimensional definition of paranoia, capable to assess dimensions of preoccupation, conviction, and distress, valid and

reliable for the assessment of both clinical and healthy populations, and precise enough to detect subtle clinical change. It has recently been validated for the Spanish population (S-GPTS) with very good psychometric properties. Numerous studies suggest that patients with severe psychiatric disorders have impaired sustained attention and memory. A wide spectrum of executive deficits have also been described (goal-oriented tasks, recognizing priority patterns, planning, etc.) Very few studies have attempted to identify whether these same relationships between neuropsychological deficits and psychotic symptoms also occur in general population.

Methods This is a cross-sectional study. We undertook a multi-stage sampling using different standard stratification levels and out of the 5496 eligible participants finally approached, 4507 (83.7%) agreed to take part in the study, completed the interview and were finally included in the study ($n = 4507$).

Results Individuals with high cut off S-GPTS scores showed lower scores in working memory subtest verbal statistically significant ($P > .05$). While no significant difference was found among for immediate verbal learning subtest and high S-GPTS scores ($P > .05654$).

Discussion This information can improve the clinician's understanding of patient's cognitive strength and weaknesses, put patients' cognitive abilities into perspective for their diagnosis, and facilitate multidisciplinary treatment decisions as we improve our ability to distinguish clinical cases from non-clinical population.

Disclosure of interest The authors have not supplied their declaration of competing interest.

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EV0508

Risk factors of self-injury behavior among psychiatric inpatients



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Background Self-injury behavior among mental patients has been recognized for several years, yet our understanding of its mechanisms and its risk factors remains limited.

Objectives This study aimed to assess the prevalence of deliberate self-harm (DSH) among psychiatric inpatients and to identify its association with personal and clinical factors.

Methods It was a descriptive and analytic study. It included 87 psychiatric inpatients followed in the psychiatry department "C" at the Hedi Chaker University Hospital of Sfax in Tunisia. Barratt Impulsivity Scale (Bis11) and the 28-items Childhood Trauma Questionnaire (CTQ) were used to assess respectively impulsivity and child maltreatment.

Results The average age of patients was 29.32 ± 8 years. Most of them were male (75%) and single. Fifty-nine percent of patients had previously attempted suicide. A history of DSH was found in 60.9% of cases. The most frequent trauma types were emotional abuse and physical neglect with respectively 58.7% and 69.8%. Factors positively correlated with DSH were: male gender ($P = 0.026$), father alcoholism ($P = 0.024$), history of suicide attempts ($P = 0.017$), borderline personality ($P = 0.00$) and history of emotional abuse ($P = 0.008$) or physical abuse ($P = 0.04$) or neglect ($P = 0.004$). Score "Bis11" was significantly correlated with suicide attempts ($P = 0.00$) and presence of childhood abuse ($P = 0.00$) or neglect ($P = 0.01$).

Conclusion DSH seems to be a prevalent problem among psychiatric inpatients. It concerns mainly patients with a history of child abuse and impulsive behavior such as suicidal attempts underlying borderline personality disorder. Patients with these risk factors warrant specific attention in mental health services.

Disclosure of Interest The authors have not supplied their declaration of competing interest.

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EV0509

Primary Health Care. Suicide Prevention Proposal. Santiago del Estero. Argentina



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Background and aim Suicide is a serious and growing problem worldwide. According to the World Health Organization, for each death there are twenty attempts on record. Every year over 800,000 people commit suicide, that is, one in every forty. 45% of the people who commit suicide visit their Primary Health Care physician in the previous month. Seventy-five percent of suicides take place in countries with medium or low income and Argentina heads the suicide rate in Latin America. In the last twenty years the death by suicides rate in young people (aged 15–35) and has decreased in older age groups (+55), which historically presented the highest rates. In the inner zone of the province of Santiago del Estero, suicides have increased among teenagers [1].

Aims To know suicide statistics in young people in the last decade so that a prevention scheme can be produced.

Methods Descriptive observational study.

Results In the province of Santiago del Estero suicides occur more frequently among young people, aged 15–35, and the rate has increased significantly in the inner zone of the province.

Conclusions The analysis carried out reveal that this problem is increasing in our province and it requires analysis and consensus in order to design a model of Primary Health Care Prevention.

Disclosure of Interest The authors have not supplied their declaration of no competing interest.

Reference

[1] Ministerio de Economía. Santiago del Estero. Dirección General de Estadísticas y Censos. Argentina; 2015.

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EV0510

Incidence of dissociative stupor and possession in a private psychiatry clinic



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Introduction Dissociative and conversion disorders are reported to have a present incidence of about 85–100 per 1000 by different studies, which are very few. The present research is a part of a longitudinal study of 15 years but here; only 3 years are represented, which could be briefly analyzed.

Objective Latest reports suggest a decline in incidence of hysteria (conversion and dissociation) and this research just tries to reconfirm.

Methods All new patients attending a private psychiatry OPD in a small township of India at Lakhimpur Kheri in Uttar Pradesh, were screened to identify cases of dissociative disorder according to ICD 10, F44.2 and F44.3 from the 1st of January 2016 to 31st of October 2016 (10 months). These screened cases, only those presenting with fits of unconsciousness and possession, were analyzed and compared with the previous years for the same period.

Results Out of a total of 3671 patients seen, (2122 males and 1549 females) a total of 319 presented with the above mentioned symptoms (58 males and 261 females) about 87 per 1000 of psychiatric patients.

Conclusion The results, when compared with two previous years for the same period were quite similar, 2015 getting incidence of 97 per 1000 and 2014, an incidence of 89 per 1000. The inference thus is that there does not seem to be any decline of incidence and the figure would be much higher if both conversion and dissociative symptoms are included – a really serious situation.

Disclosure of Interest The authors have not supplied their declaration of competing interest.

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EV0511

Is early life environment a risk factor for psychiatric disorder?



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Introduction Season of birth, an exogenous indicator of early life environment, has been related to higher risk of adverse psychiatric outcomes. According to literature, an excess of 5–8% of winter-spring births is found in individuals who later develop schizophrenia and bipolar disorder; this seasonal birth excess is also found in schizoaffective disorder (winter), major depression (March–May), and autism (March).

Objectives The objective of this study was to analyze the seasonal birth patterns of in-patients with psychiatric disorders.

Aims Understand the relation between psychiatric disorders and season of birth during a 10 year period in a Portuguese University Hospital.

Methods Analyze the birth date distribution of 2202 in-patients between 2007 and 2016 and compare with the psychiatric diagnosis.

Results Patients' diseases analyzed by birthday season: 60% of patients with schizoaffective disorder were born in winter-spring, 48.4% of mental retarded patients were born in autumn, 37% of dementia patients in winter, 77% of patients with delusional disorder in winter-spring, 78% of patients with Cluster A personality disorder in spring-summer and 71% of patients with substance abuse conditions in autumn-winter. No seasonal birth excess was found for bipolar affective disorder, schizophrenia, alcohol abuse, major depressive disorder or Cluster B personality disorder.

Conclusions Our sample data shows evidence for a potential link between season of birth and risk for schizoaffective disorder, dementia, mental retardation, Cluster A personality disorder, delusional disorder and substance abuse. The attempt to explain seasonal birth patterns in psychiatric illnesses could serve to clarify the etiological bases of such disorders.

Disclosure of Interest The authors have not supplied their declaration of competing interest.

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EV0512

Screening for mental health problems as indicator for evaluation of needs for mental health services



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Background Screening questionnaires for mental health problems are useful tools for research and clinical practice.

Objectives To identify mental health problems and overall emotional functioning among general population samples in Kosovo as indicators for evaluation of needs for mental health services.

Methods It is cross-sectional quantitative study. Participants from two samples: students (filled-out directly) and online respondents ($n=540$; mean age = 24.84; SD = 8.29) were included in this study. All participants were asked to complete the Albanian translation of Mental Health Inventory (MHI-38). Data processing was done with SPSS 21.0 and Microsoft Excel 2007.

Results In total 11.2% of participants ranged at low level of mental health index. Regarding anxiety the high level is found at 51.3% and regarding depression high level is found at 24.5% of participants. A significant gender difference is found whereas females show greater depression ($P=.022$, $r=.09$), greater psychological distress ($P=.000$, $r=.17$) and lower mental health index ($P=.000$, $r=.17$), than males. A significant difference between samples is found whereas online sample show greater psychological distress ($P=.000$, $r=.18$), less anxiety ($P=.001$, $r=.13$) and lower mental health index ($P=.000$, $r=.22$) than direct sample.

Conclusions The findings are quite intriguing. Future research is needed to find out more understanding on gender, anxiety, depression, psychological distress and mental health. Socio-cultural aspects can be of great importance to be examined. Despite this, needs for mental health services are inevitably and must be addressed properly.

Disclosure of Interest The authors have not supplied their declaration of competing interest.

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EV0513

The assessment of social disabilities with GSDS-II in persons hospitalized in psychiatric day units and inpatient wards



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Social disabilities due to mental disorders have a similar or even more severe impact on daily activities than some of the chronic, severe somatic disorders. The second version of the Groningen Social Disabilities Schedule (GSDS-II) is used in the assessment of social disability in persons with mental disorders. To date, in Poland the conducted research studies focused on this matter only in patients consulted in outpatient clinics and day units. Our study is the first in the country that aims to measure the social disabilities in persons hospitalized in psychiatric inpatient wards. The objective of the study is to assess the degree of social disability using GSDS-II as well as to analyze the impact of clinical, socio-demographic and economic factors on social disabilities in patients diagnosed with psychotic, mood or anxiety disorder (diagnostic codes: F20-F29, F30-F39 and F40-F48, according to ICD-10), aged 18–65, in a day unit and an inpatient ward settings. The excluding criteria are: substance abuse co-morbidity and/or a diagnosed dementia process. The study presents the data gathered from a sample of 50 patients of both genders diagnosed with the aforementioned mental disorders who gave their informed consent to participate in the study. Due to important socio-economic implications of mental disorders that frequently result in the loss of ability of the patients to fulfill their societal roles, a study leading to a better insight on social disabilities will provide useful data for the possible improvement of the mental health care and social policy designed for these persons.

Disclosure of interest The authors have not supplied their declaration of competing interest.

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EV0513

The impact of stigma and discrimination on the quality of life and social disability in persons with a diagnosis of mental disorder. A pilot study



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Stigma and discrimination of persons diagnosed with mental disorder is a common issue. In many European countries, research studies on the prevalence and implications of this problem are conducted in order to better understand how to overcome it. In Poland, there is a scarcity of such studies, what results in neglecting this issue by the policy makers. The objective of the study is to assess the prevalence of stigma and discrimination affecting the patients hospitalized in psychiatric day units and in-patient wards between 2016–2017 as well as to analyze the relationship between the stigma and the quality of life and social disability in persons with a mental disorder diagnosis of F20–F48 according to ICD-10, aged 18–65, in a day ward and an in-patient ward settings. The pilot study presents the data gathered from a preliminary sample of 20 patients of both genders diagnosed with the aforementioned mental disorders, equaling 10 per cent of the targeted total study sample. The quality of life is assessed with WHOQOL-Bref, WHO-5 questionnaire and Rosenberg self-esteem scale, while social disability is measured with the second version of the Groningen Social Disabilities Schedule. The assessment of the impact of stigma on the social disability of persons with mental disorders and their quality of life can be useful in the context of developing evidence-based interventions for these persons, while it could also provide the scientific data to support public information campaigns aiming at tackling the stigma against persons with mental disorders in Poland.

Disclosure of Interest The authors have not supplied their declaration of competing interest.

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EV0515

Attitude to and social distance from schizophrenic patients as forms of stigmatization, investigated by a group of medical professionals and a group of non-professional subjects



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Introduction The attitude to schizophrenic patients has always been considered a significant indicator of stigmatization of mental patients. The social aspect of stigmatization involves the social distance when speaking about the attitudes towards mental patients. The social distance is defined as “a various degree of understanding and feelings existing among the groups”.

Objectives The investigation included 120 participants divided into two groups. The first group included 60 participants; psychiatrists (38) directly involved in treating schizophrenia and 28 nurses working in wards where schizophrenic patients were treated. The second group of 60 participants included non-professionals divided according to age and gender to match the experiment group.

Aims Investigating the correlation between the proclaimed attitudes to and social distance from schizophrenic patients: medical professionals and non-professional subjects.

Methods Semantic differential scale was used to examine the personal attitudes towards a stigmatized group. To examine social distance, the modified Bogardus Social was used.

Results The results obtained using the Semantic differential scale to examine the attitudes did not show statistically significant score difference between the two groups of patients Bogardus Social Distance Scale score showed statistically significant difference ($P > 0.03$). A significant score on the scale of social distance can be recognized in both psychiatry professionals and non-professionals.

Conclusion Stratification of items on the social distance scale shows a great social distance in the sphere of intimacy and slightly lower score on the level of social relations. The group having competent knowledge concerning the disease shows sophisticated way of hiding behind professional reasons.

Disclosure of Interest The authors have not supplied their declaration of competing interest.

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EV0516

Relation of stress coping strategies and depressive symptoms in university students

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Relationships between students' coping strategies with stress and effects on depressive tendencies of negative automatic thoughts are examined in the poster. A group of 153 (126 female and 27 male) university students attending the University of Üsküdar were examined using the Coping Strategy with Stress Indicator (CSSI) to measure the styles of coping with stress; the Beck Depression Inventory (BDI) to measure the level of depression and the Revised Automatic Thoughts Scale (ATS-R) to measure the negative automatic thoughts. Significant relationships were established among CSSI, BDI and ATS-R.

Disclosure of interest The authors have not supplied their declaration of competing interest.

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EV0517

Health intervention in gender violence

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Introduction Male and female social roles were built on a historical inequality. Gender violence is a public health problem of the first order. We consider it important to conduct a study to improve diagnosis and interventions. From the Theory of Roles Moreno, each role has a complementary role that maintains the link. In gender violence predominates control, domination, submission and asymmetry of functions as dysfunctional elements of a relationship, which should be symmetrical.

Methodology We reviewed 48 stories of women who come for abuse mental health team from 2013 to 2016. We analyzed the following aspects: socio-demographic data (age, nationality, marital status, education, jobs, dependent children); reason for

consultation and number of queries; violence; roles, because of maintenance and interventions.

Results Eighty percent Spanish. It occurs at all levels of education; 60% have children; 70% were derived from primary care for others reasons; almost 90% suffered psychological violence, 25% physical and economic, sexual only 3 women, 52.08% of women adopt a submissive role, passive-aggressive 20.83% and 25% ambivalent; maintenance of the violence is reinforced by the psychological dependence that occurs in all women (one in 45.83%).

Conclusions Roles analysis is an effective method in the diagnosis of abuse and designing appropriate intervention. Psychotherapy, benefits of a psychopharmacological treatment that lessens the suffering and lets face their difficulties. It is important to ask about abuse at any level of care, because it contributes more to cover a hidden reality. The Psychological and economic dependence. They establish and maintain the mistreatment.

Disclosure of interest The authors have not supplied their declaration of competing interest.

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EV0518

Protective and risk socio-economic – environmental factors affecting mental health

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Over all generic, biological, environmental and socio-economic factors are attributing towards mental health and well being of a person. But among these socio-economic – environmental factors play a great role. It is very important to understand socio-economic – environmental protective and adverse factors affecting mental health. There is very dynamic interaction between individual attributes like socio-economic circumstances and environmental factors. The dynamic interactions of all these three factors determine the final outcome and status of mental health social well being. So, for our professionals particularly and community in general, it is very important to have full knowledge about all these factors. Because lack of managing and integrating of socio-economic-environmental factors, we will not be able to deliver quality psychiatric/psychological services. Community at large will also be ignorant of it and will not be able to play their roles towards healthy mental health formation. Moreover, these socio-economic – environmental factors are within our reach and can be modified.

Disclosure of interest The author has not supplied his declaration of competing interest.

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EV0519

Social rituals as an early indicator of mental illness

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Introduction Social rituals refer to routine and expected social activities that are practiced in all communities in a culturally recognized manner (e.g., social greetings, eating customs, attention to dress, sleeping rituals etc.). Persistent departures from or disregard of these social rituals may be an early or prodromal sign of the onset of mental illness.

Objectives (1) To develop and evaluate psychometric properties of a measure of social rituals entitled, Social Rituals Schedule (SRS);

(2) to evaluate the reliability and cross-cultural applicability of this measure.

Methods The SRS was administered to 30 psychiatric patients and their nominated relative/friend. The cross-cultural evaluations were conducted using focus groups of Ethiopian ($n = 30$), Australian Indigenous ($n = 100$), Iranian ($n = 22$), and Indian ($n = 50$) participants.

Results The SRS demonstrated moderate to high inter-rater reliability and patient-informant concordance. The social ritual domains were found to be valid, well understood and applicable across the sampled cultures [1].

Conclusions The concept of social rituals and the SRS instrument were demonstrated to be feasible, reliable and cross-culturally applicable tools for measuring changes in people's appearance and behavior that might be indicative of emerging mental illness.

Disclosure of interest The authors have not supplied their declaration of competing interest.

Reference

[1] Janca A, Ventouras J. Measurement in psychiatry: novel concepts and instruments. *Advances in Psychiatry* 2005;11:89–93.

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EV0520

Stigmatization of mental health problems in Albania, ways of diminishing it

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Background and aim More recent definitions of stigma focus on the results of stigma – the prejudice, avoidance, rejection and discrimination directed at people believed to have an illness, disorder or other trait perceived to be undesirable.

Methods During this study, we used Attitudes to Mental Illness Questionnaire (AMIQ), which helped us to understand the differences in the acceptance by the population for 3 different types of diseases: addiction, diabetes and schizophrenia.

Results (1) Alban has diabetes. (2) Besnik has schizophrenia.

Conclusions (1) The patients with schizophrenia have higher levels of stigma compared diabetic patients or those alcoholics (Tables 1 and 2 and Fig. 1). (2) Statistical processing carried out concluded that have statistically significant differences between gender-stigma ($P = 0.001$), age-stigma ($P = 0.0001$) and education-stigma ($P = 0.001$) (Fig. 2). (3) Health care workers stigma is exactly the same as in general population ($P = 0.01$) (Fig. 2).

Recommendations – Support recovery and social inclusion and reduce discrimination.

– Do not label or judge people with a mental illness, treat them with respect and dignity as you would anyone else.

– Do not discriminate when they come participation, housing and employment.

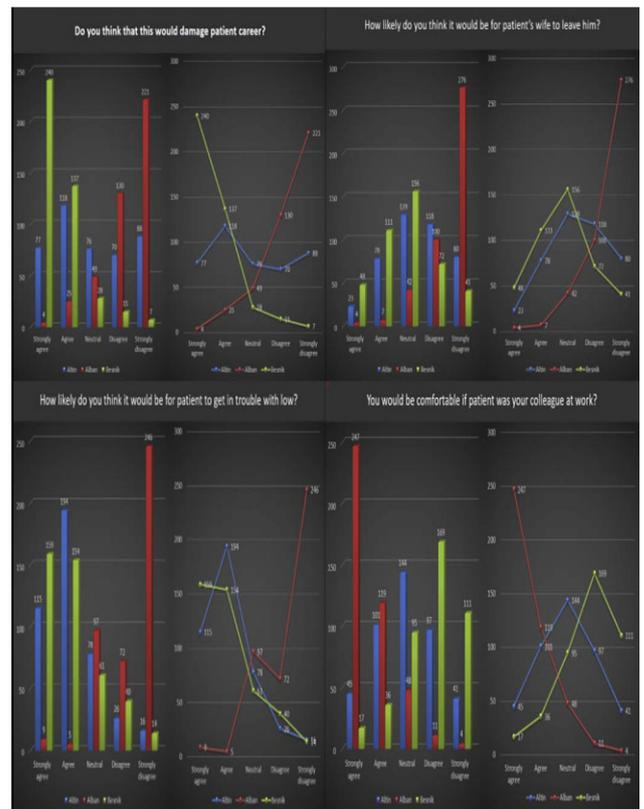


Fig. 1

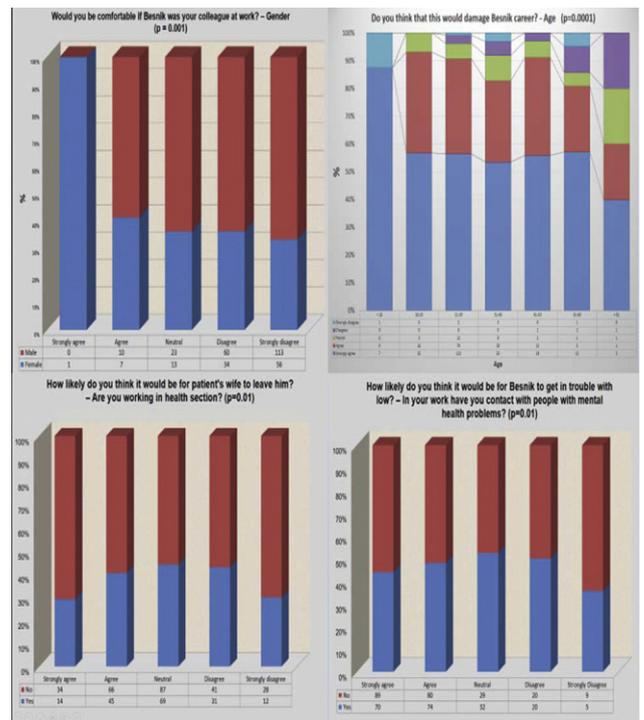


Fig. 2

Table 1

Questions	Strongly agree	Agree	Neutral	Disagree	Strongly disagree	SD
1	0.93%	5.82%	11.42%	30.3%	51.53%	0.99
2	57.58%	27.74%	11.19%	2.56%	0.93%	0.88
3	55.01%	33.33%	8.39%	3.03%	0.24%	0.80
4	0.93%	1.63%	9.79%	23.31%	64.34%	0.83
5	2.1%	1.16%	22.61%	16.78%	57.35%	1.02

Table 2

Questions	Strongly agree	Agree	Neutral	Disagree	Strongly disagree	SD
1	55.94%	31.93%	6.53%	3.49%	2.11%	0.92
2	3.96%	8.39%	22.14%	39.39%	26.12%	1.13
3	3.03%	9.79%	18.18%	37.76%	31.24%	1.11
4	11.19%	25.87%	36.36%	16.78%	9.8%	1.13
5	37.06%	35.9%	14.2%	9.32%	3.52%	1.13

Disclosure of interest The authors have not supplied their declaration of competing interest.

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EV0521

An explorative look at Jerusalem syndrome and its validity?

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Introduction The aim of the explorative study poster is to look into the phenomenon of psychotic disorder/manifestations collectively termed as Jerusalem syndrome – a psychotheological condition characterized by temporary psychosis like symptoms upon visiting Jerusalem.

Aim The primary aim is to explore the theories pertaining to the possible causes and psychopathology involved in Jerusalem syndrome with a view to contextualize their credibility and weightage against the extant evidence in neurological science. It would also look at the possible treatments used.

Method A detailed literature search has been undertaken to identify variety of case reviews and publications about Jerusalem syndrome and case interviews of psychiatrists in Jerusalem: dealing with neurological, psychological explanations of the condition; have been proposed by psychiatrist or psychologist and neurologists as a possible psychopathological manifestation.

Discussion The results are synthesized and presented in a tabular form. The discussion expands on the various theories and their relevance with a view to establish the nosological validity of the condition and the viable treatment models available.

Disclosure of interest The author has not supplied his/her declaration of competing interest.

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EV0522

Public beliefs and attitudes towards schizophrenia and major depression: Findings from a representative population-based study

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Introduction Previous studies have suggested that public beliefs and attitudes toward mental illness may be influenced by country-specific social and cultural factors.

Objectives This study aimed to carry out a national survey to assess people's beliefs and stigmatizing attitudes toward schizophrenia and major depression in Taiwan.

Methods We randomly recruited participants aged 20–65 ($n = 1600$) in Taiwan, using a computer-assisted telephone interviewing. Participants were presented with a case vignette for major depression and schizophrenia. Questions were asked about causal attributions, emotional reactions, and social distance of individuals afflicted by psychosis or depression.

Results In respect of causal attributions, respondents were more concerned with the likelihood of biogenetic explanations for schizophrenia as compared with depression. The same applied to other explanations such as god's willingness and being possessed or haunted. In contrast, psychosocial factors were more likely to be endorsed as a cause of depression than as a cause of schizophrenia. For perceived dangerousness, significantly more respondents considered schizophrenia likely to be violent toward others and to be unpredictable. In terms of emotional reactions, respondents were significantly more likely to express anger or fear for schizophrenia vignette. A similar pattern was shown for the social distance, where respondents were also significantly less likely to express a willingness to contact people suffering from schizophrenia within different social relationships.

Conclusions The findings from this study may enhance our knowledge of community beliefs and stigmatizing attitudes towards people with mental disorders in Taiwan and highlight the importance of understanding these issues in context.

Disclosure of interest The authors have not supplied their declaration of competing interest.

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EV0523

Protecting the incapable–Interdiction of in-patients in centro hospitalar De São João in the last two years

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Introduction The interdiction of citizens is embodied in the Portuguese civil code and is untouched since 1966 regardless of the profound changes in our society. In 2006, Centro Hospitalar de São João (CHSJ) created protective measures for inpatients that are incapable; the procedure encompasses multidisciplinary evaluation of patients and the elaboration of a final report by liaison psychiatrists.

Objectives To describe the interdiction proceedings initiated at CHSJ in the last two years, establishing parallels with our socio-demographical and epidemiological reality.

Methods Retrospective study of the internal requests for psychiatric consultation concerning interdiction proceedings made in the CHSJ from January 2015 to December 2016.

Results During the study period, the liaison psychiatry service received 37 requests for evaluation of patients' decision-making capacity through the internal consultation system. The typology of the patient targeted in the interdiction process is male, more than 70 years old, hospitalized due to infectious intercurrents whose dependency of others enables him to return to his residence. More than a half (51%) of the requests were performed by internal medicine services. Twenty-one reports declaring the

patient's inability to govern his person and property were made. The most common pathology underlying this cognitive impairment was dementia (57%).

Conclusion Our results reflect the aging of Portuguese population and the increased prevalence of dementia. The evaluation of the capacity for self-governance will be increasingly required in our clinical practice and demands a holistic approach to the patient while taking into account the preservation of his autonomy, dignity and rights.

Disclosure of interest The authors have not supplied their declaration of competing interest.

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EV0524

Epidemiology of depression in Azerbaijani urban female population. Cross-cultural comparison of depression incidence/prevalence indicators



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Introduction The aim is to determine the prevalence and incidence of depression for an Azerbaijani female sample and explore the impact of cultural factors on depression.

Objectives To determine: the optimal cut-off point of ZDRS; the point prevalence and 3 month incidence of depression; risk factors for depression. To compare the depression prevalence in the two language groups of the Azerbaijani population (Azerbaijani-speaking and Russian-speaking) for determining possible impact of cultural factors on depression.

Methods The first screening with ZDRS (Az) and ZDRS (Ru) were carried out with 1500 research participants, who filled out the questionnaires at their homes. All the screened subjects who score 40 and more on ZDRS were examined by MINI. True-positive and false-positive results were defined. Ten percent of the screened subjects, who score less than 40 on ZDRS were randomly chosen for clinical interviews to define true-negative and false-negative results. According to the analysis the optimal cut-off point of ZDRS in the Azerbaijani female population was found with the definition of its sensitivity, specificity, positive predictive value and negative predictive value. Based on the optimal cut-off point of ZDRS, point prevalence and incidence of depression was determined in Azerbaijan. The follow-up screening was conducted to determine the 3 month incidence of depression.

Results The determined prevalence and incidence of depression will be reported with the optimal cut-off point of ZDRS.

Conclusions The results of the current study suggested that the ZDRS was a valid tool for use in screening patients with depression disorders but need a modification.

Disclosure of interest The authors have not supplied their declaration of competing interest.

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EV0525

Social stigma and disclosure of diagnosis among women with breast cancer in Azerbaijan



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Objective The current practice in medical and surgical care of women with breast cancer in Azerbaijan is to hold back disclosure of cancer diagnosis unless the patient actively asserts full disclosure. This study aimed to serve as a pilot, to appraise the level of anxiety and depression in women diagnosed with breast cancer and explore ways to develop approaches to further elucidating the important issue of cancer information disclosure.

Methods The subjects in the study were women recruited consecutively with confirmed oncological diagnosis of breast cancer ($n=23$; mean age = 50 (SD \pm 11; range 27–73 years) and who were scheduled for mastectomy. All the subjects consented to be directly interviewed. The interview comprised of a socio-demographic questionnaire and inquiry regarding the subjects' understanding of the nature of their breast condition. All the subjects were also administered the Hospital Anxiety and Depression Scale (HADS) in Azerbaijani. The patients who knew their diagnosis of cancer were ascertained subsequently from the record ($n=11$ [42.3%]).

Results There was a significant correlation between anxiety scores ($P=0.006$) and anxiety/depression scores combined ($P=0.009$) with the level of subjects' awareness regarding diagnosis of cancer; the correlation was not significant for depression scores alone ($P=0.068$).

Conclusions The findings are consistent with studies from culturally similar regions and reflect the need for improvement on disclosure, patient participation, and family support in treatment of women with breast cancer.

Disclosure of interest The author has not supplied his/her declaration of competing interest.

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EV0526

Increased prevalence of psychosis in patients who get admitted with atrial fibrillation with worse outcomes



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Objective To determine trends and impact on outcomes of atrial fibrillation (AF) in patients with pre-existing psychosis.

Background While post-AF psychosis has been extensively studied, contemporary studies including temporal trends on the impact of pre-AF psychosis on AF and post-AF outcomes are largely lacking.

Methods We used Nationwide Inpatient Sample (NIS) from the healthcare cost and utilization project (HCUP) from year's 2002–2012. We identified AF and psychosis as primary and secondary diagnosis respectively using validated international classification of diseases, 9th revision, and Clinical Modification (ICD-9-CM) codes, and used Cochrane–Armitage trend test and multivariate regression to generate adjusted odds ratios (aOR).

Results We analyzed total of 3,887,827 AF hospital admissions from 2002–2012 of which 1.76% had psychosis. Proportion of

hospitalizations with psychosis increased from 5.23% to 14.28% (P trend <0.001). Utilization of atrial-cardioversion was lower in patients with psychosis (0.76% vs. 5.79%, $P < 0.001$). In-hospital mortality was higher in patients with Psychosis (aOR 1.206; 95%CI 1.003–1.449; $P < 0.001$) and discharge to specialty care was significantly higher (aOR 4.173; 95%CI 3.934–4.427; $P < 0.001$). The median length of hospitalization (3.13 vs. 2.14 days; $P < 0.001$) and median cost of hospitalization (16.457 vs. 13.172; $P < 0.001$) was also higher in hospitalizations with psychosis.

Conclusions Our study displayed an increasing proportion of patients with Psychosis admitted due to AF with higher mortality and extremely higher morbidity post-AF, and significantly less utilization of atrial-cardioversion. There is a need to explore reasons behind this disparity to improve post-AF outcomes in this vulnerable population.

Disclosure of interest The authors have not supplied their declaration of competing interest.

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EV0527

Comparison between patients who did not show up for their first visit and the ones who did



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Introduction Referrals to psychiatry from primary care has increased in recent years. This can be the result of the global economic situation and represents a problem for specialized care, because patients can't usually be correctly attended to. On the other hand, patients who don't come to visits make up other important issues that we must analyze.

Objectives To analyze the differences between patients who did not come for their first visit and those who did in order to try to describe variables that could be affecting them.

Methods This is an epidemiological, analytic, prospective study of patients referred to our department. The following variables were collected: (1) referral protocol, (2) reason, (3) demographic data, (4) attendance to appointment, (5) diagnosis impression and (6) destination of referral. The SPSS 19.0 was used to analyze the data.
Results We studied a total of 1.048 patients for 15 months, of which 20.6% did not come to their first visit. A statistically significant relationship between attendance and gender, year of the appointment, adequate demand or not, previous follow-up and diagnosis was found (χ^2). However, if a logistic regression was carried out, only the adequacy of the demand was included in the model.

Conclusions Coordination with general practitioners is essential to improve referrals and, most importantly, the attention to patients. If we can agree on the referral criteria, a better-personalized assistance can be offered to patients who have more difficulties in coming (because of characteristics of illness, place of residence, and other variables).

Disclosure of interest The authors have not supplied their declaration of competing interest.

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EV0528

Analysis of geographical distribution of referrals to psychiatry from primary care



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Introduction The distribution of the demand from primary care in the mental health units could be a way of facilitating the coordination and improving the attention to patients. For this reason, in our unit we have made a repartition of the areas among the different psychiatrists.

Objectives To analyze if there was a correlation between the geographical origin of the patients or their primary care areas and the referrals, and between them and their attendance.

Methods This is an epidemiological, analytic, prospective study of patients referred to our department. The following variables were collected: (1) referral protocol, (2) reason, (3) demographic data (origin, gender, age), (4) Primary Care area, (5) attendance to appointment, (6) diagnosis impression and (7) destination of referral. The SPSS 19.0 was used to analyze the data.

Results A total of 1048 patients were sampled. A statistically significant relationship hasn't been found between place of residence, primary care area or areas of distribution in the Unit and attendance (χ^2). If we analyze the population of each distribution, we can describe similar percentages depending on the size of these.

Conclusions Although a different distribution and a relationship is thought between some areas and the attendance or the number of referrals, we didn't find out them in our sample.

Disclosure of interest The authors have not supplied their declaration of competing interest.

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EV0529

Identification of major depressive disorder among the long-term unemployed



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Introduction Depression is a common disorder among the unemployed, but research on identification of their depression in health care (HC) is scarce.

Objectives The present study aimed to find out if the duration of unemployment correlates to the risk for unidentified major depressive disorder (MDD) in HC.

Methods Sample of the study consisted of long-term unemployed who were in screening project diagnosed as having MDD ($n = 243$). The diagnosis was found in the records of HC in 101 (42%) and not found in 142 (58%) individuals. Binary logistic regression models were used to explore the effect of the duration of unemployment to the identification of MDD in HC.

Results The odds ratio (OR) for non-identified MDD in HC was 1.060 (95%CI 1.011–1.111, $P = 0.016$) per unemployment year and when unemployment had continued, for example, five years the OR for unidentified MDD was 1.336. The association remained significant throughout adjustments for the set of background factors (gender, age, occupational status, marital status, homelessness, self-reported criminal records, suicide attempts, number of HC-visits).

Conclusions This study among depressed long-term unemployed indicates that the longer the unemployment period has lasted, the greater the risk for non-identification of MDD is. HC services should

be developed with respect to sensitivity to detect signs of depression among long-term unemployed.

Disclosure of interest The authors have not supplied their declaration of competing interest.

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EV0530

Who's lost in waiting?

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Introduction Early intervention services (EIS) can significantly reduce the rate of relapse, risk of suicide and number of hospital admissions for people with first episode of psychosis (FEP). However, care pathways in FEP can be complex, thus extending the period before patients commence appropriate treatment. Recently in the UK, guidelines have set a limit of two-weeks before patients with a FEP receive treatment at EIS.

Objectives We explored the impact of this new policy on referrals to an EIS in the area City and Hackney, London, which has one of the highest incidence of psychosis in the UK.

Methods Referrals from 6 months of 2015 have been compared with the data from the same period of 2016, once the waiting standard had been implemented.

Results We observed more than a two-fold increase in the monthly number of referrals (9.4 in 2015; 20 in 2016) and this wasn't due to a rise of inappropriate referrals (2.23% in 2015; 1.53% in 2016). Moreover the number of referrals doubled further when, in addition, the City & Hackney EIS went from a 18–35-year-service to an "ageless" adult service.

Conclusion The recent focus on FEP in the UK might have increased awareness and reduced stigma, leading to the increment in referrals. Also, shortening the waiting time made the service more accessible for those that would have gave up in front of a longer waiting list. Interestingly enough a peak in the number of referrals has been observed from September 2016 when another standard was implemented.

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EV0531

Social stigma in severe mental illness in Tunisia: Clinical and socio-demographic correlates

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Introduction Mental patients generally internalize some of the negative conceptions about how most people view them: they might be considered incompetent or untrustworthy or believe that people would not want to hire, or marry someone with mental illness. A lot of research on stigma has been conducted in western countries; however, little is still known on the situation in Arab-Muslim societies.

Objectives To evaluate social stigma as viewed by patients suffering from severe mental illness (SMI)

Methods This is a cross-sectional study on clinically stabilized patients with schizophrenia and Bipolar Disorder (BD) according to DSM IV, who were interviewed in our out-patients clinic with

the help of a semi-structured questionnaire, containing 8 opinions on the social inclusion and stigmatization of psychiatric patients, with special reference to the local cultural context (e.g.: "It is better to hide mental illness in order to preserve the reputation of my family")

Results We included 104 patients, 51% with schizophrenia and 49% with BD. Mean age was 38.4 years (18–74 years); 59.6% were males. Overall social stigma scores were high. Social stigma in patients was correlated with gender, age, place of residence and diagnosis. Patients with BD showed significantly less social stigma than patients with schizophrenia.

Conclusion Our results show the need for a better understanding of this phenomenon in patients with SMI, but also within Tunisian society, in order to elaborate anti stigma strategies adapted to the local context.

Disclosure of interest The authors have not supplied their declaration of competing interest.

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EV0532

Prevalence of tobacco smoking among school teachers in Greece

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Abstract

Introduction Teachers serve as models for young people and significantly influence their health behavior.

Aim We were interested in conducting the first epidemiological survey about tobacco smoking among Greek teachers.

Methods A total of 1032 teachers of the two biggest cities of Greece participated in the study. A questionnaire was created to include questions regarding tobacco smoking, history of tobacco use, nicotine dependence as well as health attitudes. Frequencies and relative frequencies were determined for all the questions. Pearson's Chi² and Chi² adjusted tests were used to examine the potential association of current smoking status with gender, age and school level in a statistical significance level of 0.05.

Results Prevalence of current smokers in the sample was 25.6%. Cigarette emerged as the tobacco product of choice reported by 88.3% of the respondents, followed by e-cigarette (5.2%), cigar (2.4%), hookah (2.4%) and pipe (1.7%). The highest prevalence of current smoking was found in the age group of 40–49 years old (46.1%). Current smoking proportion was higher among female (26.0%) than male teachers (24.9%). Intention to quit smoking was reported by 18.1% of the sample.

Conclusions As compared to other countries, teachers in Greece have a moderate percentage regarding tobacco smoking. A concerted effort must be made towards smoking cessation in this population with gender specific interventions. It is of great importance for teachers to act as public health promoters, as performers of tobacco prevention curricula and as leaders in the implementation of school tobacco control policies.

Disclosure of interest The authors have not supplied their declaration of competing interest.

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EV0533

A literary exploration of British cultural attitudes to psychiatry during the late 1800s and their development over the following century

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Introduction British psychiatry was in its embryonic stage in the late nineteenth century. Early psychiatrists employed radical treatments with little success and not much is documented about public attitudes. Using fictional depictions of madness and physicians allows us to explore cultural attitudes to psychiatry at the time.

Objectives First, to analyze the portrayal of madness and physicians in the island of Dr. Moreau and Dr. Jekyll and Mr. Hyde; second, to use this to provide insight into the public opinion of psychiatry and third, to evaluate the development of attitudes using twentieth century media.

Aim To provide an insight into the social perspective of mental illness in the late nineteenth century and consider its evolution over the last one hundred years.

Methods Two famous, well-received novels of the time were chosen for analysis. Historical knowledge of the period was sought using JSTOR, NHS Scotland's The Knowledge Network and Google Scholar. Novels and media depictions were analysed in relation to the scientific understanding at the time.

Results The novels show two ways of control: surgical (Moreau) and chemical (Jekyll). Both are unsuccessful, as were physician's attempts in reality. The narrators' concerns mirror the cultural anxiety at the time surrounding containment and treatment of mental illness. Media portrayal of cruel, unsuccessful treatment continues throughout the twentieth century.

Conclusions Nineteenth century cultural attitudes to mental illness show a distinct anxiety and concern with barbaric treatments and their inefficacy. Despite psychiatric progress, the media have continued to portray mental illness and its treatment in a negative light, suggesting continued levels of societal concern.

Disclosure of interest The author has not supplied his/her declaration of competing interest.

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EV0534

Demographic characteristics of the cohort of patients, receiving out-patient psychiatric help in regional medical consultative and diagnostic center of sub-arctic territory

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The analysis of mental health 5356 patients referred to the out-patient reception of a psychiatrist in the structure of the regional

consultative diagnostic center. The structure of the patient, the psychiatrist received increased by 14.0% the proportion of initial applications (59.6%). The number of men has decreased in absolute terms, 1.84 times, and the relative by 10.4%, which led to the formation of a clear trend dominance of the female population of the territory. Men are turning mainly in the active working age 18–44 years (54.2%), while women are turning mainly aged 50 years and older (59.3%). This is explained by the peculiarities of the physiological, mental and emotional state at a certain age period of the female orgasm, as well as the prevailing female population of the region (5.6%) over the masculine. Statistically significant difference on the prevalence of urban agriculture is not set. Reduction adopted children under the age of 17 years from 62% to 16% is a result of filling in the municipalities vacancies child psychiatrists and can be evaluated as a positive result of the dynamic development of mental health services. At present, it formed the objective necessity of the development of community mental health as a result of growth in the number of mental illnesses. But this comes at the expense of lighter forms (outpatient options). Most exacerbations do not require compulsory hospitalization, as a rule.

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EV0535

Structure of psychic sphere pathology of patients of the regional medical consultative and diagnostic center of sub-arctic territory

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In the structure of pathology 5356 psychiatric patients according to nosology forms, the first place ranking diagnosed by a psychiatrist of the regional advisory diagnostic center occupy organic, including symptomatic, mental disorders (F00–F09) to 48.2%. The second place ranking occupied by neurotic, stress-related and somatoform disorders (F40–F49) to 37.8%. This pathology includes various phobic, anxiety, depressive, hypochondria, obsessive-compulsive, dissociative (conversion), somatoform disorders, as well as response to heavy stress and adjustment disorders. The combination of anxiety and depression observed took place in 70.0% of patients. The majority of patients with anxiety disorders only part of the symptoms is found, however, and they are extremely painful. These people are in most cases not immediately come to the attention of psychiatrists, moving from a general practitioner to a neurologist, cardiologist and doctors of other medical specialists. They have initially diagnoses as vegetative-vascular dystonia, and then diencephalic crises, etc. The third rank place took patients with mental retardation - the proportion of an average of 1.3%. Mental disorder primarily characterized by impaired ability, manifested in the ripening period, provides a common level of intelligence: cognitive, speech, motor and social abilities. For the most part the clinical manifestations of these patients there are two groups of disorders: (1) Disorders of cognitive functions (memory, intelligence, learning, attention); (2) perception of disorder, the content of the thoughts, emotions and behavior.



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EV0536

The impact of the economic crisis on the use of psychotropic medication in Portugal: Preliminary results of the national mental health survey follow-up

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Introduction Economic crises can contribute to a worsening of mental health problems and, consequently, to a possible increase of the use of psychotropic medication.

Objectives To assess the use of psychotropic medication in Portugal before and after the onset of the economic crisis, and to better understand the impact of the economic crisis in this highly hit country.

Methods This 2015 follow-up epidemiological study re-interviewed a probability sub-sample of respondents to the 2008 national mental health survey, the first nationally representative study of psychiatric morbidity and treatment patterns in Portugal. Socio-demographic and clinical variables were assessed using a structured interview in 2008 ($n=2060$) and 2015 ($n=911$). All participants were questioned about the last 12 month use of psychotropic medication for mental health problems. Descriptive analysis was conducted to assess the use of psychotropic medication by group and gender in 2008 and 2015.

Results Between 2008 and 2015 there was an overall increase in the use of the main groups of psychotropic medication (22.5% to 28.6%), with a particularly relevant increase in the consumption of anti-depressants and anxiolytics. The use of psychotropic medication was higher among women in 2008 and 2015 (31.1% and 36.7%) compared to men. However, the increase in consumption was more relevant in men (13.3% to 20.0%), particularly in relation to anxiolytics (6.0% to 11.6%).

Conclusions The economic crisis was associated with a substantial increase of psychotropic medication's use in Portugal, consistent with the increased prevalence of mental health problems that this study also found.

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EV0537

Services utilization for mental health problems in Portugal during the economic crisis: Preliminary results of the national mental health survey follow-up

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Introduction During economic crises additional mental health risks emerge and social inequalities in health can widen. In order to

ensure universal coverage of mental health care and to reduce the impact of the crisis, it is crucial to assess the needs of the population to be able to reorganize mental health care accordingly.

Objectives To analyse the use of services for mental health problems in Portugal during the economic crisis.

Methods In this follow-up epidemiological study, a probability sub-sample of respondents to the 2008 national mental health survey ($n=911$) was re-interviewed in 2015. Socio-demographic variables and treatment patterns were assessed using a structured interview, and psychological distress was measured using the Kessler-10 Scale. Descriptive analysis was conducted to characterize the use of services for mental health problems.

Results In total, 27.9% of the respondents sought treatment for mental health problems in the previous 5 years, and GPs were the most contacted professionals. Only 57.7% ($n=119$) of the respondents with moderate or severe psychological distress ($n=197$) reported recognizing they needed treatment. Among people with moderate or severe psychological distress who recognized their need for treatment, most received treatment (80.5%, $n=105$), which was minimally adequate for 74.4% ($n=81$). Low perceived need and structural barriers were the main obstacles for access to care.

Conclusions Under-treatment, low continuity of care and low adequacy of treatment are problems that the Portuguese health system must address in order to meet the mental health challenges of the economic crisis.

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EV0538

A biopsychosocial look on the violence in Colombia. Understanding violence to understand the role of psychiatrist in the post-peace agreement era

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Introduction The armed Colombian conflict is one of the bloodiest and most extensive in the contemporary history of Latin America, with multiple factors and causes implicated.

Objectives Determine the factors involved in the emergence of Colombian political violence from neurobiological, anthropological, social and psychoanalytic models.

Methods We revised the report Basta Ya! of The National Center for Historical Memory, which approximates the casualties and victims of the armed conflict in Colombia. In addition, we conducted a rigorous review of current scientific and clinical literature on the neurobiology of violent behavior, social psychiatry and psychoanalytic papers about war, death, and survival instincts.

Results Violent behavior can be explained by the neurobiological model of aggressive response as an imbalance between the prefrontal cortex and the limbic system. There is evidence to support a geographically-based violence in Colombia with a fragmentation of the territory, the State, and the Colombian identity. Moreover, we found the psychological component raised by Freud and in psychoanalysis, about war, and life and death instinct, as antagonistic manifestations of life-present in acts of violence.

Conclusions The violence from the armed Colombian conflict has been one of the longest in modern history, determining its causality has been complex. However, understanding violence multifactorially allows us to improve social psychiatry and our role as clinicians in this new post-agreement era, in order to better estab-



lish mental health policies for victims and perpetrators in future reparation.

Disclosure of interest The author has not supplied his/her declaration of competing interest.

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e-Poster viewing: ethics and psychiatry

EV0539

Is a psychiatrist-patient confidentiality relationship subservient to a greater good?



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Before embarking in a fruitless exchange the title question must be unpacked:

– is the ‘psychiatrist-patient confidentiality relationship’ a subset of the general doctor-patient confidentiality relationship?

– if different, what causes the difference? Is it the nature of mental disorder, for example the fact that some mental disorders may impair ‘mental capacity’ in ways different from general medicine? – given that in addition to psychiatrists, psychologists, nurses, and social workers also enter into ‘confidentiality relationship’ with patients, should all be considered as tokens of the same type or as different types? If the latter, should such differences be considered as intrinsic or extrinsic? Intrinsic differences refer to structural dissimilarities; extrinsic differences to dissimilarities created by the respective legal frames imposed by each profession to its practitioners.

– is ‘subservience to a greater good’ an acceptable good way to describe the metier upon which the ethical scrutiny will be applied? Given that it does describe a ‘consequence’ of the process then it would seem that it prematurely opts for utilitarianism, an ethical theory that many may feel is not adequate to the case.

The general question and the pre-formulated debating positions are setting up a pseudo-debate. A more useful question should be: “Given the strong political and economic pressures being currently brought to bear upon all confidentiality relationships (held by priests, medics, lawyers, bank workers, etc.), what ethical system may be more convenient to:

– justify blatant breaches in confidentiality relationships;
– placate our moral conscience?”

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EV0540

500 years of reformation: The history of Martin Luther’s pathography and its ethical implications



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Introduction In the context of the 500th anniversary of the Reformation, it is time to take a survey of the history of Martin Luther’s (1483–1546) pathography.

Method Relevant writings were evaluated.

Results While in a 1035 page work written in German between 1937 and 1941, the Dane Paul Reiter retrospectively diagnosed

Luther as manic-depressive, Kretschmer (1888–1964) in 1955 saw in Luther “a great polemic and organizer”. In 1956, Grossmann was unable to prove persistent synchronicity of depressive mood and reduced motivation in Luther in the key years 1527 and 1528, which led him to conclude that Luther had a cyclothymic personality with a pyknic constitution. In Roper’s view in 2016, Luther suffered from “a condition [...], that we would call depression today”.

Discussion In 1948, Werner concluded that Reiter’s pathography was based on an incorrect assumption: Luther’s solution of the cloister conflict as a dilemma situation between paternal and clerical authority was not a flight into “the mysticism of despair”. Hamm adopted this interpretation in 2015 in viewing the escalation of the emotional conflict potential as a logical consequence of an interiorized and individualized intensified piety. In 2015, Scott saw a cyclothymic temperament in Luther starting in about 1519, but emphasized the elasticity of Luther’s emotional reserves: “For the rest of his life, Luther oscillated between euphoria and dejection but not to the point of dysfunction”.

Conclusion Luther can be used as an example of the importance of religiousness as a curative resource for the psyche.

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EV0541

Emotional decision for accepting patients in the ICU in Greece – where are the guidelines?



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Introduction It is not a rare phenomenon to ask a bed in the ICU in a basis of emergency. Then, the answer coming from the intensivists may be more than surprising. Objective of our study is to highlight the fact that emotional reasons and not medical criteria are the dominant ones for accepting a patient in the ICU.

Methods We present 4 cases of interest.

Results A poor Russian 75-year-old man with gastric cancer, anemia and haemodynamic instability was not accepted in the ICU with the oral and not written rejecting answer that he suffers from advanced cancer. A 35-year-old transplanted patient with bone marrow, fever, severe lactic acidosis, was not accepted in the ICU for hours because the intensivist would give her consent only if the patient would undergo a cholecystectomy first! The intensivist was a pneumonologist! In the end multiple liver abscesses were discovered, so an operation would not help. An 80-year-old man operated for colon cancer with haemodynamic instability was accepted in the ICU without delay. A 72-year-old with colon cancer, cachexia, thrombopenia and severe dementia, coming from the Psychiatric Hospital where he remained for months, was accepted in the ICU without delay.

Conclusions If there is not an Ethics Committee to examine these unexpectability matters concerning patients needing a place in ICU, then a psychiatric evaluation of Intensive Unit physicians might help, for the good of patients. Would a member of the Parliament or a celebrity receive a “No” from the ICU?

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EV0542

Decisional capacity in patients with acute delirium. A Rawlsian approach

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Delirium is characterized by a temporary, usually reversible, cause of mental alteration; it can occur at any age, but affect most often the elderly. Delirium patients may also present acute psychotic episodes, which might make them decisionally incompetent. In order to assess decisional capacity, Fan et al developed a two-stage approach, which tries to analyse:

- the presence of delirium, using the Confusion Assessment Method;

- a proper analysis of the decisional capacity.

Often, in patients with decreased decisional capacity, physicians must assess which ethical principle should respect first – the principle of autonomy, whose practical implementation is informed consent, or beneficence – the good of the patient, irrespective of the its declared wishes. In this poster, we will look at the issue of decisional capacity in patients with acute delirium from a Rawlsian point of view, and will try to give an answer based on what is just – to respect the autonomy of the patient, or the moral duty to do good to the patient.

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EV0543

Fitness to practice and fitness to regulate



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Introduction In 2012, forensic psychology Professor Jane Ireland published initial research claiming that two third of psychological assessment reports sampled from UK family courts were 'poor' or 'very poor'. 'Fitness to practice' concerns were raised by vested interest and dismissed after a 1-week hearing – four years later.

Objectives The presentation outlines the nature of various UK institutions, such as family courts, HCPC and GMC as well as their practices which raise questions about their fitness to regulate.

Aims Delegates will start to learn how institutions that purport to serve public interest yet can be easily exploited by vested interests.

Methods Case studies are used to illustrate how extremely serious concerns were ignored but persecution concerns upheld.

Results In one case, four courts appointed experts ignored an obvious child trafficking process where a toddler was raped to cover up birth and disappearance of a newborn baby that succeeded from incestuous rape. In spite of a clinical psychologist failing to cover the two index incidents, the concerns did not meet the HCPC 'Standard of Acceptance'. A 'revenge concern' was raised by vested interests. In another case, the GMC refused to investigate a psychiatrist who had lied and rather absurdly claimed that repeatedly seeking return of her children was evidence for a mother's personality disorder. In a widely publicized case Psychiatrist Dr Hibbert accused of unnecessarily, breaking up families was investigated but cleared of misconduct by the GMC.

Conclusions Institutions tasked with protecting public safety and fairness appear to be unduly biased towards shielding inadequate professionals and persecuting whistle-blowers.

Disclosure of interest The author has not supplied his/her declaration of competing interest.

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EV0544

On purpose of multiple cases: Quaternary prevention on mental health – "Primum non-nocere"



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Introduction Quaternary prevention, concept coined by the Belgian Marc Jamouille, are the actions taken to avoid or mitigate the consequences of unnecessary or excessive intervention of the health system. The concept alludes to actions to avoid the over-diagnoses and over-treatment, trying to reduce the incidence of iatrogeny in patients, which is a serious public health problem and even more in mental health.

Methods Systematic review of bibliography.

Objectives Do a systematic review of bibliography and through the results invite to the analytic and critic reflection of our professional activities and the current situation of mental health.

Results There is not enough studies about quaternary prevention in mental health.

- Some studies found that about one-third of diseases of a hospital are iatrogenic, most of them for pharmacological causes.

- There is iatrogeny at different levels of the attention of mental health: primary prevention, diagnosis and treatment.

- Non-treatment indication avoids in multiple cases iatrogenesis and contributes to the correct distribution of the economic and care resources.

Conclusions Since one of the fundaments of medicine is "primum non nocere" that means "first do no harm" and one of principles of bioethics is "non-maleficence", quaternary prevention should prevail over any other preventive or curative option.

- We should define in a more realistic way the limits, benefits and damages of our interventions in order to not promote a passive and sick role.

- Must be recognized the non-treatment intervention as a therapeutic and useful intervention, and one of the best tools of quaternary prevention.

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EV0545

Multidisciplinary approach in old aged dying patients



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Introduction Over centuries, clinicians have had the responsibility to take care of dying patients. Lately, the withdrawal of life sustaining treatments have assumed a main role in these patients because of ethical aspects. Competent patients have the right to refuse medical care but not always these rights are respected or even explained to them, especially if they are old or they don't have any close family. A multidisciplinary team should agree on how they think it is best to care for the patient and whether withdrawal of medical interventions is appropriate by using patient's wishes.

Objectives To identify the most relevant aspects to deal with in old aged dying patients.

Methods Systematic literature review in Up-to-date and Pubmed.

Clinical case 83 years-old-man with a gastric cancer state IV. Married with a woman with Dementia who is waiting for a long stay public residence. No children. No cognitive damage. Fatal prognosis with a need of permanent enteral nutrition, which, he doesn't want to use and clinicians strongly recommends. Great anxiety and suffering. Decision making capacity. Wish to die.

Discussion Patients with the capacity to make medical decisions can refuse medical care even if this refusal results in their death. Sometimes, a “comfort measures only” can be a better option than trying to keep life. Old people with no family are often less informed and taken in count in making decisions. A symptom management, good patient-clinicians communication, psychosocial, spiritual, and practical support and respecting patient's wishes and decisions is a main goal in any medical care.

Disclosure of interest The authors have not supplied their declaration of competing interest.

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EV0546

Defensive psychiatry. An ethical perspective

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Introduction The legal dispute between doctors and patients is increasing. The “frivolous lawsuit” is spreading and the psychiatrist is being dragged to court in the dock. Guidelines and operational protocols become the bastions of the defensive psychiatry. Defensive psychiatry involves, for example, a larger number of hospitalizations, also involuntary admissions, and psychopharmacological prescriptions.

Objectives We want to see if the issue of defensive psychiatry is perceived by psychiatrists as a risk in their clinical practices and what consequences may result in the relationship with the patient.

Methods Through an audit and through a literature review get to define the defensive psychiatry.

Conclusions Though there is much confusions and uncertainty in this field, the defensive psychiatry distorts the relationship with the patients and proposes the questions of social control.

Disclosure of interest The authors have not supplied their declaration of competing interest.

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EV0547

Whose insight is it anyway?

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Introduction There is little research comparing patients' views with those of their treating psychiatrists. In a survey of patients' views conducted in 1993 for MIND (UK) by Rogers, Pilgrim and Lacey only 10% saw their problems in terms of mental illness. This highlights the tension between psychiatric codifications of mental abnormalities and explanations provided by patients themselves.

Aims This pilot project explores the perceptions of mental health issues in patients and their psychiatrists in a regional Western Australian setting.

Methods A mixed methods approach including semi-structured interviews of patients and their treating psychiatrists. Recruiting 5 consecutive people in the categories of involuntary in-patients, voluntary in-patients, patients on CTO, community patients and their psychiatrists.

Questions asked of the patients were:

- Why are you here?
- What problems do you have?
- What can be done?
- What control do you have?
- What control do other people have?

Psychiatrists were asked similar questions. Responses were recorded, transcribed and thematically analyzed to reveal key themes. Quotations are used to illustrate points participants wished to make.

Results We report on differences in understanding in both groups. This study reveals areas for further enquiry.

Conclusions Considerable diversity is revealed. A key conclusion is that insight is a concept relevant both for treated and treating.

Disclosure of interest The authors have not supplied their declaration of competing interest.

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EV0548

Psycho-social factors associated with maternal neonaticide

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Current research presents five case studies of maternal neonaticide in Georgia. Participants were under the age of thirty, with incomplete secondary education, unemployed, dependent on their families' low income, living in the rural areas of Georgia. In three cases, participants resided with their family of origin. They were not married or in a relationship with the father of the child. They described their families and communities as conservative, holding strong cultural/religious beliefs against premarital sexual relations/childbirth out of wedlock. They lacked problem solving and coping skills, avoided making decisions concerning the pregnancy by concealing it. This being their first pregnancy, they gave birth alone followed by panic and fear of detection, committed neonaticide and hid the body of the infant. None of them had a prior criminal record. In the remaining cases, participants were married, lived with their spouses and children, had financial hardships. Both reported psychological and physical abuse from their spouses. One of them had a prior criminal offense for possessing controlled substances. The motive for neonaticide was an unwanted child due to an extramarital affair and threat of financial abandonment from extended family. In both cases, infants suffered fatal injuries. All participants reported lack of social support and emotional neglect from family members. These results are in line with international research, suggesting that certain patterns among these mothers are shared. Psychosocial factors associated with neonaticide should be utilized in the process of planning and implementing preventive strategies in health, social and legal frameworks.

Disclosure of interest The author has not supplied his/her declaration of competing interest.

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EV0549

Hardly manageable forensic case, as a result of unsuitable legal and psycho-social factors

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The court may impose a measure of mandatory psychiatric treatment in custody in a health care institution on a perpetrator who has committed offense while in a state of mental incompetence or substantially diminished mental capacity. An offense should be punishable by imprisonment of at least 3 years and is necessary to avoid a serious danger. Implementation of this measure can be difficult if surrounded by unsuitable psycho-social circumstances. Patient N.N, Albanian, 22-years-old, was born in Kosovo and raised in Germany. During this period, he only visited Kosovo 2–3 times. A few weeks before admission in the Institute (year 2014), he came in Kosovo willingly, to escape a prison sentence in Germany. Due to a fight, he was arrested and because of resistance that he showed, in the court – psychiatrist proposes mandatory psychiatric treatment. In admission was quiet, but after being told the rules of the Institute, he started to become aggressive, refusing to speak and eat. After refusal, his medical condition deteriorates. After “therapeutic weekend”, we saw improvement. The Court approved the doctor's proposal to change the measure. The measure must be appropriate for the patient in order not to cause more harm than good.

Disclosure of interest The authors have not supplied their declaration of competing interest.

Further reading

Kosovo, Penal Code.

Law on Mental Health.

Law on Kosovo Health.

Internal Regulation of Kosovo Forensic Psychiatry Institute.

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EV0550

Evaluation of elder physical abuse

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Background In the society we belong to, elders are the target of abuse which is many times generated by the social cultural

tendency which promotes different expressions in terms of age, a tendency which also measures capacity in terms of age.

Objective To evaluate elder physical abuse – cases reviewed at the Forensic Institute, Tirgu Mures County, Romania.

Methods An experimental design was used, focusing on elder physical abuse cases involving victims aged 65 or older, who requested a forensic certificate. All cases were reviewed at the Forensic Institute Tg. Mures, Mures County, Romania between 1st of Jan–31st Dec 2014. Variables included: age, gender, environmental origin, physical abuse, sexual abuse, relationship with the perpetrator (relative, known person/neighbor, unknown person, husband/wife), the required number of days of hospitalization, victim previous psychiatric diagnosis, aggressor previous psychiatric diagnosis.

Results A total of 5252 forensic medical certificates were issued at request by the Forensic Institute of Tg Mures. One hundred and twenty (2.28%) were related to acknowledgement of the aggression of an elderly person (≥ 65 years, with an average age of 69.89 years CI: 68.8903–70.8930). The majority of subjects were males (65%), of rural origin (64.17%). The same address as the aggressor's was identified in most of the cases (41.66%). 35.83% were hurt by neighbours/acquaintances, 22.5% were attacked by strangers.

Conclusion We are aware of that an elder abuse appears to occur most often in domestic home situations, men from rural, more often than women, are involved that victims and may be perpetrated by adult family members, or other persons.

The authors have not supplied their declaration of competing interest.

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EV0551

Towards an EU research framework on forensic psychiatric care: Introduction, structure, activities and results of cost action Is1302



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Introduction Forensic psychiatric care is aimed at improving mental health and reducing the risk of recidivism of mentally ill offenders. For some mentally disordered offenders long forensic psychiatric care is required. Due to different legal framework, policies and resources in member countries, treatment programs and care provided for these subjects may vary substantially across Europe.

Objectives COST Action IS1302, a EU project aimed at establishing a European network of researchers, clinicians and service providers about long-term forensic psychiatric care, has involved nineteen European countries for 2013 to set the basis for comparative evaluation and research on effective treatment and the development of best practice in long-term forensic psychiatry in Europe.

Method It is constituted by three main areas of interest and research. One group works on determination of patient characteristics, looking into prevalence, duration of stay and the most determinant characteristics of long term patients. The second area of research aims at obtaining better understanding of complex external factors that influence the poor progress of patients residing for an above average time in forensic services. Third group of research focuses on knowledge about specific needs brought about by psychiatric symptoms and how these specific needs might optimize the quality of life of patients in long term forensic psychiatric care.

Results/conclusions Launched four years ago, the action is at its last of activities. We display features, activities and data emerging from the research conducted so far.

Disclosure of interest The authors have not supplied their declaration of competing interest.

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EV0552

Use of new synthetic drugs in Slovenian prisons



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Introduction Prisons are a specific environment, in terms of population and various factors that affect health in the broader sense. According to the report of the board of prisons for Slovenia in 2013, 1 078 people who have had problems with illicit drug use were identified, representing 23.04% of all incarcerated persons. Moreover, an increase in the use of various types of new psychoactive substances, the so-called designer drugs, was recorded in recent years.

Aims The research aimed to point out the psychoactive drugs most used in Slovenian prisons and to explore whether these pose a public health issue.

Methods We conducted statistical research with semi-standardised epidemiological and psychoeducational questionnaires, which were distributed among prison population in Maribor region, Slovenia.

Results The analysis of the questionnaires received, which was completed by 54 prisoners, has shown that 54.55% of people aged between 18 and 35 years take synthetic drugs regularly, 30.30% of the population enjoys synthetic drugs occasionally. In the category of over 50 years, no one enjoyed these drugs. The most popular synthetic drugs were synthetic cannabinoids. Although a third of the users of these drugs has experienced at least one side effect, as many as 55.56% do not know how to act in such a case.

Conclusions This study confirmed that the majority of users of synthetic drugs are young adults who are convinced that their use is less harmful than the use of "ordinary" psychoactive substances. A surprisingly low awareness of side effects measure was stated.

Disclosure of interest The authors have not supplied their declaration of competing interest.

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EV0553

Head banging as a form of self-harm among inpatients within forensic mental health and intellectual disability services



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Introduction "Head banging" is a common form of self-harm, linked to numerous negative outcomes including significant brain damage. However, little research has investigated the prevalence and correlates of head banging behaviour in clinical populations.

Method Head banging episodes were identified from the incident records ($n = 5417$) of two inpatient forensic services (one intellectual disability and one mental health), using relevant search terms. Rates were compared between individual patients, by gender, diagnosis and level of security. Incident accounts were analysed qualitatively using thematic analysis.

Results Two hundred and twenty nine incidents of head banging were recorded, occurring approximately every three days in each service. The prevalence of the behaviour between individual patients varied widely, ranging from one to 38 incidents within one year. Women and patients with intellectual disability appeared more likely to engage in head banging. Qualitative incident reports indicated that head banging was associated with mental distress, anger, and psychotic experiences.

Discussion Head banging occurs frequently in forensic services, and has documented associations with traumatic brain injury in affected individuals, thus negatively impacting progress through the care pathway and treatment outcomes. Further research should investigate short and long term management strategies and treatment approaches, in order to minimise harm.

Disclosure of interest The authors have not supplied their declaration of competing interest.

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EV0554

The prevalence of obesity among forensic intellectual disability inpatients



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Background Inpatient mental health settings have been described as “obesogenic” environments, due to factors including psychotropic medication, high calorie food, restricted physical activity and sedentary lifestyles. No research has investigated obesity among forensic intellectual disability inpatients, despite this populations’ increased risk. Therefore, this paper aims to evaluate the prevalence and correlates of overweight and obesity on, and during admission.

Method The weight and body mass index data of 46 inpatients (15 women and 31 men) within a specialist intellectual disability forensic service was examined for the study.

Results Only six patients (13%) were a normal weight at admission, whereas 40 (87%) were overweight or obese. During their admission, 28 (61%) gained weight (average 11.8 kg), and one (2%) maintained. However, 17 patients (37%) lost weight (average 6.2 kg), though 16 remained in overweight/obese categories. There was no correlation between length of stay and weight/BMI.

Conclusions The majority of patients were overweight or obese on admission, and approximately 60% gained weight during their admission. Women appeared at greater risk of obesity. There was no relationship between length of stay and weight. This is potentially due to the high prevalence of obesity on admission and the impact of previous admissions on weight. The results highlight the need for effective weight management interventions with this population.

Disclosure of interest The authors have not supplied their declaration of competing interest.

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EV0555

The phenomenon of serial killers from the perspective of the seven deadly sins



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Objectives The aim of this paper is to make a comparative study on serial killers from different countries and link them to one of the traditional seven deadly sins in the Judeo-Christian culture.

Methods Firstly, it was necessary to define each different deadly sin and establish its behavioural correlate. This was achieved thanks to a questionnaire designed to measure the interrate agreement within a sample population. Once the categories were defined (pride, lust, envy, sloth, wrath, gluttony and greed), 30 serial killers from America and Europe were analyzed in order to determine the sin behind their motivation to commit a crime. The evaluation was based on the Coding Guide – Serial Killers Research Project – created by the unit of analysis of criminal behavioural (University of Salamanca, Spain). Afterwards, an ex post facto descriptive non experimental study was carried out to find out the relation between the serial killer’s own characteristics and the deadly sin linked to their motivation.

Results/conclusions The results show a clear predominance of pride, lust and greed as the main motivations within the study sample. As well as some possible dependency relations between killers’ motivations and some other variables, which could be helpful when applied to the offender profiling field like sex or personality.

Disclosure of interest The authors have not supplied their declaration of competing interest.

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EV0556

Serial killers: Relation between childhood maltreatment and sexual relations with the victims



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Introduction Serial killer’s (SK) familiar relations often present a disorganized adherence characterized by the paternal absence and the excessive maternal coldness or over-protection. This familiar diagram, joined to mistreatment situations, could generate different antisocial conducts in the child because of the vacancy of a significant strong figure.

Objectives To study, in the SK, the relation between having suffered childhood mistreatment and the sexual aggression to the victims before killing them.

Method A study is realized between the variables of childhood mistreatment and sexual aggression to the victims. The data has been extracted from 100 protocols of SK with different nationalities elaborated by the unit of analysis of criminal behavioral (University of Salamanca, Spain).

Results The results show a significant relation between both variables.

Conclusions It can be confirmed that the SK who have suffered childhood mistreatment sexually attack their victims before killing them while those who did not experiment it during their childhood do not realize that conduct.

Disclosure of interest The authors have not supplied their declaration of competing interest.

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EV0557

Intergenerational transmission of antisocial personality disorder: Maternal role and its declination

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Antisocial personality disorder is a well-established disease which features space from cruelty to lack of empathy and remorse. Its etiology has been deeply analyzed both for genetic and environmental implications. The role of family context has been underlined throughout the whole psychopathology as an explanation to the etiological conflict between nature and nurture. Even if this conflict seems to be apparently solved, it is still possible to ponder about family implications in terms of causes and consequences. In the antisocial field, maternal role may offer interesting and surprising food for thought. Even if it is commonly believed an intergenerational transmission of aberrant behaviors, particularly in terms of learning behaviors and lack of empathy assimilation, it exists a side part of maternal pathological expression that may play a role in the intergenerational transmission and it is extremely difficult to be detected. Female declination of this disorder may be expressed also through somatic implications and complaints, leading to the hypothesis of a self-reflection of the lack of consideration for other's needs, which is distinctive. It is of extreme importance, particularly in terms of prevention, to consider and identify these connotations of the disorder to be able to try to interrupt the cycle of transmission through generations.

Disclosure of interest The authors have not supplied their declaration of competing interest.

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EV0558

Paranoia: When criminology predicts vocational prognosis

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Patients with paranoia have always been a group of exiting but daunting patients for mental health professionals. Indeed, the risk of a violent acting out with important aggressive discharges confers to these patients an elevated dangerousness potential. If various criminological aspects of violence in paranoia have been described, their link to functional prognosis of patients have been seldom addressed.

Aim To determine if criminological details of violence acts in paranoia patients predict their functional prognosis.

Methods A retrospective, descriptive and analytic study have been conducted, based on a chart consult. Twenty-three patients with paranoia (i.e. Chronic delusional disorder jealousy or erotomania in DSM IV) patients have been included. These patients have been hospitalized in the forensic psychiatry department of Razi hospital of Tunis (Tunisia), between 1995 and 2015, after not being held by reason of insanity, according to article 38 of the Tunisian Criminal Code.

Results Delusional disorder types were: jealousy (17), persecution (4), erotomania (1) and claim (1). The majority were married

(18), undereducated (17), with irregular work (13). Forensic acts were uxoricide (15), attempted murder (5), violence against people (2) and destruction of public properties (1). Patients used bladed weapon in most of the cases (13), in the victim's residence (19), with premeditation in (17) of the crimes. Only 5 patients worked regularly after discharge.

Conclusion If our results expose further data concerning potential dangerousness of patients with delusional disorders, they also highlight the marginalized situation of these patients when released back into society.

Disclosure of interest The authors have not supplied their declaration of competing interest.

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EV0559

Forensic neuropsychiatry and neurocrimen applied to the study of violent, criminal and corrupt behavior

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Objectives – Define the scope of the study of Forensic Neuropsychiatry inherent in violent, criminal and corrupt behavior psychopathological processes;

- characterize to Neurocrimen;
- describe the neurobiological underpinnings of violence;
- analyze the corrupt behavior as a derivation of cognitive bias and distorting processes that lead to social maladjustment;
- propose therapeutic tools addressing violent, criminal and corrupt behavior.

Development Violent, criminal and corrupt behavior currently occupy an enormous preponderance in terms of distorting behaviors collevan degradation of the harmonic organization of social convivencia frequently appear in the media presented under the judicative and moral value, preventing a comprehensive analysis of this issue. We intend dilucidar under this scenario if these behaviors have a neurobiological basis, or if we neuropathological arguments that lead us to interpret any of these processes in terms signosintomatológicos, and therefore be liable to approach from mental health. For this analysis we implement knowledge from cognitive neucociencia, specifically forensic neuropsychology and neuropsychiatry, the neurocrimen and neuroderecho.

Conclusions Violent, criminal and corrupt behavior have a neurobiological support in statistical terms that allow us to infer distortionary neurobiological processes that result in changes in adaptation to social life. Many of these neurobiological aspects may be characterized in terms neuropathological and, therefore, make some of these behaviors in symptoms and signs. These findings implanted the need to revise legal conclusions static, although still insufficient to transform legal medical paradigms, but we require constant analysis and case by case ratification thereof.

Disclosure of interest The authors have not supplied their declaration of competing interest.

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EV0560

Mental health care practice in transgender persons deprived of liberty

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Gender diversity set a new paradigm in terms of challenge and study for mental health. The analysis includes everything from basic parameters such as shed prejudices and preconceptions, to question old concepts rooted yet even from the proposed DSM, understanding gender diversity not just in terms of behaviour, choices or sexual conditions but from the integration of this in cognition and social inclusion, and finally understand that the nosological processes become in fact they do not have their origins in the diversity of gender, and that this per se does not constitute a pathology. The main issues addressed are the social marginalization, the problems of co-existence, discrimination, external and internal positioning for their conduct, election or sexual and gender perceptions and ways of adaptation are implemented, in addition to nosological processes current mental health, which are influenced but not because of the above. The population Trans in penitentiary system frequently mental health care for problems such as substance abuse, convivial and adaptive circumstances, being achieved in most cases a specific record of the particular problems and behavioral system that allows the convivial adaptation, with the limiting variables that negatively influence (discrimination, marginalization, etc). The binary logic in the current psychopathology as well as society and culture in general prevents nosological analyze processes of these patients regardless of their behavior, sexual choice or self-perception of gender. They should consolidate new paradigms of psychopathological analysis to achieve a more comprehensive understanding of the nosological processes in these patients to achieve effective therapeutic targets.

Disclosure of interest The authors have not supplied their declaration of competing interest.

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EV0561

A study of the impact of child and adolescent abuse on personality disorders in adult women



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Introduction Researches on female offenders have indicated a high degree of psychiatric morbidity amongst women. Since the rates of female criminality are rising it would appear important to conduct the study of the relationship between criminal behaviour and psychiatric diagnoses in female offenders.

Objectives The main purpose of this investigation is to find out origins of crimes in women and to reveal the influence of child and adolescent maltreatment on personality disorders in adult women.

Methods Clinical psychopathological, psychological, statistical.

Results A cohort of 24 females with diagnosis of personality disorders was examined. All of them had committed crimes of violence. In the majority of the sample women had a previous history of psychiatric admissions (child psychiatric hospitals, adolescent units). The retrospective review revealed that the majority of women in their childhood were exposed to emotional, physical and sexual abuse in their families. Our results point that maltreatment may distort personality formation and social adjustment and contribute to behavior problems, negative relation to socialization and criminal behavior in adulthood.

Conclusion The study revealed that psychiatric disorders in childhood and adolescence are predictive of adult criminality in females. This findings may be used as prognostic indicators of development of aggression in female forensic patients.

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EV0562

False memories, false innocence belief syndrome (FIBS) and ‘mind control’



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Introduction Child sexual abuse allegations are extremely tricky matters to deal with as situations can range from ritual violence at one extreme to complete fabrication by vested interests at the other. A level headed approach is required that does not fall into the trap of categorizing all early childhood memories as ‘false memories’ while also being alert to possible ‘mind control’ coaching of false allegations.

Objectives The presentation covers the origins of the false memory syndrome group and the implantation of false memories that is seemingly practiced by vested interests.

Aims Child custody and criminal cases are frequently decided based on testimony of mental health professionals who routinely appear to be poorly informed and blatantly biased.

Methods A review of articles in the BPS publication ‘The Psychologist’ uncovered a large amount of materials written by advocates of the BFMS prompting further research.

Results There appears to be a multitude of articles written by BFMS associates in The Psychologist. Furthermore, instances of BPS ‘censorship’ are disconcerting. On top of this, concerns have been raised in the US about the ethics of Elizabeth Loftus—the academic ‘darling’ of the false memory movement. Finally cases have come to light where false memories were seemingly implanted by vested interests to ‘snatch’ children into authority care.

Conclusions The mine field of child sexual abuse needs to be tackled with an even-handed manner considering the full range of possibilities in assessment.

Disclosure of interest The author has not supplied his/her declaration of competing interest.

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EV0563

How to interview terrorists? A forensic psychiatrist experience



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Introduction Because of their intrinsic characteristics, forensic interviews with terrorist suspects are perhaps one of the most challenging interviews forensic psychiatrists and psychologists will experience.

Objectives This work presents a theoretical and practical framework for understanding terrorist individual psychology and effective interviewing techniques. It will show how the psychopathology of the terrorist, as well as social factors, have to be integrated in the preparation of the interview and in the interviewing process itself.

Methods Forty-eight incarcerated Middle Eastern terrorists (1 women and 47 men) have been interviewed. These terrorists were involved – directly or indirectly – in several attacks claimed by Al-Qaeda or ISIS. Verbal communications were evaluated through questions and key points related to personality disorders described

in the DSM-V. Non-verbal communications were analyzed through modalities such as facial expressions, eye contact, and body gestures.

Results Several verbal and nonverbal characteristics have been identified as common in all the interviewees.

Conclusions In a way to improve the quality and the quantity of the information gathering, it is suggested, especially with terrorists (but not only), to based the investigative and forensic interviewing on a personality-focused approach. Further studies are also needed to evaluate if terrorists have specific communication skills. Finally, this work proves that indirect assessment, such as consulting records, interviewing partners, family members or friends, is very important in the terrorist forensic assessment.

Disclosure of interest The author has not supplied his/her declaration of competing interest.

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EV0564

Specifics of the implementation of the security measures of medical nature in the Republic of Serbia



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The medical security measures in the Republic of Serbia include:

- mandatory psychiatric treatment and confinement in a medical institution;
- mandatory psychiatric treatment at liberty;
- mandatory treatment of alcoholics and;
- compulsory Drug Addiction Treatment.

The aim of this presentation is to explain how the medical security measures are implemented in the Republic of Serbia. The methods used in this study are analysis and synthesis of the implementation of security measures in the Republic of Serbia based on many years of practical work in forensic centre for the implementation of security measures. By duration of medical security, measures may be twofold:

- of unlimited duration, when the offender is undergoing medical treatment and keeping in a medical institution, while there is a need for treatment, or until there is no threat to the environment (the length of time is difficult to determine, however, that the most common word on the permanent indefinite treatment and storage required special caution and detailed analysis of all the elements relevant for this decision).
- limited duration, where the duration of treatment is determined by the court and to no longer than three years as provided in the current The Criminal Code of the Republic of Serbia.

The basis of every civilized society make the legal and moral norms governing the relations within the community, and thus regulate and protect their most essential element – the man – his physical and psychological integrity.

Disclosure of interest The author has not supplied his/her declaration of competing interest.

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EV0565

Incest in the Schizophrenic patient: Case report



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Introduction Incest may be defined as sexual relations between close blood relatives. Legally, incest and sexual aggression toward

minors are classified as a criminal behaviour. Tunisia is among the countries from which incest cases are rarely reported.

Objectives and method The aim of this study is to investigate the relationship between the psychotic structure and incest, and to describe the individual, clinical, and criminal traits of the incestuous father through clinical observation.

Case report Mr T.G is 46 years old. He is married and has six daughters. His wife appears to be passive, and largely dependent on her husband. Mr T.G has had incestuous relationships, initially, with his two eldest daughters. The acts were followed by the mother's complicit silence and the non-denunciation of the daughters. Two years later, he starts an incestuous behavior with his third daughter. Incest took place in the context of delusion. The patient was convinced that he is responsible of his daughters' sexuality education. He develops an incoherent theory of purification with a tendency towards morbid rationalism. It is only after four years of insufferable paternal incestuous relationships that the third daughter filed a complaint to the police. A psychiatric expertise concluded that the accused is exempt from criminal responsibility.

Conclusion Incest is a multi-faceted phenomenon, which makes its approach, comprehension, and treatment quite complex. For a psychotic patient incest is a means to deny alterity by crushing other. It also allows him to find, in this complete power, control over his annihilation anxiety.

Disclosure of interest The authors have not supplied their declaration of competing interest.

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EV0566

Substance use among male forensic patients



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There is a widespread use of substances abuse which might cause violence, suicide, interpersonal conflicts, lawsuits, psychiatric commitment, and even crimes. Psychiatrists are under increasing pressure to develop strategies to address the problem of co-existing criminal behaviour, addiction, and mental illness. The aim of this study was to examine the association between demographic profile, psychiatric symptomatology and substance use in forensic psychiatric inpatients, and to consider the treatment needs and opportunities for intervention among the same sample.

Methodology A retrospective study was done on patients admitted to the department for Forensic Psychiatry at the Razi Hospital from 1996 to 2016, initially jailed for detention and drug consumption and judged irresponsible by reason of insanity. Data were collected by record review.

Results Thirty-two patients were included in the study. Mean age was 27.81 years. Thirty-six percent of the participants were illiterate and 45% were single. More than half of the subjects (54%) had personal psychiatric history and 27, 27% had family history of psychiatric problems. About one third (31.81%) of participants had judicial background: 33% were arrested for public drunkenness, 44% were arrested for violence, and 22% were arrested for theft. Concerning the diagnosis, 45% were suffering from schizophrenia, 22.77% were diagnosed with personality disorder and 27.27% of them would not have any mental trouble. About 50% of the patients did not follow up with treatment.

Conclusion Addictive disorders are authentic psychopathological disorders. Effective treatment is hindered by the paucity of research on clinical application of treatment models for addictive disorders in this population.

Disclosure of interest The authors have not supplied their declaration of competing interest.

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EV0567

Violent incidents within psychiatric settings

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Objective To determine the frequency and types of aggressive and violent behaviors in acute psychiatric inpatient settings and potential interactions between staffing and patient mix and rates of the behaviours were explored.

Methods Data on violent incidents were gathered prospectively in two acute psychiatric units in two general hospitals and two units in a psychiatric hospital in Isfahan, Iran. Staff recorded violent and aggressive incidents by using Morrison's hierarchy of aggressive and violent behavior. The classification ranged from level 1, inflicted serious harm to self or others requiring medical care, to level 8, exhibited low-grade hostility. They also completed weekly reports of staffing levels and patient mix. Regression analysis was used to calculate relative rates.

Results A total of 400 violent incidents were recorded over a three-month period. Based on the scale, more than 50 percent of the incidents were serious. Seventy-eight percent were directed toward nursing staff. Complex relationships between staffing, patient mix, and violence were found. Relative risk increased with more nursing staff (of either sex), more non nursing staff on planned leave, more patients known to instigate violence, a greater number of disoriented patients, more patients detained compulsorily, and more use of seclusion. The relative risk decreased with more young staff (under 30 years old), more nursing staff with unplanned absenteeism, more admissions, and more patients with substance abuse or physical illness.

Conclusions Violent incidents within psychiatric facilities were frequent and serious, with great significance for occupational health. Some clues were found in the prediction of violence.

Disclosure of interest The authors have not supplied their declaration of competing interest.

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EV0568

Differences in current psychological and physiological subclinical stress levels in forensic patients with psychopathic personality traits

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Stress and its associations with psychopathic traits have been widely studied. However, recent research suggests the distinction between psychological and physiological symptoms of subclinical stress experience. Possible differences regarding these two dimensions of stress and their relations to psychopathy factors have not been investigated yet. Hence, this is the first study on psychological and physiological subclinical stress levels of forensic patients with psychopathic personality traits. We expected to find distinct associations between stress dimensions and psychopathy factors. Therefore, we examined 164 forensic patients with a substance use disorder regarding their psychopathy scores and current stress levels, using the Psychopathy Personality Inventory (PPI) and the Subclinical Stress Questionnaire (SSQ). Our results indicate that only the experience of psychological stress and not physiological stress is predicted by psychopathy. More precisely, the psychopathy factor "Impulsive Antisociality" is a positive predictor of subclinical psychological stress symptoms, while the factor "Fearless Dominance" is a negative predictor. Thereby, gender has

an influence as females are more likely to experience psychological and physiological stress. In conclusion, these results imply that forensic patients scoring high on the psychopathy factor "Impulsive Antisociality" experience high levels of psychological distress. This is in line with previous findings describing Impulsive Antisociality as a generally maladaptive trait manifesting in low adaptability and insufficient coping strategies.

Disclosure of interest The authors have not supplied their declaration of competing interest.

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EV0569

The profile of sexual abusers of minors: A forensic-psychiatric studyJ. Nunes^{1,*}, D. Figueiredo¹, T. Ventura Gil¹, M. Colón², A. Pissarra da Costa¹¹ Hospital Sousa Martins, Department of Psychiatry and Mental Health of Sousa Martins Hospital, U.L.S. Guarda, Guarda, Portugal² Delegação do Centro do INMLCF, I.P., Psiquiatria, Coimbra, Portugal

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The World Health Organization (WHO, 2006) defines sexual abuse as the involvement of a child in sexual activity that he or she does not fully comprehend, being unable to give informed consent to, or for which the child is not developmentally prepared, or else that violates the laws or social taboos of society. In Portugal, the law that regulates the sexual abuse of underage people (minors) is enclosed in crimes of sexual auto-determination, which are described as child sexual abuse (article 171°) and sexual acts with a teenager (article 172°), and those are applied to the person that has copulation, anal intercourse and oral intercourse with underage abusing from their inexperience. Our objective is to investigate the profile of sexual abusers of minors, namely, the socio-demographic features, clinical correlations, and the level of penal responsibility of sexual offenders who were referred by court to forensic psychiatric assessment in the Institute of Legal Medicine of the City of Coimbra. Moreover, verify if these individuals present mental disorders at the time of the offence. The present study is of descriptive nature, being based on the observation and consultation of 30 clinical processes of sexual abusers. All written reports were obtained from 2005 to 2015 by court-appointed psychiatric experts on individuals that have been charged of committing sexual crimes against minors and referred to the main forensic institute in the city of Coimbra. This study will contribute to the increase of more information on these offenders, promoting the development of more adequate contingency plans for this population.

Disclosure of interest The authors have not supplied their declaration of competing interest.

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EV0570

Predicting offense recidivism in Schizophrenia patientsB. Oueslati^{1,*}, M. Ali², R. Ridha¹¹ Razi Hospital, Forensic psychiatry department, Manouba, Tunisia² Faculty of Medicine of Tunis, Preventive medicine department, Tunis, Tunisia

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Introduction Schizophrenia increases the risk of offending. Recidivism rates are significant.

Aim Identifying general and violent recidivism risk factors in schizophrenia patients.

Methods We conducted a case control study. All included patients were admitted, at least once, to the forensic psychiatry department in Razi Hospital between January 1st, 1985 and December 31st, 2014 after a decision of irresponsibility by reason of insanity. All those who reoffended during this period were con-

sidered as cases. A draw was performed to create the control group. Both groups were matched according to their first offences' types as well as to their ages. A multivariate analysis was performed.

Results We included 25 cases and 38 controls. Eight recidivism risk factors were identified. Living in urban poor neighbourhoods ($P=0.039$; $OR=1.23$), having been unemployed ($P=0.047$; $OR=1.22$) and not having lived with the family ($P=0.039$; $OR=1.36$) after discharge were considered as risk factors. The same applied to alcohol ($P=0.032$; $OR=1.29$) and cannabis use disorders ($P=0.005$; $OR=1.34$). A hospitalization shorter than 6 months increased the risk by 1.44 ($P=0.039$). A combination of conventional antipsychotics ($P=0.003$; $OR=1.36$) and a poor adherence ($P=0.006$; $OR=1.36$) were considered as recidivism risk factors too.

Conclusions All eight recidivism risk factors are dynamic. This makes recidivism prevention conceivable. Measures involving the patient, the health care system, patients' families, society and the government should be taken.

Disclosure of interest The authors have not supplied their declaration of competing interest.

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EV0571

Predicting offense recidivism in Schizophrenia patients

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Introduction Schizophrenia increases the risk of offending. Recidivism rates are significant.

Aim Identifying general and violent recidivism risk factors in schizophrenia patients.

Methods We conducted a case control study. All included patients were admitted, at least once, to the forensic psychiatry department in Razi Hospital between January 1st, 1985 and December 31st, 2014 after a decision of irresponsibility by reason of insanity. All those who reoffended during this period were considered as cases. A draw was performed to create the control group. Both groups were matched according to their first offenses' types as well as to their ages. A multivariate analysis was performed.

Results We included 25 cases and 38 controls. Eight recidivism risk factors were identified. Living in urban poor neighbourhoods ($P=0.023$; $OR=4.86$), having been unemployed ($P=0.042$; $OR=2.18$) and not having lived with the family ($P=0.039$; $OR=1.36$) after discharge were considered as risk factors. The same applied to alcohol ($P=0.026$; $OR=4.89$) and cannabis use disorders ($P=0.018$; $OR=6.01$). A hospitalization shorter than 6 months increased the risk by 1.79 ($P=0.046$). A combination of conventional antipsychotics ($P=0.023$; $OR=4.81$) and a poor adherence ($P=0.001$; $OR=10.42$) were considered as recidivism risk factors too.

Conclusions All eight recidivism risk factors are dynamic. This makes recidivism prevention conceivable. Measures involving the patient, the health care system, patients' families, society and the government should be taken.

Disclosure of interest The authors have not supplied their declaration of competing interest.

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EV0572

Decision making in structure of self-regulation of persons with mental disorders at assessment of capacity

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The paper is based on the conception of Luria's neuropsychological theory, the conception of self-regulation (Nikolaeva V.V.), the model of decision making (Kornilova T.V.), methodological basis of psychological and psychiatric assessment of capacity of The Serbsky State Scientific Center for Social and Forensic Psychiatry (Kharitonova N.K.).

Research goal To study neuropsychological factors in persons with mental disorders who are involved in forensic assessment of capacity and find out correlation between decision-making and neuropsychological factors.

Research subject The three levels of self-regulation (the level of regulation of mental status, the operational level, the motivational level) and the role of decision making in this structure in persons with mental disorders who are involved in forensic assessment of capacity.

The research methods Neuropsychological methods by Luria A.R., patopsychological methods for assessment Higher Psychological Functions (Zeigarnik B.V.), Melbourne decision making questionnaire (a Russian adaptation, Kornilova T.V.).

According to Luria's neuropsychological theory, series of the basic neuropsychological methods include: (1) determine arithmetic task using an algorithm, (2) tests for study of praxis and gnosis, (3) tests for study of memory and attention, (4) test for study of comprehension of logical-grammatic expressions.

Results – The three levels of self-regulation correspond to the three functional brain's areas (according to Luria's neuropsychological theory)

– Decision making correlation with factors of the third brain's area (the frontal lobe)

The conclusions Our research considers neuropsychological factors like possible medical criterion for assessment of capacity.

Disclosure of interest The author has not supplied his/her declaration of competing interest.

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EV0573

Spitefulness and psychopathy: A contribution for an Italian adaptation

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Introduction Psychopathy has been individuated as an important predictor of criminal recidivism. As a consequence, a growing number of studies has examined factors associated with psychopathic traits in criminal population. While spitefulness has been associated with a range of destructive behaviors, there is a paucity of instruments that evaluate the spitefulness (Marcus & Zeigler-Hill, 2015).

Objective Testing the validity and reliability of an Italian version of the Spitefulness Scale.

Aims Correlate Spitefulness Scale scores and other indices of psychological functioning. We recruited an offenders sample ($n=400$) and a community sample ($n=400$). We administered the Spitefulness Scale (Marcus, 2014), along with the following measures: Dirty Dozen (Carmines & Zeller, 1979), Aggression Questionnaire (Buss & Perry, 1992), Difficulties in Emotion Regulation Scale (Gratz & Roemer, 2004), and SRP (Hare, 1980).

Results Offenders participants showed higher levels of spitefulness. Further, the construct validity of the scale was confirmed by associations with measures of psychopathy, emotion dysregulation, and interpersonal problems.



Conclusions The use of the Italian version of the Spitefulness Scale seemed promising for the study of emotion recognition in both clinical and nonclinical samples.

Disclosure of interest The authors have not supplied their declaration of competing interest.

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EV0574

The role of spitefulness in personality disorders: Toward a better comprehension of the cluster B



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Introduction Cluster B personality disorders (i.e., Antisocial, Borderline, Histrionic, and Narcissistic Personality Disorders), is characterized by a dramatic pattern of relating to others, with symptoms characterized by a difficulty regulating emotional states and behavior (APA, 2000). The desire to cause pain often characterized these disorders (i.e. borderline) involving vindictively harming another with serious and often negative interpersonal consequences. Nevertheless, there is a paucity of research about the nature of relationships between spitefulness and personality disorders.

Objective This study aims to investigate the association between spitefulness and personality disorders in an offenders samples ($N=305$).

Aims To investigate the associations among spitefulness and personality disorders. We hypothesized that spitefulness would be differently associated with emotional and impulsive personality disorders (cluster B: antisocial, borderline, histrionic and narcissistic).

Results As expected, spitefulness and some personality, disorders were positively associated. Specifically, ASPD and Borderline are strongly associated with high levels of spitefulness.

Conclusions Such results confirm the theorization that the assessment of spitefulness improve the accuracy of diagnosing of these personality disorders.

Disclosure of interest The authors have not supplied their declaration of competing interest.

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EV0575

Evaluation of a court liaison and diversion service in London over a quarter of a century



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Introduction Oxleas NHS Foundation Trust has run a Court Diversion Service in South East London since 1991. It provides services for people within the earlier stages of the Criminal Justice System.

Objectives This evaluation aims to combine data from across the 25-year period since the introduction of the diversion scheme. It

seeks to provide a longitudinal picture to elucidate the impact of service changes during this time.

Methods The evaluation uses data obtained from a variety of sources for four points in time: 2015/2016, 2011, 1999 and 1991. Data across domains was collated to allow longitudinal analysis.

Results After the initial introduction of the scheme in 1991, the total mean time on remand was noted to drop from 67.1 days to 49.5 days ($P<0.001$). There were 280 referrals over 18 months in 1991, 210 per year in 1999, 190 in 2011 and 174 between April 2015 and March 2016. Violent crimes increased from 29% in 1991 to 47% in 2011. The proportion with schizophrenia decreased from 31% in 1991 to 18% in 1999, before increasing again to 25% in 2011. The use of Section 37 hospital order disposal decreased from 15% in 1991 to just 4% in 2011.

Conclusions The court diversion scheme has produced significant benefits since it was introduced in 1991, despite a rise in the proportion of violent alleged offences. Changes to the service have seen decreased use of hospital orders.

Disclosure of interest The authors have not supplied their declaration of competing interest.

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EV0576

The acting out in patients with Schizophrenia examined in a forensic psychiatric assessment



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Introduction Many studies have shown that schizophrenic patients are responsible for the highest rates of violence among all the mentally ill patients.

Aims of the study Describe the socio-demographic and clinical characteristics of patients with schizophrenia examined in a forensic psychiatric assessment and identify the risk factors of violence in these patients.

Methodology A retrospective study carried out in the psychiatric department of university hospital of Mahdia during fifteen years involving 40 patients with schizophrenia examined in a forensic psychiatric assessment following a forensic act. These patients were compared to a population of 40 patients followed in the same establishment for the same disease and without criminal record.

Results Age average of 36.08 years, male (95%), rural origin (65%), primary level education (47.5%), single (65%), unemployed (65%) and average socio-economic level (65%). Personal psychiatric history (87.5%), personality disorder (12.5%), judiciary history (12.5%) and substance abuse (57.5%). Subtypes of schizophrenia: undifferentiated (52.5%) and paranoid (30%). They have committed serious physical assaults (55%) and aggression against property (27.5%). The victim was mostly a family member (40%), under the influence of toxic (22%), driven by delusions of persecution (61%), with hallucinatory mechanism (55%). The psychiatric expert has concluded an abolition of discernment in 77.5% of cases. Risk factors of acting out were: rural origin, alcohol and psychoactive substances use, productive forms of schizophrenia, poor adherence and irregular monitoring.

Conclusion The knowledge of risk factors improves the management and allows us better prevention of violence among our patients.

Disclosure of interest The authors have not supplied their declaration of competing interest.

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EV0577

Correlation between socio-demographic factors and profile of the rapist in Bulgaria



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Introduction Sexual abuse is of great public and high degree of public danger.

Objectives The aim of this study was to evaluate the influence of specific socio-demographic factors among sex crime offenders.

Material The subjects of study are 66 individuals in total, testified by expert psychiatrist and subsequently charged by law as of December 2010, up until today.

Methods Patient record, providing information about different socio-demographic factors. Retrospective research of the available medical documentation. A statistician conducts data research analysis, using specialised software statistical packages for Statistics.

Results The highest percentage of the participants are from the age groups between 15–24 and 45–54 years old. Both age groups consist of 18 people (27%). The two groups with the lowest percentage of sex offenders are the ones between 25–34 –6 (9%) and above 64–6 (9%). The biggest share have secondary education–26 (40%), followed by those with elementary education–24 (36%). The smallest percentage are those with higher education – 2 (3%). There is no statistically significant correlation between the research sample and their residence–34 (51%) live in a city and 32 (49%) – In a village. There is also not a significant difference in their ethnical origins. The biggest percentage of sex offenders have been raised by both parents – 54 (82%).

Conclusions Sex offenders represent an exceptionally heterogeneous group, our study did not find significant correlation of socio-demographic factors and the profile of the rapist.

Disclosure of interest The authors have not supplied their declaration of competing interest.

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EV0578

Personality type of homicide offenders based on psychiatrist expert reviews



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Despite the relatively prudent regulations and dissuasive punishments worldwide, the number of homicide offenses are not decreasing. In my study those psychiatrist expert opinions were reviewed, which were created in closed homicide cases in the institute of forensic medicine of Debrecen over five years from 2007.

The subject of my study was that what kinds of personalities these crime offenders have, and whether they were in a pathological mental state while committing the crime. The majority of the offenders were from the most active age group between 20 and 40, for the victims, however, the opposite can be said, as the most common homicide acts were committed against the older age group, because due to their age they are less able to defend themselves than the truly active age group. Out of 25 committers, 9 had psychiatric treatment in its antecedents – mostly suicidal intentions or attempts, alcohol dependence or depressive episode. Among

the cases examined, antisocial personality disorder was only made probable in 42% of the perpetrators; however, it was not qualified as restrictive factor in neither case. 43.5% of the offenders were under the influence of alcohol at the time of committing the act, and 58.3% had no criminal record before.

The public believes about the homicide offenders that only people with abnormal mental condition can commit them – however, based on the reviewed psychiatrist expert opinions, the limitation of imputation ability can rarely be established professionally. Milder or more severe limiting factor were established in only 12% of the offenders.

Disclosure of interest The author has not supplied his declaration of competing interest.

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EV0579

Forensic psychiatric expertise of patients with anti-social personality



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Introduction Epidemiological studies in the general population confirm the indisputable link between criminological dangerousness and mental disorders especially anti-social personality, which increase clearly the prevalence of violent behavior.

Aim To dress socio-demographic, clinical and medico-legal profile of offenders, with anti-social personality, in forensic psychiatric examination.

Methods It was a retrospective study of a series of 195 patients with antisocial personality (DSM-IV). They were examined, during the period, from 2009 to 2013, on the occasion of a penal expertise in the department of psychiatry C in the Hedi Chaker university hospital, Sfax, Tunisia.

Results The mean age of patients at the offense moment, was 29.58 years, with a sex ratio of 26.85. Among them, 66.2% were single, 49.2% had a primary school level and 41% had no profession. Between the patients, 58.5% lived in urban area and 38.5% in a high crime area. Addictive behaviors were reported in 80% of cases. Self-injury behaviors were noted in 33.8% of offenders. Psychiatric histories were reported in 66.2%, and 25.6% of patients have been already hospitalized in psychiatry department. 64.1% had already committed forensic acts, and 36% had been imprisoned at least once. The current offense was: homicide 16.9%; sexual offense 9.2%; violence 18.5%; theft 30.2%. The offense was related to impulsivity (40%) or utilitarian purpose (39%).

Conclusion A young single man with no profession, a limited educational attainment and a history of impulsive behaviors, such is the profile most frequently encountered among offenders with anti-social personality. Interventions for reducing forensic behavior should focus on those social and clinical characteristics.

Disclosure of interest The authors have not supplied their declaration of competing interest.

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EV0580

Demographic and criminal data among psychiatric patients in Greece



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Introduction To our knowledge, a limited number of studies address criminality among psychiatric patients as depicted in legal files.

Objectives The objective of the present study was to provide demographic, psychiatric, legal/criminal data about psychiatric patients in Greece.

Methods Legal case files of 100 adult subjects, 90 male/10 female, 88 Greeks/12 foreigners were reviewed.

Results Seventy eight percent of the subjects had at least one psychiatric evaluation prior to the commitment of the crime. The main diagnoses at the time of the criminal act were: schizophrenia spectrum psychosis (18%), anti-social/borderline/mixed personality disorder (15%), substance use disorder (15%), alcohol use disorder (10%), depressive affective disorder (6%), mixed anxiety/depressive disorder (6%), bipolar disorder (5%), anti-social personality disorder/substance use disorder (5%), schizophrenia/substance use disorder (3%). In 11% the diagnosis was unknown. Eighty four percent of the crimes committed were homicides/attempted homicides, 6% assaults/(attempted) homicides, 3% property crimes/(attempted) homicides and below 3% assaults, property crimes, sexual offences, drug crimes. The weapon used was a knife/sharp object (42%) or a gun (40%). Perpetrator and victim were strangers in 25% of the cases, just acquaintances in 14%, had a professional relationship in 7%, their relationship was conjugal (15%), they were partners (13%) or relatives (7%). In persons with schizophrenia spectrum psychosis the victims were relatives/spouses in 41.2%, while in other diagnoses the respective percentage was 21.5% ($P=0.044$).

Conclusions In accordance to the international literature, there is a vast need for further research in order to improve forensic psychiatric services and prevent criminality among psychiatric patients.

Disclosure of interest The authors have not supplied their declaration of competing interest.

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EV0581

Criminal insanity and psychiatric diagnoses in Greek penal cases



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Introduction To our knowledge, few studies address the issue of criminal responsibility among psychiatric offenders. In Greece, articles 34 and 36 of the penal code regulate criminal insanity and diminished responsibility, respectively.

Objectives The objective of the present study was to provide psychiatric/legal data considering the appeal to articles 34/36 of the Greek penal code.

Methods Legal case files of 100 adult subjects, 90 male/10 female, 88 Greeks/12 foreigners were examined.

Results According to the first degree court, one defendant was found criminally insane, 29 with partial responsibility, while the rest were regarded as fully capable. The decisions of the court of appeal/the supreme court of appeal were 2 criminally insane, 36 partially responsible and 62, fully criminally responsible. The decisions were unanimous in 78% of the cases.

The most common diagnoses were schizophrenia spectrum psychosis (18%), antisocial/borderline/mixed personality disorder

(15%) and substance use disorder (15%). Court decisions of criminal insanity/diminished responsibility were higher when the perpetrator had an Axis I diagnosis (47.5%), significantly lower in cases of personality disorder (22.2%) and even lower in cases of substance use disorder (16.7%). In patients with prior hospitalizations the percentage of criminal insanity/diminished responsibility was 55.6%, significantly higher than in cases without (24.4%).

Conclusions Schizophrenia is the most common mental disorder correlated with offenders criminally insane/partially responsible, while a history of psychiatric hospitalization is a very strong positive predictive factor for the successful appeal of the aforementioned articles.

Disclosure of interest The authors have not supplied their declaration of competing interest.

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EV0582

Agreement between psychiatric evaluations and court decisions concerning criminal responsibility



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Introduction To our knowledge, a relatively small number of studies address the agreement between psychiatrists and court decisions concerning criminal responsibility among psychiatric offenders.

Objectives The objective of the present study was to examine the agreement between psychiatric evaluations and court decisions in Greek penal cases.

Methods Legal case files of 100 adult subjects, 90 male/10 female, 88 Greeks/12 foreigners were studied, and agreement was assessed by the κ (kappa) statistic.

Results Seventy eight percent of the subjects had had contact with psychiatric services before the commitment of the crime. The most common diagnoses were schizophrenia spectrum psychosis (18%), antisocial/borderline/mixed personality disorder (15%) and substance use disorder (15%). In 30% of the cases criminal insanity/partial responsibility was attributed in the first-degree court. The presence of a psychiatrist ($n=63$), attending, defense, prosecution or appointed by the court, significantly increased the possibility of such an attribution (41.3% versus 10.8%).

The highest agreement ($\kappa=0.780$) was observed between court's decision and the evaluation of the psychiatrist appointed by the court, in the 35 cases in which such an expert was present ($P<0.001$). Very significant agreement ($\kappa=0.805$) was observed between the decisions of second and first-degree courts ($P<0.001$). In 91% of the cases, the decisions remained unchanged.

Conclusions Criminal insanity/diminished responsibility, were attributed in 30% of the reviewed cases. The presence of a psychiatrist already at the first-degree court is a prerequisite for such an attribution, especially when, he is appointed by the Court.

Disclosure of interest The authors have not supplied their declaration of competing interest.

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EV0583

Persons with mental disorder in jails and prisons – legislation and practice in Georgia



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Introduction Statistics shows that in most countries prevalence of mental health problems are much higher among prisoners than the general population. Country approach to regulating mental health needs of persons with mental disorder who come into contact with justice system depends on variety of cultural or legal traditions, as well as on different concepts and structures of mental health care delivery.

Objective The aim of the survey was to study and assess the established practice of implementation of the legal procedure relating to individuals who commit crime and have mental health problems in Georgia.

Methods Qualitative analysis including desk review, in-depth interview and focus group discussion was conducted. Preceding from the research objectives the current legislation with regard of people with the mental disorder has been analyzed; the interviews on the shortcomings and problems of the implementation of the law in practice have been conducted with key informants.

Results The study acknowledges that recent changes in Georgian legislation imports much of the civil law standards and processes relating to admission, detention and compulsory treatment of criminal detainees with mental health problems. However, due to the ambiguous, ambivalent and incomplete nature of the aforementioned changes, the penal and administrative courts, as well as the clinicians are facing serious difficulties and confusions in their work.

Conclusions It is discussed that there is a strong need for closer cooperation between mental health and justice systems to treat mentally disordered persons both in the system and after they are released into the community.

Disclosure of interest The authors have not supplied their declaration of competing interest.

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EV0584

Sadistic sexual assault, perversion and schizophrenia: A case report



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Introduction In some forms of sexual perversion, sexual satisfaction is achieved only by treating one's partner violently (sadism) or conversely, by suffering pain (masochism).

Objective and method The objectives of our study were to understand the complex relationship between psychotic and perverse structures, and discuss the importance of some criminal risk factors for psychotics who have sexually perverse behaviors, through clinical observation and review literature.

Case report Mr AB was 35-year-old, single and unemployed. He was hospitalized in our forensic psychiatric department following a dismissal for criminal responsibility for an act of emasculation on

a child aged 5 years without sexual abuse. In his biography we have objectified cruelty to animals, charged judicial history (imprisonment for theft, murder and escape from prison, hetero aggressive acts) and substance use.

The patient explained with indifference that he heard voices making fun of his "sexual impotence and loss of his manhood". The day of the forensic act, he got an uncontrollable urge to emasculate the first man he met on his way at the behest of this hearing hallucinatory activity. Psychiatric experts retained the diagnosis of psychosis with perverse arrangements. Under neuroleptic treatment, psychotic symptoms disappeared but the patient's sadistic problems remained present and active throughout his hospitalization.

Conclusion The following case illustrates the issue of dangerousness and responsibility in a perverse psychotic author assault of a sexual nature. Given their clinical history, the path between perversion and psychosis shows that perverse manifestations are prior to the first psychotic symptoms and the perverse constitution is developed parallel to the psychotic illness.

Disclosure of interest The authors have not supplied their declaration of competing interest.

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EV0585

Homicide, borderline personality disorder and paraphilic disorder: A case report



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Introduction Zoophilia consists of sexual intercourse by a human being with a lower animal. There is a paucity of literature on this paraphilia.

Method In this paper, we report an uncommon case of homicide committed by a man with co-morbid borderline personality disorder and paraphilic disorder, and review the literature.

Case report Mr SH was a single and unemployed 30-year-old male. He was hospitalized in our forensic psychiatric department following a dismissal for criminal responsibility for an act of attempted murder with premeditation. There was no history of any other psychiatric disorder, chronic physical illness or drug dependence. He complained that he had been suffering for the past ten years from sad mood, sleeplessness, loss of interest, and feelings of guilt worthlessness, and hopelessness. He had started sexual intercourse with animals eight years ago. He harbored feelings of guilt for his sexual experiences with animals. There was no formal thought disorder or perceptual abnormality. At the beginning of bestiality, he explained his unconventional behavior, by the fact that he had been bewitched, by his uncle's wife. Projective tests found borderline psychopathology. The crime occurred after a zoophilic sexual intercourse. Mr SH was obsessed with bewitchment thoughts, and got an uncontrollable urge to kill his uncle's wife. The crime was impulsive and violent. Psychiatric experts retained the diagnosis of co-morbid borderline personality disorder and other specified paraphilic disorder (DSM-5).

Conclusion In this case, we discuss the clinical and therapeutic challenges of this complex case, and the legal liability of Mr SH.

Disclosure of interest The authors have not supplied their declaration of competing interest.

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e-Poster viewing: Genetics & molecular neurobiology

EV0586

Adult with autism – oxidative stress, co-morbidity and predisposition



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Introduction The etiology of autism spectrum disorder (ASD) is unclear. Studies involving children with ASD suggest that oxidative stress could explain some of the pathology. Few reports have investigated the role of oxidative stress into adulthood. Furthermore, the knowledge on psychiatric and somatic co-morbidities, as well as socio-economic status in a trajectory across lifespan is sparse.

Objectives Investigating oxidative stress related markers in ASD, along with trajectories in socio-economic functioning and co-morbidities.

Aims To evaluate the importance of oxidative stress in the neurobiology of adults with ASD and assess the socio-economic level of functioning and co-morbidities.

Methods Plasma levels of antioxidant super-oxide-dismutase isoenzymes (SOD1 and SOD2) and pro-oxidant xanthineoxidase (XO) were measured in 56 patients ≥ 18 years of age, diagnosed in childhood with ASD (F84.0, F84.1, F84.5 or F84.8), along with gender and age matched controls. Participants were interviewed regarding their health, familial predisposition and social status.

Results Cases showed higher levels of SOD1 (268.2 ng/mL vs. 205.6 ng/mL). We found no differences regarding SOD2 and XO. Patients had a higher BMI (27 vs. 24), fewer drank alcohol (40% vs. 75%), more had a psychiatric co-morbidity (50% vs. 2%), more had family member with a psychiatric diagnosis (80% vs. 50%). None of the bio-psycho-social factors showed association with biomarker levels.

Conclusion Oxidative stress seems to play a role in ASD. Furthermore, patients with ASD often have psychiatric co-morbidities; more often have a family history of psychiatric diagnoses, and are less healthy physically.

Disclosure of interest The authors have not supplied their declaration of competing interest.

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EV0587

Evaluation of serum microRNA expression profile in panic disorder patients



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Introduction Even though it has begun to be investigated in recent years, studies of microRNA (miRNA) in anxiety disorders are limited. Our research is the first miRNA expression study in panic

disorder, which excludes of drug use and additional psychiatric disorders.

Objective We aimed to determine the availability of miRNAs as biomarkers in the serum levels of panic disorder and to demonstrate the changing expression of miRNAs.

Methods In the research, 35 panic disorder patients and 35 healthy controls were administered a socio-demographic and clinical information form, SCID-I, PDSS. 2 tubes of peripheral venous blood were taken from each group for genetic evaluation. miRNA expression analysis was performed in those samples by the RT-PCR method.

Results Compared with the healthy control group, 8 miRNA expression levels were found different in panic disorder group. Five of them were up-regulated and 3 of them were down-regulated. There was no correlation between the level of miRNA expression and PDSS total score and PDSS sub-items. miR-1297 and miR-4465 expression levels were statistically significant between the two groups. Both miRNAs are also known to arrange the gene regions that affect GABA_A receptor subtypes.

Conclusions miR-1297 and miR-4465 regulate the GABAA gene that is thought to play a role in the etiology of panic disorder (Wong et al., 2014, Wang 2016). In panic disorder group, miR-1297 and miR-4465 expression levels were found to be up-regulated from the healthy control group.

Keywords Panic disorder; miR-1297; miR-4465; GABA

Disclosure of interest The authors have not supplied their declaration of competing interest.

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EV0588

SHANK3 mutation in consanguineous schizophrenia family in northwest Algeria



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Introduction Several studies have asserted the existence of a strong and complex genetic component in the determination of psychotic disorders. GWAS studies conducted over the past decade lead to the identification of only a few low effect associations, calling questioning the hypothesis of “common disease – common variants” for a model involving a large number of rare variants.

Aims Here, we studied a multigenerational multiplex family with schizophrenia a high rate of consanguinity, located in the northwest of Algeria. This study aims to identify inherited rare variants of schizophrenia using new genetic technologies.

Methods This family has received complete clinical (DIGS, DSM-IV criteria), genealogical investigations, CNV analysis using CGH Microarray Kit 244K (Santa Clara, CA) and WES (by GAllx Illumina/HiSeq 2000) focused in CNV regions, that were performed in the department of genetics in the university hospital of Geneva.

Results We identify 11 affected members by psychotic disorders. The main CNVs analysis results found in a schizophrenic member a Del 22q13.33 affecting SHANK3 gene. WES regarding these regions identified a mutation at position 511178000 in SHANK3 gene in all the selected affected relatives.

Discussion Several studies have asserted the association of SHANK3 mutations with schizophrenia and autism disorders. This is the first observation of rs511,178,000 in schizophrenia phenotype.

Conclusion In total, this highly informative family have identified new rare genetic variant of schizophrenia. The search for this mutation in wider control population in would be useful to validate these data.

Disclosure of interest The authors have not supplied their declaration of competing interest.

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EV0589

Genetic determinants of psychic resilience after a diagnosis of cancer



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Introduction Co-morbidity between cancer and psychiatric disorders including adjustment disorder, depressive disorders or angst can seriously influence the prognosis and the quality of life of patients.

Aim The identification of the psychological and biological profile of patients at risk for such co-morbidity is not yet available. Classical candidate genes such as the BDNF, the 5-HTLPR and genes whose products are involved in inflammatory events have received some attention, but results are inconclusive.

Object and methods In the present review the association between cancer and psychiatric disorders is reviewed, a focus on the investigation of the Gene X environment and the epigenetic control over the activation of the HPA axis is proposed as a tool to refine the definition of the biologic profile at risk for co-morbidity between psychiatry and cancer.

Results and conclusion A number of genes and socio-demographic variables that may influence risk to suffer from a psychiatric disorder after a diagnosis of cancer is identified and discussed. The identification of such biologic and socio-demographic profile is instrumental in the identification of subjects at risk of a double diagnosis, both somatic and psychiatric. An early identification of such profile risk would pave the way to the implementation of early intervention strategies.

Disclosure of interest The authors have not supplied their declaration of competing interest.

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EV0590

Is 22q11.2 deletion syndrome a genetic subtype of schizophrenia?



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Introduction 22q11.2 deletion syndrome is a primary immunodeficiency due to micro-deletion on the large arm of chromosome 22. Patients suffer from several anomalies, including mental illness, that such the case we present, mean a warning sign for further study.

Methods Twenty-one years-old male, with psychotic symptoms, typical of schizophrenia, behavioral disorders and mental confusion, plus epileptic episodes and psychomotor agitation. Two previous incomes with the diagnosis of psychotic disorder not otherwise specified. Treated with anti-psychotics at low doses with inter-episode stability.

Background Prematurity, low birth weight, neonatal asphyxia, generalized seizures, otitis and recurrent urinary tract infections, hypernasal voice, poor academic performance, difficulty relating. Physical examination: hypernasal voice, furred tongue, dysmorphic

faces, scoliosis, hipotania, stereotypes, delusions, auditory hallucinations and negative symptoms.

Results We considered the possibility of a neurodevelopmental disorder, with a multidisciplinary approach, resulting in the diagnosis of paranoid schizophrenia and velocardiofacial syndrome, which had gone unnoticed. Mean doses of clozapine, haloperidol and topiramate were used. He accepted psychiatry and other specialties follow-up, since it requires a complex and multidisciplinary approach.

Conclusions Definition of velocardiofacial Syndrome and lack of consensus on terminology:

- syndrome 22q11.2 DS as genetic subtype of schizophrenia?
- Opportunity to study the pathogenesis of schizophrenia;
- the importance of a comprehensive approach to early diagnosis, clinical improvement and preventing complications.

Disclosure of interest The authors have not supplied their declaration of competing interest.

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EV0591

The genetic study of computer game addiction



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Introduction Addiction to computer games (CA) is growing with a lightning speed in whole world. Very few studies are focused in the genetic basis of this disorder.

Objectives To study the COMT and MAOA polymorphism in addicts to computer games.

Methods Totally 42 persons were included in this study, 22 of them had CA and 20 were totally healthy. Out of 22 gamers, 10 persons had only CA. The rest of 12 patients suffered from another psychiatric disorder besides of CA (Schizotypal disorder, depression, bipolar disorder). Their mean age was 16 years (15; 17) and all of them were males.

Results The total frequency of alleles 3R and 5R of MAOA gene in patients with CA was 30.0%, which doesn't have any statistical difference with the healthy persons. The genotype frequency of Val158Met of COMT gene is high in CA rather than in healthy persons ($\chi^2 = 6.85$, $P = 0.03$). Also, the homozygotes Val are much more in CA patients (59.1%) than in healthy persons (25%). On the other hand, the Val/Met combination is lower in CA patients (18.2%) than in healthy persons (55.0%).

Conclusion The Val158Met polymorphism of gene COMT may lead to CA formation.

Disclosure of interest The authors have not supplied their declaration of competing interest.

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EV0592

Family-based association study between the brain derived neurotrophic factor (bdnf) gene and the attention deficit hyperactivity disorder in a Mexican population



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The attention deficit hyperactivity disorder (ADHD) is a common neuropsychiatric disease in infancy and adolescence, its world prevalence in the general population is high 3.4%. There is genetic evidence that consistently supports the polygenic nature of ADHD with a heritability estimated between 75% and 91%; literature proposes that the brain derived neurotrophic factor (BDNF) is a candidate gene that participates in the ADHA pathogenesis. One of the most studied polymorphisms is the Val66Met. The aim of this study was to determine a family-based association between the rs6265, rs122,733,63 and rs110,301,19 polymorphisms of the BDNF gene and the ADHD in a Mexican population. The ADHD diagnose was performed by a pedopsychiatrist utilizing the diagnostic and statistical manual of mental disorders (DSM-V) who selected 35 patients; along with the biological parents, a total of 105 individuals grouped in family-trios (mother, father and ADHD patient) were studied. Of the 35 probands, 32 were men and 3 were women (average age 7.7 years; age range 4–14 years). Subsequently, no statistically significant association was observed between the BDNF gene polymorphisms and the ADHD etiology in Mexican families: rs6265 ($\chi^2 = 1.33$; $P = 0.24$); rs122,733,63 ($\chi^2 = 1.33$; $P = 0.24$); rs110,301,19 ($\chi^2 = 0.66$; $P = 0.41$). Furthermore, no preference of transmission was observed for any of the haplotypes. In conclusion, it was not possible to prove any association between the BDNF gene polymorphic variants and ADHD in a Mexican population. Future studies comprising larger samples are necessary to determine the potential role of the BDNF gene in ADHD.

Disclosure of interest The authors have not supplied their declaration of competing interest.

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e-Poster viewing: Guidelines/guidance

EV0593

Global Level – Elimination of stress, anxiety and depression at the rate of 25% to 35% (minimum)

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Opening of C.E.P.P.D (Center for Emotional, Personal and Professional Development). Almost every child in the world joins school and as per policy and procedures school staff/teachers develop their educational level but emotional health is not in focus at all; therefore child raised up with many severe negative and self-defeating behaviors; they understand others but others not understand them and that's the beginning all problems start from here. ... The Center will provide state of the art guidelines/guidance (one stop solutions) supporting facilities starting from schooling onward throughout entire life for people belongs to all walks of life. In these centers anyone can go and will come out with clear head and in hand solutions, team of professionals shall provide guidance and support to everyone for healthy and balanced life by all means and will also develop alumni networking for permanent intact and fund raising on continuous basis from all over the world. C.E.P.P.D will play central and synergizing role between all sectors (for instance, schools, colleges, universi-

ties, counseling, vocational, community, hospitals, NGOs, mental and emotional health centers, child up-bringing, parenting, career counseling, soft skills training's; likewise list is on.... along with financial assistance from Govt. and semi-government sectors, will share implementation details as needed/at the time of symposium/brain storming sessions. These centers will become surely The turning point center in city than progress in next cities; likewise in country than at global level and yes together positively we can set landmark by mainly utilizing the medium of education and guidance.

Disclosure of interest The author has not supplied his declaration of competing interest.

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e-Poster viewing: Intellectual disability

EV0594

Pregabalin use in adults with intellectual disabilities

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Introduction Pregabalin is a well-established anti-epileptic drug in the treatment of epilepsy. It is also indicated for the treatment of generalised anxiety disorder and neuropathic pain. In addition, it has mood modulating properties. In people with intellectual disabilities it is used to treat epilepsy. There is little evidence of the use of pregabalin in managing mental health difficulties in people with intellectual disabilities.

Objectives To describe the use of pregabalin in adults with intellectual disabilities.

Method A descriptive case series of adults with intellectual disabilities living in the community, under the care of a community psychiatrist, who are prescribed Pregabalin. Outcomes of treatment were measured using the health of the nation outcome scale for people with intellectual disabilities (HoNOS-LD).

Results Fourteen cases were identified in the community service of adults with Intellectual Disabilities. Twelve were men and two were women. The average age of the sample was 29 years. The range in duration of using pregabalin was from 3 to 72 months. Thirteen adults had a diagnosis of Autism of which three also had ADHD. The indications for using pregabalin and numbers were : anxiety (12); liability of mood (2); generalised anxiety disorder (1); epilepsy (1). The daily dose range was from 150 mg to 300 mg The mean change in HoNOS-LD scores was 32%.

Conclusions Pregabalin is a useful treatment in people with intellectual disabilities who experience anxiety. It is especially effective among adults with ID and autism to modulate mood and anxiety symptoms.

Disclosure of interest The authors have not supplied their declaration of competing interest.

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EV0595

German mental health care in people with intellectual and developmental disabilities (idd) in comparison to other European countries



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Introduction In Germany, mental health care in people with IDD is mostly determined by experts' opinions. Particularities of the psychiatric assessment and treatment of people with IDD and a comorbid psychiatric disorder are taught neither at medical schools nor in the scope of the medical training of psychiatrists.

Objectives The present study examined the influence of socio-political aspects of health care on quality and organisation of mental health care in people with IDD.

Methods Various aspects of health care systems in Germany and three other European countries were explored and juxtaposed subsequently with a special developed questionnaire.

Results The health care systems of four different European countries differ in socio-economical, educational and system-financed aspects.

Conclusions Differing organisational levels of national health care systems and socio-economical aspects within these countries contribute to the organisation of the mental health care system in people with IDD. Suggestions for a better harmonisation of European mental health care in people with IDD are offered.

Disclosure of interest The author has not supplied his declaration of competing interest.

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EV0596

Preliminary study on the analysis of cognitive profile in subjects with ASD: WISC-IV



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Autism spectrum disorder (ASD) is a neurodevelopmental disorder, observed in several contexts and characterized by persistent deficits in the communication, social interaction and behavioral areas (DSM V, 2013). ASD includes a wide range, "a spectrum," of symptoms, skills, and levels of disability. In the last years, we have noticed a substantial change in the diagnostic criteria due to the fact that, although the huge heterogeneity shown by the disorder, in the majority of autistic subjects, both those with high and low IQ, we can identify a common profile of functioning, as regards communicative, social, motor and behavioral skills (Sharma et al., 2012). As reported by Frith (1989; 2003), this kind of functioning is based on a different cognitive style, characterized by a strong prevalence of "bottom-up" elaboration processes, coexistent with the inability of the subject to integrate perceptual data into a global and coherent representation (weak central coherence theory). In this study, we have administered WISC IV to two adolescents (16 years old), already diagnosed for ASD with a low functioning. As expected, results have evidenced the presence of a rigid cognitive style with impaired conceptualization abilities and high attention to details. Specifically main falls have occurred in the area of visual-perceptual reasoning, underlining a lack of visual-spatial processing skills, as well as a lack of fluid reasoning skills. Particularly deficit resulted in the categorization capabilities and abstraction.

Disclosure of interest The authors have not supplied their declaration of competing interest.

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EV0597

Occupational activation centers as a solution to improve vocational rehabilitation of patients with intellectual disabilities in Poland

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Introduction Since the 1990's the main form of vocational rehabilitation centers in Poland were occupational therapy workshops (OTW), but the low ratio of the employment of the participants of OTW's led to the creation of newer, more effective institutions called Occupational Activation Centers (OAC). They were expected to be professional activity establishments, aimed at launching new career paths of people with intellectual disabilities, enabling the candidates to pass through various stages of rehabilitation and vocational activation.

Materials and methods The analysis of available statistical data concerning the activity of OAC's in Poland was done.

Results In the whole country the number of these facilities is 53, while the number of occupational therapy workshops is 665. The Law on OAC's restricts the employment of people with moderate disability in total employment to 35%, this indicator covering not only the persons with mental retardation, but also people with autism and mental illness. In addition the OAC's activity generates the cost of creating them inadequate for the quantity and quality of jobs being created.

Conclusion It turned out that the creation of OAC's occurred too slowly in relation to the already operating OTW's and the weaknesses in the Polish system of rehabilitation and employment of people with intellectual disabilities necessitates the need to find innovative ways to solve this problem.

Disclosure of interest The authors have not supplied their declaration of competing interest.

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EV0598

Managing challenging behavior in people with intellectual disabilities in communities and reducing hospital stays: Current and future challenges from an European perspective

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Prevalence of intellectual disability (ID) ranges from 0.05 to 1.55%. A total of 10–15% of the people with ID present with challenging behavior (CB). This causes a significant strain on mental health services. People with ID; end up staying in psychiatric inpatient units for longer periods. Most people with ID move out of their family home to various care settings due to severity of their behavior difficulties. Few European countries have specialist services for people with ID whereas most countries manage people with ID and CB using adult mental health services. There is ongoing debate whether patients with ID and CB need to be managed by specialist services. There are significant financial implications looking after people with ID and CB. This has often led to over prescribing of psy-

chotropic medications to people with ID without a mental disorder to manage their behaviors. There are significant strains on mental health services to manage people with ID and CB. This presentation discusses. Describe people with CB and ID and their characteristics including mental disorder, use of psychotropic medications, socio demographic factors and financial costs to look after them. Social and health care approach to look after people with CB in the UK, Challenges to develop services for people with CB in ID in Germany and Poland. Do we need specialist services for people with ID and CB? Pros and cons.

Disclosure of interest COI: Bhatika Perera, I have received travel grants from pharmaceutical companies to attend ADHD conferences and I have been a speaker at pharmaceutical company sponsored events on ADHD.

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EV0599

Descriptive study of people, with intellectual disability, presenting with challenging behavior in north London, UK

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Prevalence of intellectual disability (ID) ranges from 0.05 to 1.55%. A total of 10–15% of the people with ID present with challenging behaviour (CB). This causes a significant strain on mental health services. People with ID often end up staying in psychiatric inpatient units for longer periods. Most people with ID move out of their family home to various care settings due to severity of their behavioural difficulties. This descriptive study shows characteristic features of people with ID and CB and financial costs to look after them in the community. This study highlights the importance to improve services to manage challenging behaviour, which may lead to better quality of life to the person with CB and reduction in financial pressures.

Disclosure of interest COI: Bhatika Perera has received grants to attend conferences and speak at ADHD conferences by pharmaceutical companies.

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EV0600

An evidenced based checklist to support anti-dementia medication withdrawal in people with down syndrome (DS), intellectual disability (Id) and dementia

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DS with aging is associated with greatly increased risk of developing dementia similar to Alzheimer's. Anti-dementia drug discontinuation is recommended when clinical benefit is not determined. In DS it is more complex as medication ill effects of stopping needs to be weighed in balance to extraneous processes such as environment changes, sensory impediments and physical ill health and natural progression of dementia.

Aim Can identified risk factors extracted from a comprehensive literature review be developed into an evidence based check list to support risk minimized person centered withdrawal of anti-dementia drugs when considered not to be efficacious in DS?

Method A detailed literature review using Medline, PsychInfo, CINAHL and Embase with relevant search terms in various permutations and combinations without any date limit enquiring current evidence base on anti-dementia medication withdrawal was conducted. The review also looked to extract the common risk factors in stopping medication. All risk factors were collated, reviewed by a focus group of experts, developed into a checklist.

Results Thirty abstracts were obtained following the search. Six papers were short-listed. No papers identified a structured approach to medication reduction. An 18-factor checklist was applied prospectively to 30 cases. The checklist was sensitive to identify change to guide clinical decision-making.

Conclusions Currently, decision to peg medication withdrawal risk is arbitrary and clinical in dementia especially in DS dementia. The evidenced based developed checklist is useful to support and structure clinical decisions. It helps clinicians and patients to focus on promoting safety, reduce harm and guide treatment.

Disclosure of interest The authors have not supplied their declaration of competing interest.

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EV0601

Descriptive study of patients with intellectual disability attended in a community mental health care center

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Introduction The rate of mental illness among people with intellectual disability is at least 2.5 times higher than in the general population [1].

Objective To describe the clinical and sociodemographic characteristics of all patients with intellectual disability treated in a community mental health care center (CMH) located in a city of 120,000 inhabitants on the outskirts of Barcelona with a high poverty index.

Methods Documents and patient records were reviewed. Clinical, sociodemographic and other treatment data of patients with intellectual disability treated at the CMH were collected.

Results The sample consisted of 118 patients. Mean age: 39.5 (SD: 15), 54% men. 92% single and 23.7% legally incapacitated. 46.6% never completed basic education and 44.1% completed primary school. Employment status: 14.4% unemployed, 14.4% currently active, and 50% pensioned. Patients living mainly with their family (parents:) 86%. 68.6% of patients showed aggressive behavior, but the rate of hospital psychiatric admissions was low (mean: 1.1 (SD: 2.3)). Organic comorbidity: 44.9%. Functionality measured with GAF mean: 45 (SD: 12). Level of intellectual disability was mostly mild (62%). Psychiatric diagnoses were: psychotic disorders: 49.25%, affective disorders: 6.8%, personality disorder: 3.4%, Obsessive-compulsive disorder: 3.4%, autism: 11.9% and other diagnoses: 37.3%. Patients treated with anti-psychotics: 78.8%, anti-depressants: 40.7%, and mood stabilizers: 70.5%.

Conclusions Intellectually disabled patients from our sample showed high comorbidity with psychotic disorders, were highly medicated and often exhibited aggressive behavior.

Disclosure of interest The authors have not supplied their declaration of competing interest.



Reference

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EV0602

Effect of chronic exposure of Losartan in mouse prenatal alcohol exposure (PAE) model



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Background and aims Foetal alcohol syndrome (FAS) is a condition that currently affects 1% of babies born in Europe and North America. It is characterised by memory impairment, developmental delay and distinctive facial features. This research uses a mouse prenatal alcohol exposure (PAE) model to explore the effects of PAE on learning, memory and to explore the potentially beneficial effects of common drugs previously shown to have cognitive enhancing effects in both humans and animals.

Methods Sixty mice ($M=30$ $F=30$) C57 mice were exposed to 5% ethanol throughout pregnancy. After weaning the offspring received Losartan (10 mg/kg) via their drinking water for 8 weeks. At 3 months, learning and memory was assessed using the novel object recognition paradigm.

Results PAE caused a significant decrease in offspring body weight. Treatment with Losartan caused no growth impairment or renal damage. Novel object recognition indicated that PAE caused male offspring to spend significantly less time exploring the novel object than controls and that treatment with Losartan had the effect of improving awareness of the novel object both in the control and alcohol group and decreasing anxiety ($P \leq 0.05$). A significant opposite effect was noticed in the female alcohol progeny when compared to the male alcohol progeny ($P \leq 0.05$). Losartan in female alcohol progeny had no effect on anxiety. Male control Losartan spent more time exploring the novel object than male alcohol Losartan ($P \leq 0.05$).

Conclusions Losartan had no deleterious effects on the development of the animals, and was able to improve learning and memory in control animals without effect in PAE mice.

Disclosure of interest The author has not supplied his declaration of competing interest.

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EV0603

Kleefstra syndrome: Considerations about treatment strategy in 2 patients with a causative Ehmt1 mutation and apathy



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Introduction Kleefstra syndrome [OMIM: 610253] is caused by a 9q34.3 micro-deletion or an intragenic mutation in the EHMT1 gene. Its core phenotype comprises intellectual disability, childhood hypotonia and distinct dysmorphisms. The syndrome can be associated with congenital anomalies, epilepsy, cardiac arrhythmias and a typical sleep pattern. Starting from adult age, a regressive phenotype may develop.

Objectives Further delineation of the neuropsychiatric phenotype.

Aims Formulating a comprehensive treatment approach.

Methods Detailed examination of two patients with EHMT1 mutation.

Results Patient 1, male aged 34 years, showed recurrent behavioral problems with aggression and self-injuries as well as obstipation. Elsewhere, a diagnosis of autism was established. Aged 24, he suffered from some epileptic seizures. Recently, paroxysmal atrial fibrillation was diagnosed. Neither treatment with pipamperone and risperidone nor with valproate was effective for behavioral control. Array analysis and metabolic screening did not reveal abnormalities. Whole exome sequencing revealed an intra-genic EHMT1 mutation. Patient 2, female aged 53 years, was known with childhood epilepsy and developed gradual decline of general functioning with motor slowing from her third decade. In her thirties, a mood/anxiety disorder was suspected for which several antidepressants were given without any effect. Array analysis was normal. A pathogenic nucleotide deletion was identified resulting in a frame-shift in exon 21 of the EHMT1 gene. In both patients marked apathy was observed (AES = 62 and 64, respectively).

Conclusions Apathy syndrome in Kleefstra syndrome should be differentiated from depression and autism. Apart from treatment with selected psychotropics, individually targeted contextual measures should always be implemented.

Disclosure of interest The authors have not supplied their declaration of competing interest.

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e-Poster viewing: Mental health care

EV0604

Innovative home based assertive outreach service for treatment of schizophrenia in Larkano, Pakistan (SOUL): Programme implementation and outcomes at the end of five years



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Introduction There is a significant service gap in provision of essential treatment to patients with severe mental disorders in low-income countries, which leads to increased mental health disability and bigger disease burden on the families and society. The SOUL programme is a first of its kind in the country, which utilizes assertively engaging patients at their homes.

Objectives The key objectives are early recognition, treatment and psychosocial support to patients with the diagnosis of schizophrenia. Additional objectives include social recovery of the patients, psycho education to family members and generating clinical and functional outcomes.

Methods Programme design developed by host psychiatry department through stakeholder consultation. Training was undertaken for programme team and included training on use of outcome measures namely Brief Psychiatric Rating Scale (BPRS), Clinical Global Impression (CGI) and Global Assessment of Functioning (GAF). Hosting carers and families meetings on regular intervals serve the purpose of family psycho-education and receiving informal feedback about the service.

Results Preliminary findings on clinical and functional outcomes of cohort of 125 patients recruited over continual basis over 5 years are presented. Complex community intervention shows significant change in all outcome scales (with good effect size) with before and after analysis at one year. The programme demonstrated excellent engagement with patients and very low dropout rate.

Conclusions Low cost community intervention involving trained doctor and psychiatric nurses working under close supervision of a

senior psychiatrist is feasible and achievable and can lead to robust improvements in symptoms and functional outcomes for patients with schizophrenia.

Disclosure of interest The author has not supplied his declaration of competing interest.

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EV0605

Improving oral health care in mental health service – A retrospective study of oral health care monitoring for service users accessing community mental health team



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Introduction Poor oral health can have a serious impact on quality of life, social inclusion and self-esteem. There is evidence to suggest that people with serious mental illness have a greater risk of experiencing oral disease and have greater oral treatment needs than the general population. Oral health problems are not well recognized by mental health professionals. We therefore conducted a retrospective study to review oral health care monitoring within the community mental health team.

Aims and objectives To review the oral health care monitoring for patients accessing the community mental health team.

Methodology Audit tool was developed based on oral health care guidelines outlined by the department of health, and literature review. We then retrospectively review medical records of 25 patients against following standards:

- every client should have the most basic of oral hygiene equipment—toothbrush;
- clients should have basic oral hygiene knowledge, (i.e. brush twice or at least once a day);
- every client should be registered to a dental practitioner;
- every client should have at least one dental check-up per year;
- clients with dentures should have their dentures checked up at least once in five years;
- have a tooth brush less than three months old.

Results Out of the 25 patients none had met the standards. It could be a reflection of lack of documentation rather than not providing appropriate information.

Conclusion Oral health care advice should be part of care plan for people accessing mental health service.

Disclosure of interest The authors have not supplied their declaration of competing interest.

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EV0606

Psychiatric social work needs of families having children with mental diseases in Turkey



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Introduction Generally mental health patients continue their lives with their families after they completed their treatments. Therefore it means that they are spending their mental care process with their families. That process psychosocially, economically and physically affects every member of the family, especially primary care taker. These families need services provided by psychiatric social work services.

Objectives This study planned to determine psychosocial needs of the families and develop some solutions.

Method This study is conducted with methods of qualitative research. One of the family members of six young adults with mental diseases has been interviewed face to face. Snowball sampling method is used to reach participants. Qualitative methods are used in order to deeply analyze emotions and thoughts of family members while determining the needs of these families.

Conclusion This study is conducted with parents of children who were treated at any inpatient treatment facilities and continue to live with their families after being released from these facilities. According to results psychiatric social work needs of these families are below: (1) these families and care takers suffer from problems resulting from lack of information on mental diseases and processes of these diseases; (2) also these families suffer from problems of social environment and lack of sufficient social work services. According to results of this research it is suggested that families should be informed about the mental diseases, treatments and process after treatment and also families should supported by raising coping strategies. The new service models should be developed accordingly.

Disclosure of interest The authors have not supplied their declaration of competing interest.

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EV0607

Adult ADHD and the use of mindfulness-based practice: A pilot study



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Educational objectives The goal of this poster is to discuss a brief pilot study in which mindfulness – and yoga-based practices were utilized with a group of adult ADHD patients.

Methods A sample of 10 adults participated in a pilot group which utilized the use mindfulness-based and yoga practices to address ADHD. This group was a single 2 hour session which was a pilot for a future 6-week psycho-educational group. The participants completed the following questionnaires: the Cognitive and Affective Mindfulness Scale (CAMS-R), the Freiburg mindfulness inventory and the Mindful Attention Awareness Scale (MAAS) in addition to a survey regarding levels of knowledge of yoga and mindfulness prior to the beginning of the session. The participants completed a survey at the end of the session.

Results In our small sample group, all respondents reported that they found the session helpful (43% strongly agreed; 57% agreed). When asked if the participants were likely to explore and learn more about ADHD and meditation on their own based on what they learned in the session, most indicated that they were likely to (43% strongly agreed; 43% agreed and 14% were neutral).

Conclusions The use of treatment modalities involving the use of meditation and mindfulness-based techniques in a group setting are thought to be helpful in addressing some of the target symptoms of ADHD. Based on the preliminary data collected in our small pilot study, our group intends to further explore the efficacy of meditation-based groups in the form of a 6-week training program in 2017.

Disclosure of interest The authors have not supplied their declaration of competing interest.

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EV0608

A qualitative study of attitude towards people with mental illness among nurses in Saudi Arabia



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Introduction Nurses are the most important contributor of care during patients' hospitalization and have become an important source in the delivery of mental health care. However, the attitudes and ability of many nurses in providing this care have been shown to be deprived, and this may have a negative effect on providing patients' care. There is a little is known about the attitude of nurses toward people with mental illness in Saudi Arabia.

Objective This study has a qualitative research design. The main aim of this study is to explore the attitude of nurses toward people with mental illness in Saudi Arabia.

Method Data were collected through semi-structured fact to face interviews with nurses. Thematic analysis was used for data analysis.

Results Data analysis identified three main themes that affect nurses' attitude toward people with mental illness. The identified themes are: 1) personal factors, 2) social factors, and 3) factors related to the view of mental illness.

Conclusion This study concluded that there are a number of factors that affect nurses' attitude toward people with mental illness. Several recommendations were discussed related to nurses' education, continuous mental health training courses, public education about mental health and mental health nursing, and mental health care and resources.

Keywords Nurses; Attitude; Mental illness; Qualitative; Saudi Arabia

Disclosure of interest The author has not supplied his/her declaration of competing interest.

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EV0609

Nursing practice in mental health at family health strategy



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The nurse practice model at the family health strategy is characterized by direct involvement in the patient's health-disease recovery process, deconstruction of social stigma involving mental health disorders, and the restoration of patient autonomy their social ties. This descriptive study follows a qualitative approach to document and analyse practices performed by mental health nurses at the family health strategy (FHS) in Rio das Ostras, Brazil. The study identifies practices implemented by Mental Health Nurses at FHS and the nurses' own reflection and analysis on these mental health practices. Data was collected through semi-structured interviews. All interviewed nurses had worked in the primary mental health care for at least one year at the FHS units in Rio das Ostras. Data was analysed, grouped, and coded according to two categories: 1) The nurses' professional practices in mental health at the FHS, and 2) The nurses' view on mental health practices at the FHS. Results show that the main activities in mental health at FHS involve working with the matricial team, continuing education, reception, home visits, referrals, therapeutic workshops and community therapy.

Nurse perspectives on professional practices involve prevention, establishment of bonds with patient, and nurses' training to deliver care to patients who are suffering. The bond with and care for the patient, family and community, is one of the FHS differentiators. In that vein, the study looks at the link between health care delivery, territory and population attended. The health care based on territoriality, allows increased patient and family confidence.

Disclosure of interest The authors have not supplied their declaration of competing interest.

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EV0610

Community mental health services in the eyes of community mental health centers staff



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Introduction Community mental health centers (CMHC) are established for providing services to individuals with serious mental illness. In these centers, individual's need of treatment and care are expected to be met with a mental illness in the community as possible. The process of community mental health service creation in Turkey is relatively new and gaining popularity in last 7–8 years. First CMHC was established in 2008. After this date CMHCs' have been opened and the target of 2016 is reaching across 236 CMHC in Turkey.

Objectives In this context, this study aims to provide views of psychiatrists, nurses, social workers, psychologists and occupational therapists who work in CMHC for the services that provided to individuals in these CMHC's and learn how to define their professional roles and responsibilities in CMHC.

Methods This paper used qualitative research design. Data was collected from 7 CMHC in Ankara through in-depth interviews with a total of 30 people consisting of psychiatrists, nurses, social workers, psychologists and occupational therapists.

Results The participants look positively about given services, however, financial pressure in the creation process of services, problems in employee personal rights and lack of policies and services related to mental health forced employee and reduce the quality of services provided.

Conclusions Through understanding perspectives of the professional staff toward community-based services will help to determine current problems in CMHC for policy makers.

Keywords Community mental health centers; Professionals; Community based mental health

Disclosure of interest The authors have not supplied their declaration of competing interest.

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EV0611

Comparing the educational impact of simulation training to role play and didactic teaching for integrating mental and physical healthcare



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Introduction Addressing the interaction between mental and physical health to provide more integrated healthcare has been highlighted as an international priority for health and education systems. Educational interventions focusing on multi-disciplinary, interprofessional approaches to integrated mental and physical

healthcare are an essential part of transforming health systems. Simulation training is one tool by which such training can be delivered, in contrast to traditional teaching methods. However, simulation training can be high-cost and clarity over the impact is required.

Aim To compare simulation training for integrating mental and physical health to role-play and didactic teaching, on their effect on confidence, knowledge, and attitudes of participants.

Methods Participants in simulation training ($n = 24$) and role play plus didactic teaching ($n = 87$) both completed self-report measures of confidence and knowledge in working with mental and physical health needs, as well as the Readiness for interprofessional learning scale (RIPLS) collecting attitudes towards interprofessional collaboration. All participants also completed post-course qualitative feedback form with open questions.

Results T-tests found statistically significant increases in confidence and knowledge following both educational interventions. T-tests showed statistically significant increases in attitudes to interprofessional collaboration (RIPLS) following simulation training, while there were no statistically significant changes after role-play and didactic teaching. Thematic analyses of post-course open questions demonstrated differing learning outcomes.

Conclusions Simulation training appears to have a different and beneficial impact to role play and didactic teaching alone, when training participants on integrating mental and physical health.

Disclosure of interest The authors have not supplied their declaration of competing interest.

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EV0612

Mental health simulation training in psychiatric skills for police and ambulance service personnel



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Introduction UK healthcare policy has highlighted a shift in mental health services from hospital to community, stressing the importance of training for professions not traditionally associated with healthcare. Recommendations have been made to introduce training for the police force designed with experts. Similarly, the value of further training for ambulance clinicians in assessing mental health, capacity, and understanding legislation has been highlighted.

Aims To investigate the effect of simulation training on the confidence, knowledge, and human factors skills of police and ambulance service personnel in working with people experiencing mental health conditions.

Methods On completion of data collection from 14 training courses, approximately 90 police and 90 ambulance personnel ($n = 180$) will have completed the human factors skills for healthcare instrument, confidence and knowledge self-report measures, and post-course qualitative evaluation forms. A version of the hfshi for non-clinical professions will hopefully be validated following data collection. Results will also be compared by profession.

Results Analyses have not been fully completed, although preliminary statistical analyses demonstrate promising findings, with increases post-course for human factors skills, confidence and knowledge. Furthermore, qualitative feedback initially illustrates valuable learning outcomes and interesting findings from comparisons by professions.

Conclusions Mental health simulation training appears to have a promising impact on the confidence, knowledge, and human factors skills of police and ambulance personnel for working with people experiencing mental health conditions.

Disclosure of interest The authors have not supplied their declaration of competing interest.

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EV0613

A Proposal of an innovative program for informal caregivers of patients with mood disorders



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Introduction Intervention with informal caregivers (IC) of psychiatric patients is internationally recognized as relevant and a priority. However, the existing responses in this area are still insufficient, especially regarding caregivers of individuals with mood disorders (MD). Mindfulness and compassion focused therapy have proven to be an effective approach in stress reduction and in improving emotional and social well-being of caregivers of patients with other conditions. However, no studies testing these new approaches in IC of patients with MD have been carried out. The objective of this work is to present a research project that aims to develop, implement and empirically test the effectiveness of an innovative group program to help informal caregivers of individuals with mood disorders to cope with the negative impact of the disease and reduce caregiver burdens.

Methods The design of this experimental study to test the program's efficacy is a non-randomised controlled trial (nrct) with 12 months follow-up, with a mixed assessment methodology (quantitative and qualitative analysis). A sample of 60 informal caregivers of individuals with chronic MD will be constituted ($n = 30$ Control group; $n = 30$ Experimental group).

Results We expect the program to promote significant changes in participants in terms of several emotional variables (eg: burden, stress, resilience, compassion and quality of life).

Conclusions Further efforts to continue studying the impact of interventions in caregivers should be carried out, as a way to improve the quality of life of caregivers and their ability to provide informal care to MD patients.

Disclosure of interest The authors have not supplied their declaration of competing interest.

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EV0614

Help-seeking for sleep problems among psychiatric outpatients



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Introduction Though sleep disturbances are common among psychiatric patients, some patients may trivialize their problem and not discuss it with their doctors. This study thus aimed to assess patient profile that is associated with help seeking for sleep problems among psychiatric patients.

Methods Outpatients from a tertiary psychiatric hospital were recruited for this study ($n = 400$). The pittsburgh sleep quality index was administered to identify cases of probable insomnia, and daytime impairment due to sleep disturbances was recorded. Participants were asked if they have ever consulted a doctor or any health professionals for their sleep problems. Sociodemographic information was recorded and clinical profile was obtained

from the patient's medical records. Multivariate logistic regression was used to examine correlates of help-seeking behaviour among patients with probable insomnia.

Results 275 cases of probable insomnia were identified. Among this group of patients, 38.9% had never sought help for their sleep problems. Participants who were single were less likely to seek help as compared to those who were widowed/separated/divorced (OR= 0.319, $P=0.023$). Having a comorbid psychiatric condition was independently associated with increased odds of help seeking (OR= 1.952, $P=0.027$). Participants who perceived greater daytime impairment due to sleep problems were more likely to seek help (OR= 1.465, $P=0.007$).

Conclusions The majority of psychiatry patients with sleep problems sought professional help, though there remained a substantial group that did not do so. There is a need to educate and create awareness of potential sleep problems among psychiatric patients, and to inform them of the availability of treatment.

Disclosure of interest The authors have not supplied their declaration of competing interest.

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EV0615

Did we have in history a chromomusicotherapy?



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Andalusian music is the name of the classical music in Morocco. It grown in Andalusia, but we still find it just in Morocco and some other countries of North Africa. A music that related with soufisme and Marestans: hospitals at that era. A music which is also called "al-Ala" means the machine. It has 24 "Naoubas": rythme as much the hours of the day and each Naoubas can be played in just an hour in the day.

It was played for patients in Marestans. This music was played by all the factions of the great Morocco (actual Morocco and Spain) society: including Muslims, Christians and Jews, with a variety of instruments this music did imposed itself, and still one of landmarks of Morocco.

We will talk about the specificities and also the particularities of this kind of chromomusicotherapy.

Disclosure of interest The authors have not supplied their declaration of competing interest.

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EV0616

Mental health in republic of moldova: The way from in-patient to community-based care services



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Introduction The history of mental health in Moldova has been centered on psychiatric institutions. Current reform goals are centered on the reduction in psychiatric hospital beds, shifting the focus towards outpatient therapy, where community mental health centers have a central role in coordinating recovery and social reintegration.

Objectives to collect different data according guidance for establishing a situational analyses about Moldova.

Methodology we elaborated a guidance with outline: the historical perspective:

- a. back a 5–10 years events/developments; epidemiologic data;
- b. the service delivery system;

- c. mental health system: laws/regulations, role of the government as well as civil organizations, mechanisms for data collection, monitoring of performance, costs, quality of care and outcomes;

- d. opportunities, barriers, and needed changes/innovations needed to address these.

Results The current focus is on moving from a relatively centralized system towards a more community-based approach to psychiatric care and community supports, as well as deinstitutionalization and integration of mental health care with primary care. Besides over reliance on institutionalization, the Moldovan mental health care system faces other challenges, including access to care, workforce limitations, and stigma.

Conclusion Looking forward, success in these efforts will require continued strong political will to bring domestic law, policies and practices into line with international standards in the field of human rights for persons with disabilities. By supporting deinstitutionalization and improving the accessibility of mainstream services, more people will have the opportunity for social inclusion and the ability to contribute to the communities' social and economic growth.

Disclosure of interest The author has not supplied his/her declaration of competing interest.

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EV0617

Adapting the assertive community treatment (ACT) for the needs of different communities: A comparative case study of KUINA ACT Japan and Mt. Sinai ACT Canada



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In this workshop, we will present the assertive community treatment (ACT) model in both Japan and Toronto, Canada. We will compare the adaptations of ACT models in both teams in order to serve their target populations efficiently and effectively.

We will also compare the demographic data, clinical data and the outcomes of both ACT teams by analysing the hospitalisation days, number of emergency admission and the number of admissions into hospitals. We will also highlight differences in the mental health systems in Japan and Canada in an attempt to formulate guidelines to ensure the effectiveness of ACT Teams in both countries. We would also like to open up discussion with the audiences and incorporate their ideas and suggestions in an attempt to formulate a competent mental health system which would effectively cater to the needs of people suffering severe mental health symptoms to ensure successful integration into the community.

Learning objectives:

- To explore adaptation in implementation of ACT in Japan and Canada;
- to develop a framework or model for assessing issues critical in establishing ACT in different countries;
- to develop guidelines to establish programs which will continuously be revised implementation based on needs, systems and feedback from the field.

Disclosure of interest The authors have not supplied their declaration of competing interest.

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EV0618

Adapting the assertive community treatment (ACT) for the needs of different communities: A comparative case study of KUINA ACT Japan and Mt. Sinai ACT Canada

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In this e-poster, we will present the assertive community treatment (ACT) model in both Japan and Toronto, Canada. We will compare the adaptations of ACT models in both teams in order to serve their target populations efficiently and effectively.

We will also compare the demographic data, clinical data and the outcomes of both ACT teams by analysing the hospitalisation days, number of emergency admission and the number of admissions into hospitals.

We will also highlight differences in the mental health systems in Japan and Canada.

Disclosure of interest The authors have not supplied their declaration of competing interest.

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EV0619

Nursing care to the person with mental disorder: Experience report

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Introduction The formation of nursing professionals requires a dynamic teaching that provides the acquisition of skills and abilities to execute care, management, teaching and research activities. In this perspective, the operative groups are a teaching and nursing care strategy, performed by a knowledge exchange and collective interventions.

Aims Discuss the experience in nursing care to the person with mental disorder.

Methods It is about a fourth year undergraduate nursing students' experience report. The activities were developed at a center of psychosocial attention in João Pessoa, Paraíba, Brazil. Once a week, four operative group sessions were held under the theme "men's health". In the first session were agreed norms of behavior and activities plans on which the participants chose the subjects.

Results The operative group provided a friendly environment to exchange knowledge, in which the contents were addressed from the participant's acquires and experiences. There was a good group interaction. The students conducted the activities under the teacher and monitor's supervision.

Conclusion This report provided experiences that contributed to the students' teaching-learning process as well as for understanding the nurse's insertion in the care scenario and the use of soft technologies to an efficient care to the person with mental disorder. The students also noticed the operative group's impact in the user's lives through sentences such as "It was fun", "I won gifts", "liked it", "I learned".

Disclosure of interest The authors have not supplied their declaration of competing interest.

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EV0620

Interdisciplinarity on the care of a mentally disordered person

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Introduction Brazilian's humanization policy offers the extended clinic as acting tool in health services, which advocates the use of soft technologies to provide care to its clientele.

Aim Discuss the interdisciplinary mental health residents approach to the care of the person with mental disorder.

Methods Experience report, accomplished by experiences of mental health's multidisciplinary residency members, which is in a lato sensu postgraduate linked to the study center of collective health, of the Federal University of Paraíba, Brazil. Structured on two axes: face meetings; and singling out actions in the daily work.

Results From the understanding of the extended clinic as a light technology interdisciplinary approach, in which different professional specialties share knowledge and co-responsible themselves for the mentally disordered patients' care, Residents have used it as an articulation tool and insertion in the different care scenarios. When developing activities, the residents use guidelines indicated by the extended clinic in order to leverage the work done by the person with mental disorders. Among which stands out: the host, building links, qualified listening, the sensitization for the care co-responsibility, construction of the unique therapeutic project, intersectional actions and sharing care with other services that make up the health system.

Conclusion Experiences like these made it possible to perceive the applicability of the National Policy of Humanization through its main tool, which is the extended clinic that contributes to the work process of a health team, promoting interdisciplinarity and raising the prospective to the look of transdisciplinary.

Disclosure of interest The authors have not supplied their declaration of competing interest.

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EV0621

Long-acting injectable antipsychotics and global functioning in north western italian public health service

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Introduction Long-acting injectable antipsychotics (LAI-APs) should be the first choice therapy in the treatment of schizophrenia, however their use in outpatient's psychiatric services remains limited.

Objective Observational study in schizophrenic patients of the northwestern public health service.

Aim To assess demographic and psychopathological features in patients treated with LAI haloperidol (H-LAI) and second-generation LAI antipsychotics (SG-LAI).

Methods We recruited 105 schizophrenic patients upon LAI-APs treatment, and we assessed socio-demographic data, medical comorbidity, substances use, time from admission, treatment length, and per os augmentation therapies. All participants were

assessed for global functioning and severity of illness by CGI-SCH and PSP, respectively.

Results Of all patients, 52% were treated by H-LAI, 48% by SG-LAI. No statistical differences ($P > 0.05$) were found between the 2 groups for age, gender, other demographic variables, substances use, somatic comorbidities. Both groups were homogeneous for severity of illness (CGI-SCH score = 4.20 in H-LAI vs. 4.38 in SG-LAI) and global functioning (PSP score = 49.1 in H-LAI vs. 54.4 in SG-LAI). Compared with the H-LAI group, SG-LAI-treated patients were characterized by shorter time from admission (>10 yrs) and treatment length (>1 yr), and less frequent anticholinergic drug co-prescription. We counted only 6 LAI-APs treatments started in the last year.

Conclusions Despite of the literature support, LAI-APs treatment for schizophrenia is still limited in our service. Our data suggest that SG-LAI-APs are used as first choice of LAI-APs treatment, although maintained for short time, while H-LAI are reserved to long-standing patients and are burdened by side effects needing anticholinergic treatment.

Disclosure of interest The authors have not supplied their declaration of competing interest.

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EV0622

Time management education influence on decreasing exam anxiety and conditioned university students' negligence of Tehran universities

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Introduction Test anxiety is a multidimensional phenomenon, including concerns about conflicts lead to negative emotional and behavioral responses in academic scores.

Aim Current study examines the influence of educating time management on decreasing exam Anxiety and educational negligence of conditioned university students on Tehran.

Methods The method of doing study is of testing in which statistical society includes conditioned university students of Tehran. Of general statistical society, we have selected 20 persons by in access sampling method. Gathering information instrument in this study is Solomon and Roth bloom's educational negligence questionnaire and sarason test anxiety in which has been in access of studied sample after testing its stability and narration.

Result After education, the result of t-test dependent and covariance analysis has shown time management education does have meaningful influence on decreasing test stress and conditioned university students negligence on Tehran universities.

Conclusion Dropped students compared to other students, provided a significant contingent of students had less time management and procrastination.

Keywords Time management; Test anxiety; Educational negligence

Disclosure of interest The authors have not supplied their declaration of competing interest.

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EV0623

Developing community mental healthcare: Kosovo case

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Background Community mental healthcare in Kosovo is still in its developmental stage and thus pose an ongoing challenge for the health system and population.

Objectives The purpose of this study is to describe the processes of preparation, implementation, challenges and future of community mental health service in Kosovo as an economically struggling society with underdeveloped health care system.

Methods Review of the current state of community services provision for mentally ill peoples in Kosovo in the light of the objectives and targets of the WHO comprehensive mental health action plan 2013–2020.

Results The implementation of a new community mental health service in Kosovo still is characterized by considerable shortages, beside substantial effort on various levels. On the policy and financial level, it was made possible by a clear intent/initialization of international bodies and coordinated commitment of all responsible national stakeholders and authorities. Obstacles remain regarding improvements of service development indicators: financial and human resources; capacity building; stakeholder involvement and service availability. Lack of strategies for promotion and prevention in mental health and lack of information systems, evidences and research for mental health is vital need.

Conclusions Community mental healthcare in Kosovo despite struggles faced is successfully installed and represents one of Kosovo health system achievements. Comprehensive, integrated and responsive mental health services in community-based settings in line with international and regional human rights instruments is goal to be addressed.

Disclosure of interest

The author has not supplied his/her declaration of competing interest.

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EV0624

Expanding the role of primary health care in the provision of mental health services to the population of the Kyrgyz republic

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Providing comprehensive, integrated services in the field of mental health in primary health care (PHC) is a component of the state mental health program for the population of the Kyrgyz republic (KR) in the 2017–2030 biennium. In order to develop an action plan in this area a situational analysis of resources of psychiatric care at PHC level was carried out. There was revealed a significant deficit of specialists, such as family doctors, mental health care professionals. In spite of the need for 3,300 family doctors, only 1706 work, and 80% of them are of retirement age.

The results of a research showed a low level of knowledge and skills of family physicians for the early detection of mental disorders and provision of appropriate medical care. There are also a limited number of psychiatrists, especially in rural regions (77% of the required quantity).

During recent years, there have been implemented significant changes in the system of mental health services, aimed at improving its quality, the approach to the place of residence of the patient and the prevalence of psychosocial services.

Since 2016 in 8 southern regions in the Kyrgyz Republic has been introduced a new model for the provision of comprehensive health

care services. Piloting this model involves psychosocial rehabilitation of patients with mental disorders, the help of mobile teams at the place of patient residence, as well as psychoeducation, training, and support to family doctors. These and other measures will help to optimise mental health care at PHC level.

Disclosure of interest The author has not supplied his/her declaration of competing interest.

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EV0625

Formative exploration of the relationship between waiting times and attendance at general adult psychiatry clinics, at a hospital in pennine care NHS Foundation Trust

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Introduction An audit was done to assess new patient wait times. As part of this project we reviewed possible relationships between wait times and clinic attendance.

Objective To examine available data, for possible explanations of patients' attendance behaviour at outpatient clinics.

Aims To identify possible correlation between length of waiting time for adult psychiatry appointments and status of attendance.

Method Service Line: New patient referrals to adult outpatient psychiatry (January–December 2015)

Sample size: 401.

Results Fig. 1 and Table 1 show wait times compared with clinic attendance outcome. Percentage attendance appeared to gradually fall as wait times increased; while cancellation (%) by the NHS, and DNAs (did not attend) by the patient, appeared to rise over time.

Conclusions This review has demonstrated a possible correlation between wait time for a clinic appointment and how patients behave. The shorter a patient has to wait; it appears they are more likely to actually attend clinic. If so, this potentially has implications for discussions around possible reorganization of services, to improve engagement and outcomes, by coming up with innovative ways of reducing wait times.



Table 1

Clinic Attendance	Attended	Cancelled by NHS	Cancelled by Patient	Did Not Attend	Not Specified	Grand Total
Wait Band						
0-3 weeks	88% (n=28)	3% (n=1)	3% (n=1)	3% (n=1)	3% (n=1)	100% (n=32)
4-6 weeks	71% (n=36)	10% (n=5)	10% (n=5)	8% (n=4)	2% (n=1)	100% (n=51)
7-9 weeks	57% (n=51)	21% (n=19)	6% (n=5)	16% (n=14)	1% (n=1)	100% (n=90)
10+ weeks	53% (n=120)	21% (n=48)	8% (n=18)	17% (n=39)	1% (n=3)	100% (n=228)
Grand Total	59% (n=235)	18% (n=73)	7% (n=29)	14% (n=58)	1% (n=6)	100% (n=401)

Disclosure of interest The authors have not supplied their declaration of competing interest.

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EV0626

Descriptive study of adjustment disorders in a mental health unit.

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Introduction Adjustment disorders are a common psychiatric disorder in primary care and mental health units, with point prevalence estimates ranging from 0.9% to 2.3%. These disorders have been recently defined as a stress response syndrome in the fifth edition of the DSM, causing emotional and social difficulties and also a large economic burden on society.

Objectives The aim of this descriptive study was to analyse the socio-demographic characteristics and treatment of the patients diagnosed with adjustment disorders in the first visit in a mental health unit.

Methods The study sample consisted of 128 patients admitted for a psychiatric consultation in a mental health unit in Alicante (Spain) from their primary care physician, between February and July 2016. Variables of gender, age, current employment status, diagnosis and treatment were measured. Data analysis was conducted using SPSS software.

Results The data from 31 patients who were diagnosed with adjustment disorders meant a 24% of the sample. The median age was 47 years old in the adjustment disorders group. Among those with adjustment disorders, 61% were women, and 52% of them were unemployed. Almost 60% of them had at least one psychotropic prescription and only 22% were derived to psychology.

Conclusions Adjustment disorders are considered as an intermediate category between no mental disorder and affective disorders. Most authors recommend to start with a psychotherapeutic intervention. Despite starting with medication has not proved effectiveness in the studies, most of the patients had at least one psychotropic prescription before the psychiatric evaluation.

Disclosure of interest The authors have not supplied their declaration of competing interest.

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Clinic Attendance By Waitband

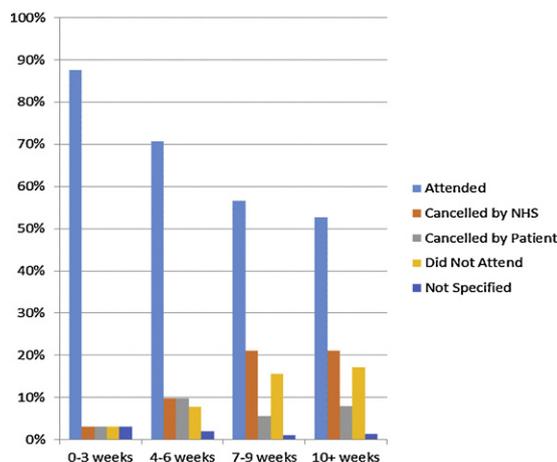


Fig. 1 Clinic attendance by waitband.

EV0627

Mental health of college students: Five-year experience of the university psychiatric outpatient clinic of São João hospital centre

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Introduction The clinic of psychiatry and mental health of São João hospital centre (Oporto, Portugal) has implemented a psychiatric consultation to support college students since 2007. This consultation is open to all of the universities in the metropolitan area of Oporto.

Aims/objectives This specific consultation aims to detect and intervene early in the treatment of psychiatric illness and to promote mental health in this specific population.

Methods Retrospective study conducted in the São João hospital centre, Oporto, Portugal. Patients attending university student's specific consultation between January 1st 2011 and March 31st 2016 were included. Data collection included sociodemographic variables, clinical diagnosis (ICD-10, WHO, 1992) and psychological scales (WAIS-III, BSI, HADS, SF-36 and NEO-PI-R). SPSS® software (v. 20.0, 2011) was used for statistical analysis.

Results In this study, 139 patients were included (66.2% female, medium age 23.1 years old). The majority of patients were medical, engineering or nursing students (respectively 20.9%, 18.0% and 17.9%). The most frequent diagnosis was adjustment disorders, anxiety disorders, mood disorders and personality disorders. 54.6% completed all the psychological scales.

Conclusions The number of students with mental health issues is increasing. Early detection and treatment of these pathologies may allow improvements on the educational, economic and social levels, as well as in the quality of life.

Disclosure of interest The authors have not supplied their declaration of competing interest.

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EV0628

Burnout of caregivers in geriatric Institution: "Coping" strategies

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Introduction The health sector has long been recognized to be a very stressful work environment for teams that can lead to "burnout". Geriatric institutions are no exception to this observation; this state has deleterious effects on health care as on the quality of care.

Objectives Measure the burnout rate among caregivers in geriatric institutions and identify associated factors and coping strategies specific to this population in order to provide the necessary preventive measures.

Subjects and method A cross-sectional study, conducted among caregivers exercising at the shelter for aged subjects of Manouba, Tunisia. We used a pre-survey exploring the socio-demographic data associated with two validated scales: the Maslach Burnout Inventory assessing the level of burnout and the Brief COPE assessing coping strategies.

Results Thirty-one subjects were recruited. The prevalence of burnout was 45.16%. Respectively 32.26%, 25.80% and 45.16% of the respondents had high scores in dimensions emotional exhaustion, depersonalization and personal accomplishment at work. The analytical study revealed that seniority in work increased the risk of

burnout. The coping strategies of caregivers in geriatric institution facing burnout were mainly centered on emotion. The number of years of experience has been associated with burnout in our study.
Conclusion This work reaffirms that the population of caregivers in geriatric institution is at risk of burnout and allows to identify predictors. The establishment of individual and collective measures is essential for appropriate treatment references (In the body text, a publication should be referred to by a consecutive number between bracket)

Disclosure of interest The authors have not supplied their declaration of competing interest.

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EV0629

The relationship between happiness, general health and life expectancy of cancer patients

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Introduction Cancer is a disease that all human beings are afraid of it and anyone, of any age may be affected.

Objective The objectives of this research are relationship between well-being and life expectancy in patients with cancer in Noshahr Shahid Beheshti hospital is the general purpose of this research.

Aim Studying the relationship between happiness, general health and life expectancy of cancer patients.

Method The method used in this research is descriptive and correlation. Statistical population contains all the patients who were diagnosed with cancer in Shahid Beheshti hospital Noshahr. The panel sampling used as sampling method and the sample size was limited to 50 people.

In order to collect the data, we used Oxford's happiness questionnaire containing 29 multiple-choice phrases, Life expectancy questionnaire by Schneider (1991) and general health questionnaire (GHQ-28). In descriptive review of the collected data the mean, standard deviation and frequency tables were used and in inferentially section in order to determine and compare the obtained scores in these 3 tests, according to the findings, parametric methods were used.

Result The results show that the correlation between mental health, happiness and life expectancy was significant.

Conclusion As life expectancy increases accountability; Happiness and mental health in patients with cancer increases by the same amount.

Keywords Happiness; General health; Life expectancy; Cancer
Disclosure of interest The author has not supplied his/her declaration of competing interest.

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EV0630

Does the use of psychotropic medication go up during focused efforts to bring coercion and restraint down?

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Introduction Antipsychotic or anxiolytic medicine is widely used in agitated patients in risk of coercion. However this medication is

also known to contribute to cardio-vascular disease and reduced life expectancy. Department of Psychiatry in Aabenraa, Denmark participates in a nation-wide Danish project supporting efforts to reduce coercion and restraint. Our hypothesis is that reduction of coercion might lead to unwanted increase in doses of psychotropic medication.

Objective To document the use of psychotropic medication during the project period, in order to learn more about the impact of interventions to reduce coercion and restraint on psychopharmacological treatment.

Aim To compare type and doses of psychotropic prescriptions during the project period with the time before implementation.

Methods Cohort study of patients in risk of agitation and coercion admitted to the wards during first quarter of 2013 and 2016. Eligible patients were diagnosed as having organic mental disorders, substance abuse, psychotic disorders, mania, bipolar affective disease or personality disorders (ICD-10: F0x, F1x, F2x, F30-31, F60). Primary outcome is the exposure to antipsychotic medication measured as defined daily doses, and secondary outcomes are exposure to benzodiazepines, polypharmacy and compliance with guidelines on agitated patients.

Results Data collection is carried out during autumn of 2016, and the results will be presented at the congress.

Conclusions Results from this study will contribute to our understanding of the implications of the initiative to reduce restraint and coercion in psychiatry. The results will also sharpen our awareness of possible inexpedient practice.

Disclosure of interest The authors have not supplied their declaration of competing interest.

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EV0631

Psychological effects of working night shifts on mental health



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Introduction The medical and scientific communities are continually reporting that night work can increase the risk of certain disorders and have a negative impact on the overall well-being of employees.

Objectives This study wanted to examine the impact of night work on physical and psychological well-being of hospital staff.

Methods We carried out a cross-sectional study about a representative sample of hospital staff. We used validated self-reporting instruments: the Perceived Stress Scale (PSS) and the Subjective Well-being Scale (SWS). Data were analyzed using SPSS-20.

Results Our study concerned 519 hospital staffs. More than half were male (53%) and 83.1% had worked in the same position for more than two years. More than half of the participants (51.3%) considered themselves in very good health. Also 41.5% of participants had a well-being index reduced and 26% of personal had high perceived stress. Correlation analysis had shown that more than one guard at week was associated with high levels of perceived stress ($P=0.004$) and well-being index reduced ($P=0.000$). After adjusting for categories, more than one shift work at week was associated to well-being index reduced with odds ratios of 1.57 (confidence interval 95% [1.07 to 2.30]).

Conclusion There is a clear correlation between night work, perceived stress and subjective well-being of different categories of hospital staff. Shift work interferences on health and well-being are complex and multifaceted in their origins and time manifestations, dealing with several aspects of personal characteristics, and working and living conditions.

Disclosure of interest The authors have not supplied their declaration of competing interest.

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EV0632

A meta-analysis of cognitive training on memory functioning in normal elderly adults



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Introduction The major issues in cognitive literature related to memory and aging concentrate on the different methodological issues in research examining the effectiveness of memory training programs in improving memory performance of older adults along with the clinical implications of this kind of research.

Objectives The review will address how researchers differ within their collection of participants, the various aspects of memory intervention programs by a systematic review on recent researches.

Aims The present study aims to review the cognitive literature related to memory and aging through a meta-analysis in recent years.

Method Meta-analysis was conducted of researches on memory training interventions for cognitively normal/healthy older adults published in 1995–2014. Computerized databases (e.g PsychInfo) were searched using combinations of these key words in English: memory, mnemonic, rehabilitation, older adult, aging, elderly and impairment. All participants must be at least 55 years old at the time of training/intervention. Due to the fact and Studies must have used a non-pharmacological approach toward memory or memory problems. Between-study heterogeneity was quantified using χ^2 and I2 statistics. All analyses were performed utilizing the CMA2.

Results Effect sizes with 95% confidence intervals for each study indicated that the overall pre-post training gain was 0.37 SD (95% CI: 0.18, 0.47) and the mean retest effect among control groups was 0.11 SD (95% CI: -0.11, 0.16) and this difference was statistically significant ($P < 0.001$).

Conclusion The key challenge of memory training studies is that they often don't train abilities that generalize to everyday functioning. These results have numerous clinical and practical implications.

Disclosure of interest The authors have not supplied their declaration of competing interest.

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EV0633

Mental health of management staff in the closed environment of construction



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Introduction it is difficult to overestimate the role of social, cultural and environmental conditions in evaluation of psychological health in hard intellectual work.

Objectives Research of construction staff in far taiga conditions using PHQ и GAD-7.

Aims to investigate the correlation between major depressive disorder, anxiety and somatoform disorders and gender and marital status.

Methods we studied 119 people who live in concentrated social environment and in conditions of hard work and lack of relaxation. In order to study depression, anxiety, and somatoform disorders we used PHQ и GAD-7 rating scale.

Results we noted that distribution of depression according to gender has statistically significant differences. In the men group the number of depressive individuals is 5 (11.1%; $P < 0.01$). In the women group the number is 28 (37.8%; $P < 0.01$). Also it was stated, that marital status does not influence the distribution of depressive symptomatology level ($P > 0.05$). Distribution of anxiety symptoms significantly differs by gender. In the group of men anxiety observed in 1 patient (2.2%; $P < 0.05$), whilst in the group of women – in 13 patients (17.6%; $P < 0.05$). Gender proved to be irrelevant in the occurrence of somatoform disorders ($P > 0.05$); it is also not dependent on marital status ($P > 0.05$).

Conclusion Staff employed into hard working social environment experience a range of negative psychological effects such as depressed mood, fatigue, and insomnia. Lack of leisure and lack of time for walking cause dissatisfaction with life, which contributes to the development of depression, anxiety and somatoform disorders.

Disclosure of interest The authors have not supplied their declaration of competing interest.

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EV0634

Aspects of recovery and resilience—factors enabling an independent and fulfilling life

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Introduction The concept “recovery” takes the position that individuals with severe chronic psychiatric disorders can recover and establish a certain degree of mental stability that can enable an independent and fulfilling life. To sustain recovery different variables and interdependent factors are needed, f.e. psychological resilience and empowerment. Actually, there are few studies focusing on the interdependency of recovery and resilience in patients with severe chronic psychiatric disorders, especially with an emphasis on overall psychiatric diagnosis and a longitudinal section.

Objective The study examines residential patients with severe chronic psychiatric disorders who lived in a long-term care institution for psychiatric rehabilitation (SGB XII) in Lower Saxony and who were able to move out and live by themselves in 2016. Persons with mental retardation and patients who have spent more than 30 years in a long-term care institution will be excluded.

Methods Randomised controlled trial based on a mixed-methods-design and a longitudinal course (5 follow-ups within 24 months after the first interview).

Aims Investigate factors for independent living on different levels (like micro, meso, macro) with focus on recovery and resilience by patients with severe chronic psychiatric disorders.

Results First results of a pilot study and focus groups will be presented.

Conclusion Results of investigation should be used in different subject areas like identification of factors enabling independent living and creation of effective therapy interventions for patients with severe chronic psychiatric disorders who have lived in a long-term care institution.

Disclosure of interest The authors have not supplied their declaration of competing interest.

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EV0635

The effects of a brief educational programme added to community mental health treatment to improve patient activation and attendance: A randomized controlled trial

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Introduction Though interest grows in improving patient activation in general medical health services, there is little evidence from randomised controlled trials in mental health settings of how to achieve this.

Objective We aimed to evaluate the effects of a brief pre-treatment peer-co-led educational intervention added to mental health treatment. The intervention was developed and carried out in cooperation with user representatives, peer educators and health professionals, and aimed at activating and preparing patients to participate in own treatment.

Aims To assess the 4 months and 12 months effects on patient activation measure-13 (PAM-13) and attendance.

Methods Patients from two community mental health centres were randomised to a control group (CG, $n = 26$) receiving treatment as usual, or an intervention group (IG, $n = 26$), consisting of four-hour group pre-treatment educational seminar (peer-support and encouragement to adopt an active role) followed by treatment as usual.

Results At 4 months follow-up only the IG improved significant on PAM-13. Preliminary results at 12 months on PAM-13 and attendance will be presented.

Conclusion Brief pre-treatment education improves patient activation at 4 months and could potentially have an effect on attendance at 12 months follow-up.

Practice implications Pre-treatment education co-led in cooperation with user representatives, peer educators and health professionals is a rational and easy way to activate and engage outpatients in their own health care process.

Clinicaltrials.gov Identifier: NCT01601587

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EV0636

Health education in caring for an individual with psychic suffering: An experience report

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Introduction Integral nursing for an individual with a mental disorder requires care, management and educational skills to improve the quality of life of the patient.

Objectives Describes a health education experience in caring for an individual with psychic suffering.

Methods Activities were developed at a psychosocial care center in the city of João Pessoa, Brazil, with students in the third year of nursing school. Three sessions were held on the topic “self-efficacy in the use of psychoactive drugs”. Related factors, such as motiva-



tion, self-esteem and support, were chosen by the participants and discussed at each weekly session.

Results In the discussion groups, the students were able to exercise care based on the exchange of knowledge with the patients who use the service. The ties established in each session enabled the identification of the specific needs of each individual, such as the desire to learn how to improve one's self-esteem, and the active participation of the patients.

Conclusions The experiences assisted the students in developing the role of the nurse as an educator. The group actions underscored the importance of the skill of health education among nurses.

Disclosure of interest The authors have not supplied their declaration of competing interest.

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EV0637

Specialist clinic dedicated to chronic mental illness and metabolic monitoring



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Introduction People with serious mental illness exhibit higher morbidity and mortality rates of chronic disease than the general population. A significant proportion of premature deaths has been related to modifiable cardiovascular risk factors and may be related to medications taken for mental illness.

Objectives Establish a clinic for a cohort of patients with chronic mental illness dedicated to monitoring physical health focusing on modifiable risk factors.

Methods Patients with chronic mental illness taking psychotropic medications long term were invited to attend clinic.

The following areas were examined: History focusing on current mental state, cardiovascular history assessing diet, exercise, personal and family history of cardiovascular disease, Exam including waist circumference, BP, pulse, ECG and calculation of BMI. Laboratory tests including HbA1c, Lipid profile, and other tests as appropriate such as serum lithium. Examination for tardive dyskinesia (Abnormal Involuntary Movement Scale (AIMS)), outcomes, (Health of the Nation outcome scale (HoNos)) and quality of life (WHOQOL-Bref) were performed also performed as additional indicators of global health.

Results Sample consisting of 47 patients. Mean age 56.1 (SD: 13.6) males 27 (60%). Mean years of illness 23.1(SD:12.2). Mean HoNos 2.7 (SD 2.5). Four cases prolonged QTc, 5 HbA1c > 6% (2 no prior record of elevation); 18 abnormal lipid profiles, (12 no prior record of elevation); 4 blood pressure readings \geq 140/90, 3 no prior diagnosis of hypertension; 18 BMI > 25.

Conclusions This is a newly established clinic. Preliminary results have highlighted modifiable risk factors some of which may represent new diagnoses. Close liaison with General Practice is of importance.

Disclosure of interest The authors have not supplied their declaration of competing interest.

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EV0638

Quality of life in people with chronic mental illness



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Introduction An association between chronic mental illness and significantly reduced quality of life in relation to the general population is speculated in the literature internationally.

Objectives To investigate the quality of life of people with chronic mental illness taking psychotropic medication living in the community and attending the Mental Health Services of Sligo town.

Methods Review of data including demographics, diagnoses and World Health Organisation Quality of Life Bref scale (WHOQOL-Bref) scores from consecutive patients attending specialist outpatient clinics dedicated to the care of people with chronic mental illness. Raw scores for each WHOQOL-Bref domain were converted to transform scores in the range 0–100 for ease of comparison with other validated instruments tools.

Results Total number of patients: 47. Mean age: 56.1 (SD: 13.6), males: 27 (60%). Mean years of illness: 23.1 (SD: 12.2). Primary psychiatric diagnosis: psychotic disorders 26 (57.8%), mood disorders 16 (35.6%), others 3 (6.6%). WHOQOL-BREF Domain transformed scores: physical health mean: 68.1, SD: 19.92, psychological health mean: 68.2, SD: 19.62, social relationships: 66.2, SD: 21.44, environment: 76.8, SD: 19.5.

Conclusions Quality of life is a complex multidimensional entity and its assessment relies on subjective reporting and analysis as supported by validated instrument tools. Our results suggest that quality of life is reasonably high among this cohort of patients, contrasting much of the current literature in similar populations. The mean score for social relationships was lower than other domains. This may suggest that a lack of socialisation may be associated with chronic mental illness and identifies a clinical focus for improvement of quality of life.

Disclosure of interest The author has not supplied his/her declaration of competing interest.

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EV0639

Correlation between resilience with aggression and hostility in university students



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Resilience as a capacity to withstand stress and calamity is one of the important components of mental health and aggressive is a negative behaviour that can threaten human health. So, the purpose of this study was to investigate the correlation between resilience with aggression and hostility in university students. The research method is correlation, 155 university students were selected by convenience sampling method and responded to Corner & Davidson resilience questionnaires and Boos & Perry aggression and hostility questionnaire. The data were analysed by correlation formula. The results showed that there is a significant and negative correlation between resilience with aggression and hostility, which means when the score of resilience is high, people's aggression and hostility decreases. Therefore, it is recommended to increase the resilience of people by specific teaching programs to reduce the basis of aggression and hostility.

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EV0640

A fuller picture: Evaluating an art therapy programme in a multi-disciplinary mental health service

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Art therapy has a long history in mental health care but requires an enhanced evidence based in order to better identify its precise role in contemporary services. This paper describes an evaluation of an art therapy programme in an acute adult psychiatry admission unit in Ireland. A mixed method research design was used. Quantitative data were collected through a survey of 35 staff members and 11 service-users. Qualitative data included free-text comments collected in the survey and individual feedback from service-users. Both methods aimed to assess the role of art therapy as part of a multidisciplinary mental health service. Thematic content analysis was employed to analyse qualitative data. Staff demonstrated overwhelming support for art therapy as one element within multidisciplinary services available to patients in the acute psychiatry setting, qualitative feedback associated art therapy with improvements in quality of life and individual support, and emphasised its role as a nonverbal intervention, especially useful for those who find talking therapy difficult. Creative self-expression is valued by staff and service-users as part of the recovery process. Recommendations arising from the research include continuing the art therapy service, expanding it to include rehabilitation patients, provision of information and education sessions to staff and further research to identify other potential long-term effects. The low response of staff and small sample in this study, however, must be noted as limitations to these findings.

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EV0641

IECs, drug trials and regulators—the hounds barking up the wrong tree

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As India hurtles on into the 21st century with dizzying speed, the constantly evolving ethics, law and its interpretations fall behind. The cut and paste policy makers constantly impose regulations out of sync with the geopolitical realities. The Mental Health Care Bill now awaiting approval arose because we signed first on a global body convention and now are forced to comply. The family, a ubiquitous feature of our patient support system is slowly being derecognized. Instead, NGOs are the new approved caregivers. Our patriarchal society, earlier a repository of warmth and security is now jeered at. The mental health professional, the last mile delivery of mental health is in a quixotic position and some of the tantalizing issues of surreptitious drug administration, informed consent, the newer laws enacted or being enacted, narcoanalysis and drug trials will be discussed with pragmatic solutions offered to a disinterested regulator.

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EV0642

Surreptitious drug administration: Collective decision making over riding personal autonomy

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A quaint problem indeed. This is an issue where ethical and practical management issues lock horns. An individual with no insight on a rampage, a threat to self and others cannot be given medicines without consent except in an indoor facility and admitted under a specific provision of the current statute. Contrary to the law, the mental health policy envisages community care of the individual. For a time defined interval, surreptitious medication can be administered providing much needed relief to the caregivers and calms the recipient. Surreptitious medication can of course be an instrument of control and hence would necessitate a system of checks and balances. Surreptitious medication tests legal and ethical boundaries. It offers relief to caregivers but can be an instrument of abuse. The act of administering a drug without the individual's consent is prima facie wrong but if the context is woven in, a whole new dimension arises.

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EV0643

Microanalysis: The ethical minefield

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Mental health professionals had always yearned for an intervention, which was restricted to them alone, was safe and had a commercial potential. Narco analysis or chemical hypnosis with or without the supervision of an anesthetist presented such an opportunity in India's largely poorly regulated medical practice. The turning point however was the unrestricted use of narco analysis for forensic reasons often against the will of the recipient that caught the attention of the judiciary. Professionals in candid confessions spoke of the tool replacing normal polite enquiries and unnecessary voyeuristic information being fettered out. Anecdotal evidence suggested police resorting to this tool without client consent or judicial permission. A series of flats after searching enquiry on the statute has led to complete disarray. The legal issues have relegated the ethical issues of consent, the usefulness of "forced" information, the aftermath of "forced" information to the backburner. Currently, the tool is regulated by the judiciary and selectively applied with consent. In the clinical setting, it is fast disappearing.

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EV0644

Informed consent: Pitfalls in a patriarchal & poorly literate society

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The judiciary enquiring *suomotu* into deaths following an oncology trial in central India opened a can of worms. Searching investigation suggested that informed consent was only a cosmetic exercise and the victim was usually illiterate, poor and for a monetary reward and without being informed of the consequences of the intervention, subjected to a drug trial. Further, the process of informed consent was dispensed with and “patient” was asked to sign at the bottom of the document, no questions asked. The ‘patient’ in these trials usually is from the urban poor or deeply patriarchal, poorly literate rural hinterland. This led to a media outcry, a witch-hunt, indictments, penal action and the regulatory body now insisting on a video filmed informed consent. The wheel has truly turned full circle. The regulators while seeking idealistic regulation seem to live in a utopian world. The patriarchal and illiterate populace of rural India is far removed from the rarefied world of videotaped informed consent and presents an ethically quixotic situation.

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EV0645

When it's the time to switch the therapeutic approach on electroconvulsive therapy for residual positive symptoms in schizophrenia?



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Introduction Schizophrenia is clearly one of the most debilitating diseases. Luckily, in the past 20 years, there has been a wide and good change in symptomatology due to the new atypical antipsychotics. Still, there are patients who are treatment resistant after different adjustments like switching or adding antipsychotics. Most of the clinicians consider Clozapine the “last resort”. But what if it doesn't work so well on some patients?

Objective To determine the point when it's time to try electroconvulsive therapy in schizophrenia treatment-resistant patients or remain on conventional approach.

Aims The aim of this work is to determine whether it's better for those patients who have residual positive symptoms to use oral/depot antipsychotics or to switch on electroconvulsive therapy.

Methods This work presents the case of the patient C.D., 35 years, diagnosed with paranoid schizophrenia since 2008. Risperidone, Olanzapine, Aripiprazole were introduced during time, with some improvement on the positive symptomatology, but the patient developed several side-effects. At his last admission in our hospital, he came after a suicidal attempt caused by high anxiety and depression due to his false beliefs. Clozapine was introduced, but after one month of treatment, the patient still had the belief that his neighbours want to harm him somehow.

Results The patient and his mother definitively refused electroconvulsive therapy because of their personal beliefs. He affirmed that he can live with this “low-dose” of suspiciousness which, unfortunately, had a negative impact on his social life.

Conclusions We still recommend electroconvulsive therapy in these situations, even though, there are many misconceptions regarding this approach.

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EV0646

The effects of personality traits of university students in their romantic relationships



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Introduction Most people will have romantic relationship in different periods of their life and sometimes this relationship can contain abuse. The abuse which is perceived in romantic relationships can be an important problem for university students.

Objective This study was conducted to determine the effects of personality traits of university students in the abuse which is perceived in their romantic relationships.

Methods The study was descriptive and analytical. The students of Marmara University Faculties of Law, Pharmacy, Nursing and Midwifery, Cinema and Television department comprised the sample. The measuring instruments consisted of a personal information form, the Basic Personality Traits Instrument (BPTI) and Romantic Relationship Assessment Inventory (RRAI). The data were analyzed with the SPSS 11.5 programme, using the “Mann–Whitney U Test”, “Kruskal–Wallis Test”, “Spearman's Correlation Test”.

Results RRAI mean score was 102.41 ± 33.79 ; subscale of BPTI's mean scores were; extraversion 28.60 ± 5.97 ; conscientiousness 28.30 ± 5.91 ; agreeableness 33.73 ± 4.29 ; neuroticism 26.09 ± 6.48 ; openness to experience 21.91 ± 3.83 ; negative valence 9.82 ± 3.36 . There was a low level negative significant relation was obtained between subscale of conscientiousness ($r = -0.196, P = 0.000$), agreeableness ($r = -0.168, P = 0.000$), a low level positive significant relation was found between subdimensions of neuroticism ($r = 0.168, P = 0.000$), negative valence ($r = 0.255, P = 0.000$) and abuse.

Conclusion In conclusion, there is a relation between personality traits and perceived abuse. Therefore, education programmes should be prepared about abusive behaviour and its risk factors and consequences.

Keywords Personality traits; Romantic relationships; Abuse of romantic relationships; Dating violence; Partner abuse

Disclosure of interest The authors have not supplied their declaration of competing interest.

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EV0647

Community based mental health care in Bosnia and Herzegovina – an overview of the last six years



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Introduction Mental health care in Bosnia and Herzegovina (BH) is changing and shows the new trends more than 20 years. In last 6 years is established strong network of community mental health centers (CMHC) as a most important service in the prevention, treatment and rehabilitation of mental illnesses.

Objectives Project of mental health in BH (PMH) is the largest reform project, supported by the Swiss Government and it is planned to be implemented in whole BH emphasizing importance of community mental health care and putting patients in the focus of the reform.

Aims and method To show positive trends and practices in BH as well as obstacles in some fields of the reform.

Results For the last six years are made positive national mental health policies, established case management model in work with people with severe mental disorders, broad spectrum of services recognized by health insurance (validation of the work for all team members), user initiatives (organization), active role of primary mental health care, reduction of hospitalization, etc. On the other way, yet are not established protected housing, early interventions services and universal methodology or team structure in all CMHC.

Conclusions Community based mental health care shown as a good choice in the reform of the mental health in BH, confirming positive results from other countries. That is a reason to continue with improvements based on daily practices of the teams in CMHC.

Disclosure of interest The authors have not supplied their declaration of competing interest.

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EV0648

Access to mental health services among internally displaced persons in Ukraine: Results from a nationwide survey

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Background There are an estimated 1.4 million internally displaced persons (IDPs) in Ukraine as a result of the armed conflict in Ukraine.

Objectives (i) Measure the burden of key mental disorders (PTSD, depression and anxiety); (ii) examine rates of utilization of health and psychosocial support services; (iii) examine the patterns of utilisation of services.

Methods The study used a cross-sectional survey design and was conducted throughout Ukraine between March and May 2016 with 2203 IDPs aged 18 years and over. Time-location sampling was chosen as a probabilistic sampling method. Outcome measures were the PCL-5 for PTSD, the PHQ-9 for depression and the GAD-7 for anxiety. Descriptive and multivariate regression analyses were used.

Results Of the 2203 respondents, 703 reported experiencing a mental health or emotional problem over the previous 12 months and were also screened positive with PTSD, depression or anxiety. Of these 703, 180 had sought care (with sources of care to be given in the presentation). Therefore, 523 respondents did not seek care, equating to an overall treatment gap of 74%, (74% for PTSD, 71% for depression and 70% for anxiety). Key reasons for not utilising treatment included preferring to use their own medications ($n = 176$); unaffordability of health services ($n = 118$) or medications ($n = 140$); poor understanding by health care providers ($n = 123$); poor quality of services ($n = 78$) and stigma/embarrassment ($n = 41$).

Conclusions The findings support the need for a scaled-up, comprehensive and trauma informed response to provision of the mental health care of IDPs in Ukraine.

Disclosure of interest The authors have not supplied their declaration of competing interest.

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EV0649

Taking care of people suffering from neuropsychiatric illness living at home

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Content background People suffering from neuropsychiatric illness are often in need of caring and nursing over a long period of time. Research shows that patients suffering from such illness do not very often get enough care in practice.

Aim To gain knowledge about nurses experiences from taking care of older people living at home and suffering from chronic and neuropsychiatric illness.

Method Qualitative analysis: fieldwork and qualitative interviews with 11 nurses who worked in four units in two different municipalities in Norway.

Results Challenges in clinical nursing explain the process nurses work in when they take care of people with neuropsychiatric illnesses living at home. This is caring for patients, taking care of family members, managing complex patient situations and the need for coaching and cooperation.

Conclusion To gain a good cooperation with other health personnel to strengthen the competence is important, especially when the goal is caring. Nurses with education in neuropsychiatric care can strengthen the competence maybe and reach a better patient care. The organization of the community health system needs to be studied.

Keywords Home care; Nursing; Elderly; Neuropsychiatric illness

Disclosure of interest The authors have not supplied their declaration of competing interest.

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EV0650

Linguistic validation of a battery for measurement of affirming attitudes about mental illness

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Introduction Stigma restrains the life opportunities of individuals with serious mental illness. This study aimed at performing a linguistic validation of a battery for measurement of affirming attitudes; a battery that might be used to test the impact of anti-stigma and socially inclusive programs.

Methods Three measures were considered: the Recovery Scale, Empowerment Scale and Self-Determination Scale. Two native Arabic speakers, bilingual in English, independently translated the original measures into Arabic. A collaborative pooled version of the questionnaires was then obtained from the two translations. The pooled version was back-translated into English by a professional translator. A draft Arabic version of the battery was obtained from the comparison between the original questionnaires and the back-translation and was tested on 30 Arabic-speaking medical students. We also discussed the existence of other wording that enables the meaning of statements to be expressed clearly.

Results The test of the different items allowed the detection of three typing errors. It also highlighted mistranslating two terms to one term that does not distinguish between them in term of the meaning: "Goal" and "Purpose". Comments were reported on the wording of certain items in the questionnaire. These comments referred to the problems related to the grammatical and syntactical construction of certain expressions. The translation from English into Tunisian dialect is different from our dialect.



Conclusion We proposed an Arabic version of a battery of measures that reflect affirming attitudes. This is a step for reliable measures that assess stigma in Arabic countries.

Disclosure of interest The authors have not supplied their declaration of competing interest.

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EV0651

The assessment of a drama therapy process for patients with severe psychiatric patients



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Introduction Drama therapy is a useful therapy method for improving the life quality of psychiatric patients. Drama therapy is a rehearsal of everyday life. In this therapy method, clients actively join the creative process in order to better understand their life experiences.

Objectives Drama therapy may improve patients' ego functions, psycho-social and self-expression abilities, problem-solving skills, real-life adaptations and contribute to patient's psychiatric treatment.

Aim The main aims were to examine the curative effects of drama group therapy and the effects of drama therapy on functionality in psychiatric patients.

Method The study was performed at the Istanbul University Faculty of Medicine. Patients were referred from the Psychiatry Polyclinic of this university to Art Therapy and Rehabilitation Program. Drama therapy is an applied drama-based art group therapy. The 10 subjects in our study, ranged from 20 to 50 years old. This therapy group gathered once a week for a ninety minute session. Subjects continued their medical care and received psychotherapy throughout the 24-week study. The therapy plan included an introduction, a warm-up session, a drama therapy work and a sharing session. Patients were assessed in pre and post-treatment with Global Assessment of Functioning and Wilcoxon Signed Ranks Test was used for statistical analysis. Yalom's Group Curative Factors Scale was applied.

Result There was a significant decrease in loss of functioning ($P < .05$). In Group Curative Factors, the means of hope, identification, group cohesion and altruism were determined high.

Conclusion Our study demonstrates that drama therapy has positive effects on patients with severe psychiatric patients.

Disclosure of interest The authors have not supplied their declaration of competing interest.

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EV0652

Comprehensive care for inpatients with mental disorders: Working towards service developments



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Introduction Over the past 20 years, considerable progress was made in understanding the multiple and complex needs of patients with mental disorders and ways to organize comprehensive care. However, organizing care in inpatient, pathology-focused settings,

where patients were seen increasingly as consumers of 'inpatient psychiatric' services is challenging.

Objectives and aims Inspired by modern trends, we are more able to integrate recent developments in psychosocial treatments, broadly defined, into progressive treatment framework within inpatient setting.

Methods Results of an audit of our service (psychosocial treatments) over the previous 5 years will be compared to published results of other services with a range of service delivery methods.

Results Excerpts from mental health care practice in Moscow based Psychiatric Hospital N° 3 named after VA Hilyarovsky – are provided. The pathways of care as well as the basic principles governing the treatment (careful attention to referral sources; optimal patient-treatment matching; and psychosocial, rather than medical supremacy) are outlined. Training and development is central to the effective and efficient working of any staff group. As part of the service developments, a number of inductions (on psychosocial treatments) were provided on regular basis to all staff joining the service.

Conclusions Though the opportunity for future reform remains on the horizon, some of the strengths and weaknesses of our current health care practice will be presented.

Disclosure of interest The authors have not supplied their declaration of competing interest.

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EV0653

Documenting the decision-making process for initiation of pharmacological VTE prophylaxis in patients admitted to an adult psychiatry ward background



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Background Venous thromboembolism (VTE) is a condition that causes a blood clot to form within the venous blood system. If this blood clot forms in the peripheral venous system, it can cause symptoms such as calf pain and swelling. If this clot becomes dislodged, it may travel through the vessels into the pulmonary artery which can have much more severe consequences.

Objectives There has been a great deal of effort in recent years to increase the percentage of in-patients receiving a VTE assessment; and for those patients to receive appropriate VTE prophylaxis. VTE is a significant cause of inpatient deaths. This audit aims to compare current working practice to local standards and identify learning points.

Method VTE assessment data were collected from two acute psychiatric in-patient wards within a specified, random date range in 2016. Data was collected by checking paper admission documentation. NICE guidelines also state that all patients should be assessed for VTE on admission, with a standard of 100%.

Results Overall, 6.25% of general adult psychiatry patients had a VTE assessment done within 24 hours of admission.

Conclusion This audit shows that the necessary standards are not met. Importance of these assessments will be communicated during induction programmes for all staff and the results of this audit communicated to current staff on all in-patient psychiatry wards.

Disclosure of interest The authors have not supplied their declaration of competing interest.

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EV0654

Sociodemographic profile of psychiatric inpatients at a center of mental health care in Brazil



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Background The most prevalent disorders between the chronic diseases are the mental health disorders. Almost 650 million of people in the world suffer of some mental health disorders, which cause serious impact on individual abilities, family relationship and social rehabilitation.

Aims We describe and study the sociodemographic characteristics and the diagnosis of a sample of male and female psychiatric inpatients undergoing treatment in a mental health care center in Brazil.

Methods It is a descriptive cross-sectional study, carried out with 517 psychiatric inpatients from a Brazilian health institution – IMAS Nise da Silveira. Data was collected from January to December 2014 and occurred through consultation of the patients' hospital notes. Univariate analysis was used for the data collection and analysis.

Results Our sample was composed by 52.6% ($n = 272$) of men and 47.4% of women ($n = 245$); 50.5% were over 40 years old and have a long time of hospitalization. Overall, 64.6% had schizophrenia; 27.2% mood [affect] disorders; 3.7% mental and behavioural disorders due to psychoactive substance use; 1.4% mental retardation; 0.4% personality disorders; 0.2% disorders of psychological development.

Conclusion The profile could advance the mental health care and rehabilitation of these people. Although could improve public policies.

Disclosure of interest The authors have not supplied their declaration of competing interest.

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EV0655

Attitudes towards psychiatry among physiotherapy students in Poland – pilot study



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Poor knowledge regarding mental health in general population in Poland, along with media coverage limited to repetition of harmful stereotypes towards patients treated at psychiatric wards and reinforcement of discriminative attitudes, results in an unfair evaluation and stigmatization of mental healthcare services. As a consequence, psychiatry, in comparison to many other medical fields, is unpopular among physiotherapy students, even though there is a compulsory subject in the university curriculum that covers, in theory, all the important knowledge that healthcare worker should possess in this regards. Young physical therapists are not taught about specific needs of the psychiatric patients. After graduation, they are lacking all basic skills on how to communicate with the patient. Being devoid of a direct contact with people suffering from mental disorders, physical therapists do not feel comfortable

placed in the mental healthcare facilities. The aim of the study was to assess the extent of a basic psychiatric knowledge and general attitudes towards mentally ill of the physiotherapy students. The group consisted of 147 students. The pilot study has been limited to those studying physical therapy within borders of the Opole voivodship. Authors' questionnaire has been developed in order to reach the aim and answers were gathered between January and June 2016. The results will be used to develop questionnaire suitable to share with physiotherapy students within the whole country and, consequently, formulate recommendations on necessary changes that must be introduced to the physical therapy curriculum in Poland by Polish Society of Physiotherapy (Psychiatry Section).

Disclosure of interest The authors have not supplied their declaration of competing interest.

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EV0656

Feelings of guilt and fantasies in life experiences of Brazilian parents due to death of their newborn: A clinical-qualitative study conducted at a university hospital



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Introduction The relationship between parents and children is a complex link. In the process of pregnancy-birth-puerperium, frequent feelings such as responsibility, love, fear, uncertainty, generate strong expectations at birth. The death of a newborn may not be perceived as natural by the parents, considering the local culture and the context of great technological development of neonatology.

Objective To explore possible guilt and fantasies in life experiences of parents during mourning process due to death of their newborn.

Method Clinical-qualitative design, a particularization of qualitative methods here applied in clinical assistance settings with highlight to psychological aspects. Data collection with the technique of semi-directed interview with open-ended questions, in-depth. Sample intentionally constructed, with closure by theoretical saturation of information. The participants were 7 parents, mourning by the death of their child at the neonatal intensive care unit, in a university hospital of Campinas, São Paulo State.

Results Feelings of guilt – conscious or not – lead to an internal and particular movement so that mourning can be lived. The participants showed certain embarrassment, accompanied by natural suffering facing to the cultural pattern that permeates the emotional experience. It predicts types of psychological meanings that the experience will give to the person.

Conclusion Health professionals working with bereaved parents should consider more deeply the moment these one experienced, with emphasis on the details of the death scenery, beside the problems of illness and death properly so called.

Disclosure of interest The authors have not supplied their declaration of competing interest.

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EV0657

Assessing sustainability of an intensive primary care training for children and adolescents with attention deficit hyperactivity disorder



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Introduction Adherence to practice guidelines for diagnosing and treating attention-deficit/hyperactivity disorder (ADHD) by primary care providers (PCPs) is important for optimizing care for many children and youth. However, adherence is often low. To address this problem, we implemented an intensive intervention in 2009 aimed at improving diagnosis and management of ADHD among PCPs.

Objectives The study objective is to assess the sustainability of intervention-attributable outcomes.

Aims The study aims are to assess the sustained effect of the intervention on PCP intentions to implement, attitudes toward, and obstacles to implement ADHD practice guidelines.

Methods During November 2009, 48 PCPs from 31 clinical practices completed a 3-day training, 6 months of biweekly telephone peer group reinforcement, and baseline questionnaires; follow-up questionnaires were completed at 12 months. To assess sustainability, we tracked PCPs and administered the questionnaire in 2016.

Results Intentions to implement ADHD guidelines remained stable over seven years, with all mean values ranging from “probably will” to “definitely will” implement guidelines.

Conclusions Generally, favorable self-reported intentions (see Exhibits 1 & 2), attitudes and obstacles to implementing ADHD guidelines were sustained seven years after the intensive training and follow-up intervention.

Exhibit 1: Enhanced Pediatric Psycho-Pharmacology in Medical Homes

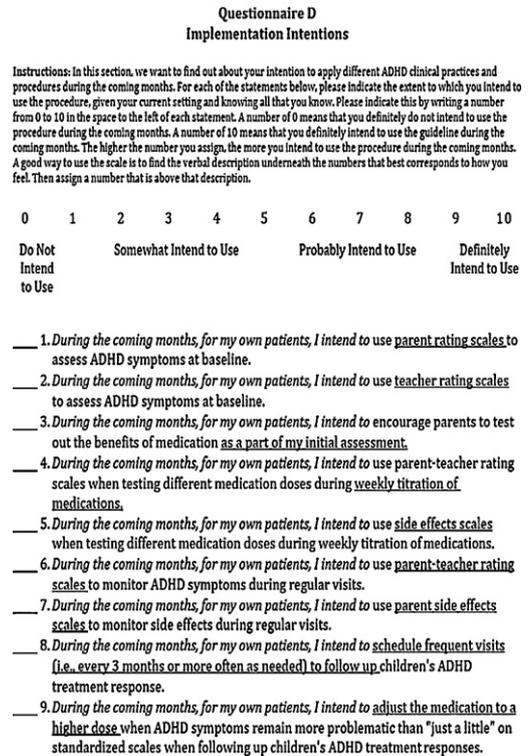


Exhibit 1 Enhanced pediatric psycho-pharmacology in medical homes.

Exhibit 2: PCP Intentions to Implement ADHD Clinical Practice Guidelines

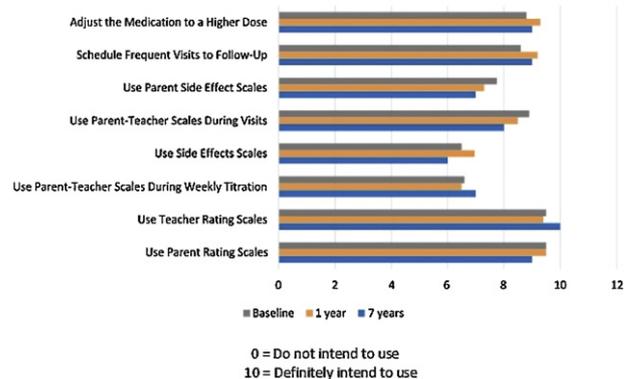


Exhibit 2 PCP intentions to implement ADHD clinical practice guidelines.

Disclosure of interest The authors have not supplied their declaration of competing interest.

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e-Poster viewing: Mental health policies

EV0658

Task-shifting in mental health services: Extent, impact and challenges in Ghana

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Aim To examine the role and scope of practice of community mental health workers (CMHWs) as well as the impact and challenges associated with work of CMHWs within Ghana's mental health delivery system.

Methods A cross sectional survey of 11 psychiatrists, 29 health policy directors and 164 CMHWs as well as key informant interviews with 3 CMHWs, 5 psychiatrists and 2 health policy directors and three focus group discussions with 21 CMHWs. Results of quantitative data were analysed with SPSS version 20 whilst the results from qualitative data were analysed manually through thematic analysis.

Results In addition to duties prescribed in their job descriptions, all the CMHWs identified several jobs that they routinely perform including jobs reserved for higher level cadres such as medication prescribing for which most of the CMHWs have no training. Some CMHWs reported they had considered leaving the mental health profession because of the stigma, risk, lack of opportunities for continuing professional development and career progression as well as poor remuneration. Almost all the stakeholders believed CMHWs in Ghana receive adequate training for the role they are expected to play although many identify some gaps in the training of these mental health workers for the expanded roles they actually play. All the stakeholders expressed concerns about the quality of the care provided by CMHWs.

Conclusion The study highlights several important issues, which facilitate or hinder effective task-shifting arrangements from psychiatrists to CMHWs and impact on the quality of care provided by the latter.

Disclosure of interest The author has not supplied his/her declaration of competing interest.

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EV0659

Could promoting happiness mental health policy prevention against suicide?

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What do we know about happiness? What is the essence of happiness? What are the causes of happiness? Is there a difference between individual happiness and collective happiness? Can we measure happiness? Let us see if there is a correlation between suicide and happiness?

Disclosure of interest The authors have not supplied their declaration of competing interest.

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EV0660

Fit note use in UK clinical practice 2010–2016: A systematic review of quantitative research

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Background The fit note, introduced in England, Wales and Scotland in 2010, was designed to radically change the sickness certification process from advising on individuals' inability to work to what they could do if adjustments were made available. Our review aimed to evaluate: (1) the percentage of fit notes utilizing the new "may be fit for work" option or advising on work adjustments, (2) the impact of the fit note on sickness absence and return to work, (3) demographic variation in fit note use.

Methods We systematically searched in Embase, Cochrane CENTRAL, Pub Med, Worldcat, Ovid and PsychInfo from 1 Jan 2010–30 Nov 2016 for studies on working aged adults which included the search terms "fit note" or "fitnote". Relevant abstracts were extracted and we assessed the quality of the papers and assessed bias using the modified Newcastle Ottawa Scale.

Results Nine papers met the inclusion criteria, four of which were based on the same cohort. Maybe fit notes made up just 6.6% of all fit notes. Work adjustments were most often recommended for patients who were less deprived, female and patients with physical health problems. Fit note advice for patients with physical health problems increased over time, but the opposite was seen for patients with mental health problems.

Conclusions Further research needed to evaluate the use, impact and potential of the fit note, especially for patients with mental illness.

Disclosure of interest The authors have not supplied their declaration of competing interest.

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EV0661

The impact of change in the 2007 English law on mental health act detentions

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Background The Mental Health Act (MHA) 2007 made some significant changes from the Mental Health Act 1983, including the fact that detention is now only allowed if an appropriate medical treatment is available to the patient at the time [1]. There was considerable concern at the time that the 2007 Act would lead to an increase in detentions.

Objective The primary objective is to assess how the change in the English law with the MHA 2007 has affected the number of detentions under the MHA.

Methods A retrospective, observational and noninterventive study used anonymised and routinely collected data regarding 11,509 people who were formally assessed under the Mental Health Act during the period of 2001–2011 in the county of Norfolk. This included 7885 assessments before the 2007 MHA and 3620 done after implementation.

Results The proportion of people detained following assessment decreased from 53.2% before the 2007 MHA to 42.9% after imple-

mentation ($P=.000$). The total proportion of patients admitted (whether informally or detained) also decreased from 63.3% before the 2007 MHA to 52.8% thereafter ($P=.000$).

Conclusion These results show a significant decrease in the rate of detentions under the MHA since the 2007 Act became law.

Keywords Assessment; Detention; England; Admission; Mental Health Act

Disclosure of interest The authors have not supplied their declaration of competing interest.

Reference

[1] The National Archives. Mental Health Act 2007: explanatory notes; 2007 [Available from: <http://www.legislation.gov.uk/ukpga/2007/12/pdfs/ukpgaen.20070012.en.pdf>, Online, accessed 14th December 2016].

<http://dx.doi.org/10.1016/j.eurpsy.2017.01.991>

EV0662

Admission to in-patient psychiatric care in the Veneto region (Italy), specialisation vs. personal continuity of care approach. Preliminary findings from the COFI study-Italian sites

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Introduction In Italy, considerable variations exist in the organisation of out- and in-patient mental health care. One main issue is whether to prioritise specialisation (distinct clinicians for inpatient and outpatient care) or personal continuity of care (same primary clinician for a given patient within the two settings).

Aims To study the use of psychiatric in-patient units in the Veneto region (Italy) and to evaluate differences between personal continuity of care and specialization systems.

Methods Study conducted in the context of the COFI, multisite naturalistic EU-funded research aiming to compare the two care approaches in 5 European countries. In Italy, baseline data collection was carried out in 14 in-patient units. Data on hospitalisation, diagnosis, severity of the illness (Clinical Global Impression Scale-CGI) and patients' appraisal of inpatient care (Client Assessment of Treatment Scale- CAT) were collected.

Results Overall, 1118 patients were assessed. Most frequent diagnostic categories were mood (41.6%) and psychotic (38.3%) disorders, while anxiety disorders were less represented (11.9%). The majority of patients were at least at their second admission (69.4%) and had been voluntary admitted (91.5%). Length of stay and CGI scores were significantly higher for patients with mood and psychotic disorders. No difference in CGI score between the two systems was found. Patients in the continuity of care systems reported higher level of satisfaction with initial treatment and longer hospital stay ($P<.001$).

Conclusions These preliminary findings suggest higher service satisfaction for personal continuity system, possibly reflecting a more individualised and comprehensive focus on the patient's needs, rather than on symptoms reduction only.

Disclosure of interest The authors have not supplied their declaration of competing interest.

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EV0663

Symposium: Mental health law differences and coercive measures over four countries

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In 2008, the UNHCR issued a convention on the rights of persons with disability. Since then, many countries were visited by the High Commissioner for Human Rights. In a number of countries, for example Germany and the Netherlands, mental health legislation was considered unsatisfactory and either regional variations in procedures or new legislation was drafted. In Germany, the final decision after different admission procedures is always made by a judge. In the Netherlands, detention on mental health ground with involuntary admission is decided by a Governmental administrator working for the local Major. In England and Wales, it is decided by three medical/psychiatric professionals. Currently, the Netherlands is drafting a law following the main principles of the Anglo-Saxon law. In Germany, all federal states are currently adopting their mental health laws to fulfil requirements of the Constitutional Court, which decided that coercive treatment is only admissible under very strict conditions after a judge's decision. Studies show the Dutch legislation is associated with higher seclusion rates, in numbers, and duration. Moreover, recent German findings show in a recent period when involuntary medication was not admissible, inpatient violence and coercive measures increased significantly. In this symposium, we discuss the several laws and regulations of four countries (Wales, Ireland, Germany, Netherlands), now and in the near future. Each presentation of a certain countries' regulations is followed by a description of standard figures of the country, first by an expert in the respective country's law, and consequently by an expert in nationwide or regional figures.

Disclosure of interest The authors have not supplied their declaration of competing interest.

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EV0664

Stigma as an obstacle to paradigm change in mental health care in Lithuania

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The paper is based on the data gathered during implementation of the "Project paradigm change of mental health and Well-being in Lithuania: towards empirically valid model". This project is aimed to contribute to the paradigmatic change by scientific research and evaluation of efficacy of pharmaceutical and psychotherapeutic treatment to psychological and social functioning and to estimate economic burden of treatment and mental diseases. Aim of the research is to analyse stigma as an obstacle for transition from biomedical to bio-psycho-social paradigm. Objectives



are as follows: to evaluate manifestations of stigma in mental health care from the point of view of different experts; to discuss influence of stigma on different levels of mental health care; to identify consequences of stigma to mental health care reform. A qualitative experts' research was implemented in order to reveal professional discourse around stigmatization of mental health and consequences of this phenomenon to mental health care reform. Research data reveal the strong prevalence of stigma on all levels mental health care. Individuals with psychosocial disabilities tend to choose medication instead of psychotherapy. Under influence of stigma, they prefer rapid daily consumption of medication as a substitute to active participation in the process of treatment. Politicians are influenced by stigmatizing attitudes in the society towards individuals with psychosocial disabilities, the persisting pressure to isolate them in closed facilities. Under influence of stigma, the process of reform lingers or obtains a shape reverse to a modern transformation.

Disclosure of interest The author has not supplied his/her declaration of competing interest.

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e-Poster viewing: Migration and mental health of immigrants

EV0665

Dissociative amnesia with fugue vs. Shenjing Shuairuo: A clinical case report. Are DSM-5 distress cultural considerations truly transcultural relevant?

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Introduction We present the case report of a 21-year-old Chinese female, who was brought to the emergency department. We open the debate between the operative criteria established by DSM-5 of the clinical entity dissociative amnesia and Shenjing Shuairuo - the Chinese "culture-bound syndrome".

Objectives To expose the relevance of the cultural formulation in the clinical evaluation of patients with a different non-Western culture in Psychiatry.

Aims The Shenjing Shuairuo syndrome ("nervous system weakness") was originally described in China, it has a gradual onset, usually after a stressful event. It involves a minimum 3 of 5 symptoms group: weakness, emotions, excitement, neurological pain and sleep. This complex group of symptoms overlap with dissociative syndrome such as dissociative amnesia.

Methods/results The cultural formulation interview (CFI) was used for the diagnostic and subsequent treatment of dissociative amnesia with fugue in a different culture patient who met the clinical criteria of this two divergent clinic entities.

Conclusions In our clinical practice, we will deal with different culture patients, who could present common clinical entities or with the so-called "culture-bound syndromes". The cultural formulation of the clinical cases will help the clinicians to diagnose and have better treatment's options in clinical manifestations do not correspond to the conventional entities included in mostly Western-based nomenclatures.

Disclosure of interest The authors have not supplied their declaration of competing interest.

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EV0666

Syrian refugees in Canada: Clinical experience in mental health care

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War is the most serious of all threats to health (World Health Organization, 1982) and can have severe and lasting impacts on mental health. Forced displacement and migration generate risks to mental well-being, which can result in psychiatric illness. Yet, the majority of refugees do not develop psychopathology. Rather, they demonstrate resilience in the face of tremendous adversity. The influx of Syrian refugees to Canada poses challenges to the health care system. We will present our experience to date in the Ottawa region, including a multisector collaborative effort to provide settlement and health services to newly arriving refugees from the Middle East and elsewhere. The workshop will be brought to life by engaging with clinical cases and public health scenarios that present real world clinical challenges to the provision of mental health care for refugees.

Objectives (1) Understand the predicament of refugees including risks to mental health, coping strategies and mental health consequences, (2) know the evidence for the emergence of mental illness in refugees and the effectiveness of multi-level interventions, (3) become familiar with published guidelines and gain a working knowledge of assessment and management of psychiatric conditions in refugee populations and cultural idioms of distress. How will the participants receive feedback about their learning? Participants will have direct feedback through answers to questions. The authors welcome subsequent communication by email. Presenters can give attendants handouts on pertinent and concise information linked to the workshop.

Disclosure of interest The authors have not supplied their declaration of competing interest.

<http://dx.doi.org/10.1016/j.eurpsy.2017.01.996>

EV0667

Psychoeducation trauma intervention for refugee women survivors of intimate partner violence

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For intimate partner violence survivors, groups are helpful in that they reduce the sense of isolation, which accompanies trauma survivors as well as provides a sense of belongingness. Judith Herman states that survivors of gender-based violence in particular, suffer from the secrecy, shame and stigma that are predictable social consequences of this form of violation. Moreover, intimate partner violence increases when women are isolated from their families, communities and peers. For refugee women, the shame associated with migration trauma, along with having an undocumented status is prevalent and keeps them from seeking services. The psychoeducation 8 session intervention helps this vulnerable population understand the physiological response stress, trauma and post traumatic stress disorder. Once symptoms have been identified, sessions enable women to reduce the symptoms by utilizing methods of self-care. Cultural specific material for Latina undocumented IPV survivors in New York City with integration of breath work, sensorimotor, music and easy movements will be highlighted to demonstrate intervention.

Disclosure of interest The author has not supplied his/her declaration of competing interest.

<http://dx.doi.org/10.1016/j.eurpsy.2017.01.997>

EV0668

Suicidal ideation among international medical students studying medicine in Romania

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Background The burden of mental health impairment in medical students is an important research subjects. Evidence shows that medical students have a higher prevalence of symptoms of depression and anxiety than the general population. A number of studies regarding suicidal ideation among medical students have been carried out, but this topic has largely been ignored in regard to international medical students coming from Western European countries studying medicine in Eastern European countries. Suicidal ideation is the early symptom of suicidal actions. The students are the most vulnerable and easily influenced by cases of suicide, especially in a closed group with little connections with the general population like the international students.

Objectives Following 2 suicides in our university, we aim to measure the prevalence of suicidal ideations in international students.

Methods Overall, 150 medical students from the French section studying at the University of Medicine and Pharmacy "Iuliu Hatieganu", Romania, were evaluated for symptoms of depression using BDI and for suicide ideation using Beck HS.

Results Suicidal ideation was present in 28.57% of the French international medical students. Depression and the lack of social support had a significant relationship with suicidal ideation.

Conclusions Suicide is a serious issue that has to be dealt with immediately. It is important to assist medical students who are considering the possibility of committing suicide, so that they overcome their difficulties. There is a need to identify the prevalence of suicidal ideation among medical students and for student counselling.

Disclosure of interest The authors have not supplied their declaration of competing interest.

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EV0669

Homelessness and immigrants: In front of the border between Spain and France

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Introduction In 2006, prior to the worldwide economic crisis which especially affected Western countries, Southern Spain was one of the illegal immigrant gateways from Africa into Europe. The aim of this study is to establish the rate of homeless immigrants in a cohort of 2006 and carry out a follow up until 2015 in order to explore the chronicity associated to the territory.

Methods Sample: 949 persons experiencing homelessness in Girona, according to official records. Procedure: prospective longitudinal study of the total population of homeless people in Girona. In 2006, a list was made of all the homeless people detected by both specialised and nonspecialised teams, which have been followed until the present day. Instruments: data bases of different official teams. Statistical analysis: measures of central tendency and dis-

persion and contingency tables were used for the comparison of qualitative variables.

Results Overall, 64.8% of the population of Girona are immigrants ($n=614$), principally from the Maghreb, ($\chi^2=36.9$, $df=4$, $P<.001$) and 333 (36.3%) are autochthonous. The percentage of homeless immigrants in relation to the total immigrant population was 4.4%. Comparing the homeless autochthonous population with the total of the autochthonous population, homelessness among autochthonous population was 0.4%.

Conclusions The results suggest that homelessness was more incidental in the immigrant group than in the autochthonous group. The percentage of immigrants who still live in homeless conditions suggests that immigration is a risk factor in the chronicity of the problem.

Disclosure of interest The authors have not supplied their declaration of competing interest.

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EV0670

Migrants and psychosomatic symptoms: An evaluation in an emergency centre

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Introduction In recent years, there has been an increase in migration in Europe. Particularly, Italy has been one of the most important landing place. Currently, migrants in the province of Avellino, South Italy city, amount to about 1400, housed in 40 facilities in 23 municipalities. Psychological interest on migration and its impact on lifestyle patterns has increased in recent years.

Objectives There are few studies that evaluated the frequent psychosomatic symptoms in these populations. Despite the trauma experienced, they are not able to give a name to the suffered and somatized pain.

Aim Assessment of somatic symptoms reported by the immigrant cohort after a three-month observation period.

Methods We included 50 migrants (21.3 mean years) hosted in emergency centre in Avellino, Italy. All guests have conducted psychological clinical interviews. At baseline, were administered following scales: the patient health questionnaire (PHQ-9); Illness Behaviour Inventory (IBI); Symptoms checklist-90-Revised (SCL-90-R) scale. Same data was collected after three months.

Results The migrant group was a heterogeneous group. Overall data on IBI and PHQ-9 scale indicate a statistically significant variation baseline vs deadline Data of IBI scale is statistically significant [T-Score: 3,921; $P: 003$]; also with PHQ-9 [T0 vs. T1: T-Score: 3,986; $P: .003$]. Similar results have been found with SCL-90-R.

Conclusions In their vocabulary, terms such as anxiety, sadness, fear exist hardly. They tend to minimize the psychological pain, not because I do not feel, but because move it on the body. They have difficulty to talk about emotions, not just a matter of culture and language, but also because they are ashamed.

Disclosure of interest The authors have not supplied their declaration of competing interest.

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EV0671

Identity and immigration. From Ulysses' syndrome to the identity construct and their cultural development

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Immigration is one well known but complex stressor. When we analyze its consequences, we discover the loss of social or family support, the need to afford a new unknown and many times hostile perceived environment, or languages/communications problems. Greek myths have been used as a way to explain how men afford that kind of events/monsters. However as cultural productions, myths grow and change trying to reflex the culture, society and time when they are used. Identity has been a main question for many disciplines, psychiatry has wondered about its construction but society has too, and sometimes last explanations are even better than clinical ones. We would like to discuss the immigration phenomena using anthropology tools, which previously have nourish other psychiatric disciplines as systemic therapy. If we want to be able to treat immigrants, we have not only to fulfill their physical needs or treat their mental symptoms but to look every travel as a risk one, in which as Ulysses they are at risk of losing what they are, their identity. Identity is described in old Greece as the life lived with others, but not any other person, just those who know us and may accept our own images. In the past, the city, our born place, as a social support was what made us humans. Ulysses, out of Ithaca, found monsters, those who weren't humans, because they didn't live in his Greek society. As the new Ulysses, the immigrant maybe should be first helped to construct a new identity, which makes monsters disappear.

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EV0672

Mental health of child & adolescent refugees: The hidden momentum for a paneuropean call for action

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Introduction Over one percent of the world's population are currently uprooted. Over half of the world's displaced population are children.

Objective There is considerable evidence that refugee children are at significant risk of developing psychological disturbance as they are subject to a number of risk factors.

Aim Consistent research findings show that as the number of risk factors accumulates for children, the likelihood that they will develop psychological disturbance dramatically increases.

Methods Traumatic events can have an effect on a child's emotional, cognitive and moral development because they influence the child's self-perceptions and expectations of others. The multidimensional effects of trauma on children and their families are compounded by forced uprooting, multiple losses and the myriad changes brought about by migration. Mental health services can be key to restoring basic psychological functioning and to supporting resilience and positive coping strategies for children, adolescents and adults.



Results Refugee children are a silent group that are easily overlooked. Our attitude toward young refugees and their families will determine the burden of trauma, not only on their adult future but also on our community.

Conclusions An empathic and mentalizing attitude, secure sheltering, addressing health and educational needs will create a sense of stability and confidence. This is the very first step to favour, for these future adults.

Disclosure of interest The author has not supplied his/her declaration of competing interest.

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EV0673

Helping abused children from various minorities in the Greek context

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Introduction Children's abuse and neglect is widely studied as a major risk factor for emotional and behavioural disorders, various somatic and psychiatric problems during adulthood.

Objective Mental health is fundamental to health. Mental illnesses are real, disabling conditions affecting all populations regardless of race or ethnicity but disparities in mental health services exist for racial and ethnic minorities, and thus, mental illnesses exact a greater toll on their overall health and productivity.

Aim The most important aim when working with ethnic minorities is to better understand the roles of culture, race and ethnicity, and overcome obstacles that would keep anyone with mental health problems from seeking or receiving effective treatment.

Methods The Day Centre "The House of the Child" is a community unit which provides customized clinical mental health services for therapeutic treatment and psychosocial rehabilitation of children victims of abuse, neglect or domestic violence. The Day Centre was founded by the non-profit voluntary organization "THE SMILE OF THE CHILD". The services are based on the bio-psycho-social model approach and treatment, which aim at early detection, and treatment of possible mental disorders and the overall psychosocial rehabilitation of victims of abuse/neglect and the support of their carers.

Results By identifying the many barriers to quality care faced by racial and ethnic minorities, the Day Center provides mental health services also to children who come from minority populations.

Conclusions Different case studies highlight challenges and various levels of difficulties in this specific scheme of cooperation aiming to open an interesting dialogue on the topic.

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EV0674

Relationship and family therapy for newly-resettled refugees: A qualitative inquiry of an innovative, needs-adapted approach in Sydney, Australia

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Introduction The needs of refugees are of pivotal concern internationally. Relational trauma, in particular, is an area that is under-emphasised and under-researched. The strength to strength program (STS) was a rare, innovative relationship and family counselling service for recently-arrived refugees in Sydney, Australia during 2006–2014. The service model built on post-Milan systemic family therapy principles to include innovative cultural and trauma-informed aspects of care.

Objectives We were interested in the experiences of staff who delivered the program, and the ways in which more traditional, Western-informed modes of family therapy were transformed by the needs of refugee clients.

Aims To identify and describe transformations to the delivery of relationship and family counselling with refugees that enabled care, from the perspective of staff.

Methods A thematic analysis, guided by interpretive description, of individual interviews and focus groups with STS service staff ($n=20$), including family therapists, bicultural workers and managers.

Results Key themes pertaining to innovative aspects of the relationship and family counselling service provided by STS staff will be outlined and lessons for future service provision in this space considered.

Conclusions STS is an example of staff-driven innovation to the therapeutic care of refugee families resettling in Western countries, taking into account the unique and complex set of cultural, practical and psychological needs. Important and timely lessons for future service delivery can be drawn from qualitative inquiry into the experiences of staff who deliver such programs, with refugee numbers continuing to increase internationally.

Disclosure of interest The authors have not supplied their declaration of competing interest.

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EV0675

Interdisciplinary treatment and complex rehabilitation of internally displaced persons in University Clinic

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Introduction Over 1,5 million of them are Ukrainians who were forced to leave their home after Crimea annexation and military conflict in the East of Ukraine.

Objectives By 2015, the University Clinic asked 156 people displaced from Lugansk and Donetsk regions. Reasons treatment: all patients were somatic complaints. In screening: using the scale hospital, all patients were found higher rates of anxiety and depression. Overall, 48% of patients abandoned psychiatric examination, even 24% of psychological counseling.

Aims Screening of IDPs' mental health who sought medical help in somatic clinic (University clinic KhNMU) and estimation of efficiency of interdisciplinary treatment and complex rehabilitation.

Methods Psychodiagnostical, clinical-psychological, clinical-psychopathological.

Results Clinical examination during the period of acute stress reactions was observed, dominated by anxiety disorders, prolonged depressive reaction. Anxiety disorders were found in 56.5%, prolonged depressive reaction in 32.0%, post-traumatic stress disorder in 10.5% of patients. The treatment of the underlying disease, complex psychological and physical rehabilitation. Psychological rehabilitation included CBT, relaxation, art therapy. Physical rehabilitation includes kinesiotherapy and TRE. A set of measures of physical rehabilitation led to reduction of anxiety to physiological levels in all mentally healthy patients, reduce the severity of psychosomatic symptoms in the structure of the underlying

disease, increased satisfaction with the results of treatment by 28.5%.

Conclusions Analysis of mental health study of IDPs and evaluation of comprehensive rehabilitation in terms of the University Clinic show the need for screening mental state when applying for medical assistance and the desirability of psychological and physical rehabilitation of patients during hospital stay somatic profile.

Disclosure of interest The authors have not supplied their declaration of competing interest.

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EV0676

Epidemiological study between Greek people and immigrants with regard to diagnosis in a Greek hospital in Athens

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Introduction Differences between the most frequently reported diagnoses of Greek people and immigrants in Greece are expected due to the different underlying factors which are associated with mental health issues.

Objectives Examine differences in diagnoses between Greek people and immigrants.

Aims To investigate whether Greek people and immigrants had significant differences with regard to reported diagnoses in a Greek hospital.

Methods The patients who participated in this study are 5551, among them 2760 (49.7%) were males and 2791 (50.3%) were females. The mean age of the sample was 45.54. The sample consisted of 455 (8.3%) immigrants and 5,042 (91.7%) Greek people. Convenience sampling method was used and the sample was collected at the General Hospital of Nikaia, "Ag. Panteleimon" in Athens, Greece, between 01/01/2012 and 31/12/2015.

Results There were significant differences between Greek people and immigrant with regard to diagnosis as $\chi^2(20): 136.875, P < 0.001$. More specifically, among Greek people, the most frequently reported diagnosis was psychotic disorder (26.2%), followed by depression (24.7%), general anxiety disorder (9.9%) and substance abuse (8.4%). Among immigrants, the most frequently reported diagnosis was psychotic disorder (22.9%), followed by substance abuse (21.3%), depression (17.4%) and general anxiety disorder (12.1%).

Conclusions The differences between Greek people and immigrants with regard to diagnoses showcase the different needs between the two populations with regard to mental health. Especially, the higher prevalence of anxiety disorders and substance abuse problems among immigrants highlight the need for protective measures to improve their well-being and reduce their risk of mental health issues.

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EV0677

The perceptions of Greek immigrants in Germany about the health illness and pain in the context of mental health



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Aim This study aims to investigate the perceptions of health, disease and pain issues among Greek immigrant, living in Germany, as they were formed through their previous experiences, their immigration routes and their experiences in a new sociocultural environment, while taking under consideration their varying cultural backgrounds.

Material-method This research was based on the personal interpretations of ten Greek immigrant (6 women and 4 men). As to methodology, qualitative research was employed. The methodological tools used for the collection of the material were semi-structured interviews (face to face), participant observation and a field diary. Finally, the method of analysis used for the empirical material was content thematic analysis.

Results All participants experienced immigration as an especially stressful period of their lives that changed their state of health (these changes extend from physical complaints to manifestation of depression). Most person describe life in Germany as difficult due to various problems (loss of relatives and friends' social networks, poor language knowledge, isolation, etc.). However, the public health system's organization (regardless any flaws), which ensures their access to health services, positively contributed in changing their attitudes regarding the issues under question. Lastly, the reference to psycho-traumatic situations, transitional life phases, as well as to stimuli in the difficult everyday life feed person's meaning-makings about pain.

Conclusions The research's results showed that health and disease are not only biologically determined phenomena. They also are socially determined situations, given that they are not only related to changes in the individual's psychology but are influenced by the broader sociocultural environment in which the individual lives and works.

Disclosure of interest The authors have not supplied their declaration of competing interest.

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EV0678

Problems of investigation of immigrants' students and their relation to psychopathology



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Introduction The purpose of this research was to investigate the problems of first-generation immigrant students and the linkage of these problems with the psychopathology of students.

Objectives The sample of this study included men and women students, that were second-generation immigrants aged from 18 to > 25 years.

Methods The research tools used were: (a) Psychopathology Scale (Symptom Checklist 90-R - SCL-90) and (b) State - Trait Anxiety Inventory (STAI), (c) the orientation test life (LOT-R) d) Other As Shamer Scale (OAS), (e) Experience of Shame Scale (ESS). The statistical processing of data showed Q (a) the students immigrants have higher levels of student migrants stairways: inferior (OAS), empty (OAS), (Mistakes (OAS), Total internal shame (ESS), characterological shame (ESS), behavioral shame (ESS), bodily shame (ESS), Trait Anxiety (STAI), Somatization (SCL-90), Inter. Sensitivity (SCL-90) and Depression (SCL-90).

Results The results of our study found high levels of psychopathology students immigrants and students migrant and interpretative this finding is explained by the lifestyle of their parents immigrants and different cultures which have to cope and adapt and their marginalization from society and official institutions, a situation that results in their exposure to a variety of risks to their mental health.

Conclusions In addition to increased levels of psychopathology, second generation immigrants such as students and the students in our sample suffer from violence the authorities and their fellow citizens.

Disclosure of interest The authors have not supplied their declaration of competing interest.

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EV0679

Native vs. migrants – same opportunities or discriminated? – Psychiatry trainees's views from the EFPT brain drain study



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Introduction It is a well known fact that qualified health professionals generally migrate to high-income, developed regions. Nevertheless, the perceptions of this immigrant skilled health workforce on access to opportunities or feeling discriminated in their host countries, have not yet been explored or adequately addressed.

Objectives This work has focused on the perceptions of immigrant psychiatry trainees in several European countries about their

views on having equal access to opportunities as natives or feeling discriminated.

Methods A semi-structured 61-item questionnaire was circulated by National Coordinators in each country and was completed by 2281 psychiatric trainees from 33 European countries between year 2013 and 2014. Data has been analysed using the Software Package for Social Sciences for Windows v. 22.0 (SPSS Inc. Chicago, IL).

Results In these findings, more than one in ten psychiatry trainees across Europe were immigrants, with top host countries being Switzerland, Sweden and UK. Satisfaction with migration and the perception of having equal opportunities as the native trainees varied depending on the host country they migrated to. More than one-third of the trainees felt discriminated, not having the same opportunities as the local colleagues, especially concerning the work opportunities and the academic conditions. Still, nearly two-thirds considered having the same opportunities than natives.

Conclusions A high number of immigrant psychiatry trainees subjectively feels they do not have the same opportunities as local trainees. Further research about factual and perceived discrimination by immigrant workforce should be done.

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EV0680

Suicide risk among immigrants and ethnic minorities



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Introduction Recent historical perspective suggests that suicide is a neglected issue among immigrants and ethnic minorities.

Objective Given the need to delivering proper care to such populations, government is now requested to address suicide risk and involve proper interventions.

Aims To provide comprehensive overview of suicide risk among immigrants and ethnic minorities and possible targeted preventive measures.

Methods Given the relatively early and underdeveloped state of this area of inquiry, the author viewed his task as gathering and critically appraising the available research relevant to the topic, with the aim of formulating a hypothesis to be tested with further research.

Results Evidence support the notion that certain communalities across ethnic groups are influenced in a considerable way by the suicide risk in the country of origin. Furthermore, some well-known risk factors for suicide may not play a central role in the case immigrants and ethnic minorities; on the contrary, adjustment problems point to the explanation that emotional distress may be caused by social problems, racism and discrimination. Suicide risk among these individuals may also be referred to the risk in the country of origin pointing to greater complexity when individuals immigrate into a country with different suicide rates as well as different contributing factors. Help-seeking barriers are still a major obstacle for delivering proper preventive intervention. The author aims at providing a comprehensive picture of suicide risk among this population and highlight possible preventive strategies.

Conclusions Social interventions, culture-sensitive community projects or interventions targeting specific subgroups might be possible solutions.

Disclosure of interest The author has not supplied his/her declaration of competing interest.

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EV0681

Symptoms of anxiety and depression in Romanian and international medical students: Relationship with big-five personality dimensions and social support



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Background A wide variety of countries are seeking to attract international medical students. International students are quite distinct from local students with respect to ethnicity, race, social and cultural norms, customs, nationality and physical appearance. Medical students are more predisposed to mental disorders, including depression due to several factors, such as: individual personality characteristics, chronic exposure to stressors from an occupation that deals with pain and death and trouble with the teaching-learning process. In the host country, international medical students meet a lot of stressful situations as: language barriers, academic demands, homesickness and lack of social support.

Aims To evaluate the prevalence of anxiety and depression in Romanian and international medical students studying medicine in Romania. To assess the relationship between symptoms of anxiety, symptoms of depression and big-five personality dimensions in medical students.

Methods Overall, 230 first year medical students (90 from English section, 70 from French section and 70 from Romanian sections studying at the University of Medicine and Pharmacy "Iuliu Hatieganu", Romania, were evaluated for symptoms of anxiety and depression using the STAI and BDI and for personality using the NEO FFI.

Results Symptoms of anxiety and symptoms of depression were prevalent in medical students (43% and 14%, respectively).

Conclusions Symptoms of anxiety and depression are prevalent in medical students. Severity of symptoms of anxiety and symptoms of depression in medical students are negatively related to emotional stability. Special attention should be paid to those students who have high levels of depression and low levels of emotional stability.

Disclosure of interest The authors have not supplied their declaration of competing interest.

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EV0682

A pilot study on posttraumatic stress disorder prevalence in asylum seeker in primary reception setting



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Introduction Social, political and health related effects of "European migrant crisis" are challenging our Old Continent, not always capable to address immigrants' needs.

Objectives Our main purpose is to estimate the prevalence of post-traumatic stress disorder among asylum seekers arriving in Italy.

Methods We designed a cross-sectional study for prevalence estimation in a reception centre where asylum seekers stay for their

first period in Italy. They are given hospitality until the possibility of their permanence is verified. We created a survey asking for general information. Participants also received PTSD Checklist (PCL-C). In our analysis, we adopted 45 as cut-off for diagnosis. Questionnaires have been delivered house-to-house and collected when completed.

Results In this pilot study, we collected 61 questionnaires. The majority of answers came from male subjects (46). The prevalence of PTSD was 44% (47% among men and 53% among women, not statistically different).

Conclusions So high rate of PTSD depicts a reality that cannot be left apart. Our attention toward immigrants must focus also on their mental health. European Union should consider new solutions to take care of these critical aspects of those.

Disclosure of interest The authors have not supplied their declaration of competing interest.

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EV0683

The impact of EU political ambiguity towards migrant crisis on the mental health of migrants

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For last couple of years, EU is facing migrant crisis that is challenging its capacity to help and its unity to decide the modes of assistance. Such political context brings additional uncertainty and insecurity into migrants' lives which causes extreme experiences that are often damaging migrants' mental health. In humanitarian plans regarding assistance for migrants, mental health is a cross cutting issue. Status of mental health is a result of complex intertwining of genetics, developmental and current life experiences. The experience of migration is a current life event which highly determines migrants' mental health. Hardships of travel along migration route are worsened by often hostile reception by authorities at borders of countries that are on the way to desired rich EU countries. On migrants' way to desired safety, there are countries like Slovenia and Hungary which protect their borders with wire. Therefore, migrants are stuck in countries, like Greece and Croatia, which are not their desirable destination. While waiting to get free passage, migrants are exposed to various political rhetoric of politicians of EU countries who hold their destiny in their hands. Migration experience does not make migrants mentally ill but it does make them vulnerable in that respect. Migrants' vulnerability is highly challenged by ambiguity of political decisions, media coverage influenced by the same policies and concomitant changes in immediate surrounding. It is crucial to make publicly clear that political decisions mean life or death, health or mental disorder to migrants and that therefore they at least carry ethical responsibility.

Disclosure of interest The author has not supplied his/her declaration of competing interest.

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EV0684

Mental health paraprofessional training for filipina foreign domestic workers in Singapore: Feasibility and effects on knowledge about depression and cognitive behavioral therapy skills

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Introduction Approximately one in every five Singaporean households employs Foreign Domestic Workers (FDWs) (Humanitarian Organization for Migration Economics [Home], 2015). Mental health problems, especially depression, are prevalent among FDWs in Singapore (HOME, 2015). Yet, there is a lack of empirically-supported interventions to address their mental health needs.

Objective To train FDWs as mental health paraprofessionals with selected CBT skills for depression, which may enable them to provide basic assistance to their fellow domestic workers with depressive symptoms.

Aims To present and assess the effectiveness and acceptability of a 4 weekly 3-hour group CBT-based paraprofessional training program for FDWs.

Methods Participants were randomized into either an intervention or a wait-list control group. Participants in the wait-list group received the training after the intervention group completed the training. Both groups completed questionnaires assessing attitudes towards seeking psychological help; stigma towards people with depression; self-confidence in delivering CBT; general self-efficacy; knowledge of depression and CBT before, immediately after, and two months following the training.

Results Thirty-eight out of 40 participants completed the program. Both groups did not differ on changes in any of the outcome variables. However, within-group analyses showed improved attitudes towards seeking professional health for mental health issues; greater depression literacy; and CBT knowledge following the training. These changes were sustained at 2-month follow-up. All participants indicated high level of satisfaction with the program.

Conclusions These preliminary results highlight the potential effectiveness and feasibility of implementing the training as a stepped-care mental health service to address the high rate of depression among the FDW community.

Disclosure of interest The authors have not supplied their declaration of competing interest.

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EV0685

Identity, culture and psychosis: A non-systematic review

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Introduction Given the results of multiple epidemiological studies showing a greater incidence of schizophrenia in migrants, especially in second-generation migrants, many researchers tried to investigate which factors could be associated to these findings, in order to have a better understanding of the migration process itself and simultaneously to contribute to improve knowledge about schizophrenia. In line with the research suggesting that social factors are important contributors to psychological suffering and vulnerability to psychosis, several authors pointed cultural identity as a possible mediator between migration and psychosis.

Objectives To review different perspectives on the current literature about the relationship between cultural identity and psychosis.

Methods Non-systematic review searching on the database MEDLINE and additional searches through secondary references.



Results Concepts like identity clarity and identity value attributions are closely related to psychological well-being and may influence vulnerability or resilience to severe mental illness. Simultaneously, these concepts are also regarded as closely linked to social and cultural identity. Feelings of uncertainty between multiple existential positions that may arise for migrants (especially if hierarchical and unequal relationships of power are established) could compromise the sense of meaning and coherence of the self and compromise identity structure, thereby predisposing to psychotic experiences.

Conclusions Even taking into account the heterogeneity of the reviewed articles, there seems to be some consensus regarding the importance of culture on how individuals experience themselves and others and that preservation of a solid and coherent cultural identity may be a crucial aspect to take into account when studying resilience against severe mental diseases.

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e-Poster viewing: Neuroimaging

EV0686

Major depressive disorder comorbid severe hydrocephalus due to Arnold Chiari malformation in an apathetic patient

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Objective Arnold Chiari Malformation (ACM) is a disorder of embryologic development that is characterized of herniation of the cerebellar structures through the foramen magnum by four types. ACM type 1 (ACM 1) consists in cerebellar tonsil herniation, which is sometimes associated with other abnormalities, including syringohydromyelia, hydrocephalus and skull base alterations. To date, five cases of psychiatric disorders comorbid with ACM-I have been reported. We here present an apathetic patient have delayed diagnosis ACM-I and severe hydrocephalus and comorbid major depressive disorder.

Case A 36-year-old, male patient who is married and two children, was admitted to hospital with don't want to make anything, despondency, thoughts of have an incompetency, uselessness and want to death, tiredness, weakness complaints which are increased day by day last 2 months. He was diagnosed with major depression after the psychiatric evaluation and hospitalised. He has unwillingness, tiredness and headache complaints which are started when he was 20 years old and he used antidepressant, anxiolytic, and low dose antipsychotic drugs under psychiatrist control at this years. In radiologic evaluation, Arnold Chiari type 1 and severe hydrocephalus was detected in brain magnetic resonance imaging.

Discussion ACM 1 is related to hydrocephalus as a result of posterior fossa hypoplasia and causes spinal injury by obstruction to cerebrospinal fluid (CSF) flow at the foramen magnum. Apathy is a common yet often overlooked symptom in hydrocephalus. This symptom may be a significant obstacle for cognition and quality of life and is associated with increased level of depression.

Disclosure of interest The authors have not supplied their declaration of competing interest.

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EV0687

Perfusion SPECT in the differential diagnosis of dementia

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Dementia is a syndrome—usually of a chronic or progressive nature—in which there is deterioration in cognitive function beyond what might be expected from normal ageing (WHO). As the world population ages, the number of people afflicted with dementing illnesses will increase. This neurodegenerative disease is one of the major causes of disability and dependency among older people worldwide. Brain single-photon emission computed tomography (SPECT) allows the study of regional cerebral blood flow, providing functional information. Each of the different types of dementia has a distinct blood flow pattern that is revealed with SPECT imaging and which can be used for differential diagnoses. This imaging technique can also be used to differentiate dementia from pseudodementia. The use of SPECT has been recommended in various guidelines to help in differential diagnosis of dementia. The National Institute for Health and Clinical Excellence in the UK recommend the use of SPECT or positron emission tomography (PET) to help differentiate Alzheimer's disease (AD) from frontotemporal dementia and vascular dementia when there is diagnostic doubt (NICE, 2006). The European Federation of the Neurological Societies guidelines for diagnosis also supports the use of FDG-PET (18F fluorodeoxyglucose positron emission tomography) or perfusion SPECT when clarifying a diagnosis of AD. This review describes the utility of perfusion SPECT in differential diagnosis of neurodegenerative dementias.

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EV0688

Examining the clinical utility of neuroimaging on an inpatient psychiatric unit

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Introduction Recent developments in neuroimaging have revolutionized medicine and aided in our understanding of how biological abnormalities may contribute to clinical presentation. While such advances have begun to enhance our knowledge about the timing of abnormalities, it remains unclear at this time how neuroimaging impacts the clinical course of the patient. In addition, much debate exists regarding the clinical necessity of neuroimaging for psychiatric conditions, and there are contradictory reports and guidelines for the application of conventional brain imaging (MRI and CT) in the evaluation of patients with mental illness.

Objective We aim to review the clinical utility of neuroimaging in an acute psychiatric setting, and hypothesize that there will be no significant differences between the outcome of neuroimaging and clinical course for patients.

Method We conducted a retrospective chart review of adult patients who were diagnosed and treated for psychiatric conditions on an inpatient psychiatric service over a period of 36 months July 1, 2013–June 30, 2016.

Conclusions While imaging advances have added to our understanding of biological abnormalities and can aid in ruling out organic causes of psychiatric illness, at this time it is not guiding clinical management for patients.



Disclosure of interest The authors have not supplied their declaration of competing interest.

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EV0689

Cerebellar activity in young people with familial risk for psychosis – The Oulu brain and mind study

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Objective The cerebellum plays a critical role in cognition and behavior. Altered function of the cerebellum has been related to schizophrenia and psychosis but it is not known how this applies to spontaneous resting state activity in young people with familial risk for psychosis.

Methods We conducted resting-state functional MRI (R-fMRI) in 72 (29 male) young adults with a history of psychosis in one or both parents (FR) but without their own psychosis, and 72 (29 male) similarly healthy control subjects without parental psychosis. Both groups in the Oulu Brain and Mind Study were drawn from the Northern Finland Birth Cohort 1986. Participants were 20–25 years old. Parental psychosis was established using the Care Register for Health Care. R-fMRI data pre-processing was conducted using independent component analysis with 30 and 70 components. A dual regression technique was used to detect between-group differences in the cerebellum with $p < 0.05$ threshold corrected for multiple comparisons.

Results FR participants demonstrated statistically significantly increased activity compared to control subjects in the anterior lobe of the right cerebellum in the analysis with 70 components. The volume of the increased activity was 73 mm³. There was no difference between the groups in the analysis with 30 components (Fig. 1).

Conclusion The finding suggests that increased activity of the anterior lobe of the right cerebellum may be associated with increased vulnerability to psychosis. The finding is novel, and needs replication to be confirmed.

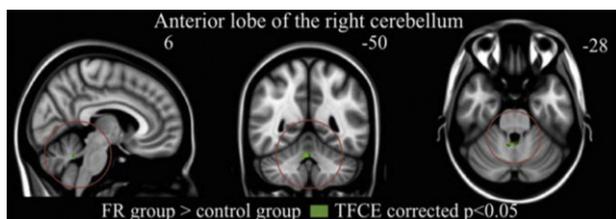


Fig. 1

Disclosure of interest The authors have not supplied their declaration of competing interest.

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EV0690

Atypical callosal morphology in developmental language disorder

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Introduction Developmental language disorder (DLD) is common, yet the neurobiology of DLD is poorly understood. A key hypothesis suggests atypical functional lateralization of language, which might be accompanied structurally by a deficit in inter-hemispheric connectivity of language-related regions. Indeed, aberrations of the corpus callosum have been associated with language deficits in children with frank neurological lesions and/or born pre-term. In contrast, studies examining the corpus callosum in children with DLD remain elusive.

Objective We aimed to expand this largely understudied field by comparing callosal morphology between 17 children with DLD and 17 typically developing children carefully matched for sex and age.

Methods We analyzed high-resolution structural magnetic resonance imaging data applying a well-validated computational approach, which captures the thickness of the corpus callosum with a high regional specificity at 100 equidistant points.

Results As shown in Fig. 1, we observed a significantly thinner corpus callosum, particularly in the splenium, in children with DLD compared to typically developing controls (DLD < CTL).

Conclusions These findings indicating pronounced aberrations in the brain's largest whiter matter tract make an important contribution to an understudied field of research and support the theory that DLD is accompanied by atypical lateralization of language function.

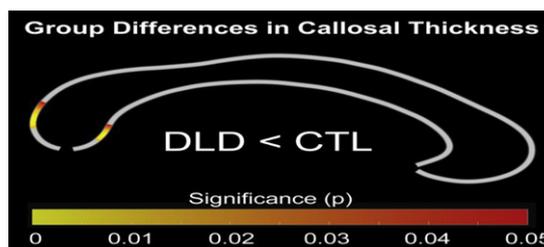


Fig. 1

Disclosure of interest The authors have not supplied their declaration of competing interest.

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EV0691

Quantitative EEG may help differentiating bipolar disorder at old age from frontotemporal dementia

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Introduction Especially the behavioral variant of Frontotemporal Dementia (FTD) may present with impulsivity, social disinhibition or depressive symptoms and these symptoms may create a clinical profile very similar to Bipolar Disorder (BD). In clinical practice, this similarity at symptom level creates substantial diagnostic confusion and often errors. As the treatment approach to the two disorders differ significantly, it is essential to make a reliable differential diagnosis.

Aim In this study we aimed to identify EEG differences between FTD and BD.

Methods For this aim we recruited 22 patients with FTD and 32 patients with BD. Patients in both groups were evaluated with a standardized neuropsychological battery and structural MRI. All patients were evaluated with resting EEG. There were no significant age and gender differences between groups.

Results EEG power analysis showed that FTD group had increased frontal and temporal theta as compared to the BD group. There were no consistent group differences for other bands.

Conclusion Based on this result we conclude that quantitative EEG may help differentiating BD from FTD and may eliminate diagnostic uncertainty.

Disclosure of interest The authors have not supplied their declaration of competing interest.

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EV0692

The effects of medication on default mode network (DMN) connectivity in attention deficit/hyperactivity disorder (ADHD): Bibliographic review

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Introduction ADHD is a neurodevelopmental disorder comprising brain structural and functional alterations, especially in default mode network (DMN), as MRI studies have recently shown. However, it is not clear in which extent medication for ADHD may influence the activity of these networks.

Objectives The main purpose is to look up published evidence about the effects of ADHD medication on the connectivity of DMN in patients as measured with functional-MRI.

Methods A review was conducted with Pubmed, using search terms 'default mode network'+ 'ADHD'+ 'medication'/ 'methylphenidate'/ 'atomoxetine'/ 'stimulant'/ 'lisdexanfetamine'. Original research studies in English using f-MRI to assess DMN connectivity in ADHD patients were included in a more comprehensive review.

Results The searches found 124 articles, 8 meeting the review criteria. A total size of 146 ADHD patients was comprised (mean size: 18.25 patients). Three studies used specific resting-state f-MRI. Seven were drug trials, 3 of them short-term, randomized and controlled ones. Six included methylphenidate, 2 atomoxetine, 1 lisdexanfetamine and 3 amphetamines. Two also assessed drugs clinical effects. Evidence seems heterogeneous, but mostly consistent with normalizing drug effects on DMN in patients (in some studies also compared with healthy controls), associated with a measured clinical improvement in one study with amphetamines and one with atomoxetine. One trial found little differences on DMN activity.

Conclusions Psychostimulant drugs and atomoxetine are clinically effective medications; DMN connectivity may partially explain their action mechanisms and constitute a potential response predictor. Further f-MRI studies might more deeply assess the imaging-clinical relationships for each drug.

Disclosure of interest The authors have not supplied their declaration of competing interest.

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EV0693

Dynamic of NAA and BOLD after single short stimulus in motor cortex of Schizophrenia patients

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Introduction The aim of this study was the analysis of dynamics of motor cortex metabolite in the norm and in early stage of schizophrenia in period of BOLD response to event related single stimulus.

Objectives The patients group consisted of 9 mails of 16–28 years old in initial stage of schizophrenia and in remission. The group of 9 age matched healthy mails was used as a control.

Methods Phillips Achieva 3.0T scanner was used for the study. Volume of interest in motor cortex was localized on the base of fMRI. 1H MR spectra were run using synchronization of FID signals acquisition (PRESS, TE = 30 ms TR = 3000 ms) with dynamics of BOLD response at the same paradigm.

Results The BOLD signal in both groups demonstrated maximum at the 6th s after target stimulus, however its value was reliably lower in schizophrenia in comparison with the control. The only [NAA] in normal motor cortex was changed after stimulation. The stable values of [NAA], [Cr] and [Cho] were observed in dynamic of resting state as well. [NAA] in normal cortex statistically significantly decreased at the 12th s after stimulus presentation and returned to initial value at the 15th s.

Conclusion Different behavior of [NAA] in the norm and schizophrenia might be related with a difference in location (or activity) of aspartoacylase (ASPA). Decreased expression of glutamate transporters in schizophrenia could also reduce consumption of NAA as a source of acetate in synthesis of AcCoA which is used for restoration of ATP.

Disclosure of interest The authors have not supplied their declaration of competing interest.

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EV0694

Normal pressure hydrocephalus as a possible reversible cause of dementia, neuroimaging findings

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Introduction Normal pressure hydrocephalus (NPH) occurs in 0.5% of persons over 65 years old. The etiology of NPH is still unknown. Clinically NPH is characterised by cognitive deterioration, gait impairment and urinary incontinence. NPH is a possible reversible cause of dementia. Neuroimaging techniques such as computed tomography (CT) and magnetic resonance imaging (MRI) allow to assess typical brain changes in this disorder.

The objectives are to present the typical findings of NPH on CT and MRI and to demonstrate differences between NPH and central brain atrophy in neuroimaging.

Results The imaging features of NPH include: supratentorial ventriculomegaly with callosal angle less than 90°, tight sulci at the vertex and considerable out of proportion enlargement of Sylvian fissures. In case of central brain atrophy there may be a predominance of ventriculomegaly and/or widened sulci without crowding of the gyri at the vertex and callosal angle greater than 90°. In both entities, the decrease of density in periventricular region may be seen: in NPH could be a sign of transependymal oedema or in brain atrophy as an accompanying leukoaraiosis. Additionally, it is possible to assess changes in flow of cerebrospinal fluid (CSF) on MRI: in NPH an increased pulsatile CSF circulation in aqueduct as flow void sign may be observed.

Conclusions Correct diagnosis of NPH on CT or MRI in relation to clinical data is very important. Treatment with ventriculoperitoneal shunt or third ventriculostomy may partially improve the



quality of life in some patients with cognitive impairment due to NPH.

Disclosure of interest The authors have not supplied their declaration of competing interest.

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EV0695

Rural and urban childhood environment effects on episodic memory



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Introduction Childhoods in urban or rural environments may differentially affect risk for neuropsychiatric disorders. Here, we leveraged on dramatic urbanization and rural-urban migration since the 1980s in China to explore the hypothesis that rural or urban childhoods may differentially influence memory processing and neural responses to neutral and aversive stimuli.

Objectives Explore the underlying mechanisms of childhood environment effect on brain function and neuropsychiatric risk.

Methods We examined 420 adult subjects with similar current socioeconomic status and living in Beijing, China, but with differing rural ($n = 227$) or urban ($n = 193$) childhoods. In an episodic memory paradigm scanned in a 3 T GE MRI, subjects viewed blocks of neutral or aversive pictures in the encoding and retrieval sessions.

Results Episodic memory accuracy for neutral stimuli was less than for aversive stimuli ($P < 0.001$). However, subjects with rural childhoods apparently performed less accurately for memory of aversive but not neutral stimuli ($P < 0.01$). In subjects with rural childhoods, there was relatively increased engagement of bilateral striatum at encoding, increased engagement of bilateral hippocampus at retrieval of neutral and aversive stimuli, and increased engagement of amygdala at aversive retrieval ($P < 0.05$ FDR corrected, cluster size > 50).

Conclusions Rural or urban childhoods appear associated with physiological and behavioural differences, particularly in the neural processing of aversive episodic memory at medial temporal and striatal brain regions. It remains to be explored the extent to which these effects relate to individual risk for neuropsychiatric or stress-related disorders.

Disclosure of interest The authors have not supplied their declaration of competing interest.

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e-Poster Viewing: Neuroscience in Psychiatry

EV0696

Possible Involvement of Endogenous Opioids and Nitric Oxide in the Anticonvulsant Effect of Acute Chloroquine Treatment in Mice



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Introduction Chloroquine, a 4-aminoquinoline derivative, has long been used for the treatment of malaria and rheumatological

disorders, including rheumatoid arthritis and systemic lupus erythematosus. Accumulating evidence now suggests potential use of chloroquine as a neuroprotectant. Studies have shown that nitric oxide (NO) pathway is involved in the chloroquine actions. Considering the fact that nitricergic neurotransmission plays a crucial role in the central nervous system functioning, in the present study we evaluated whether nitric system is involved in the anticonvulsant effects of chloroquine in a model of clonic seizure in mice.

Methods Clonic seizure threshold was determined by infusion of pentylentetrazole (PTZ, 0.5%) at a constant rate of 1 mL/min into the tail vein of male Swiss mice (23–29 g). Minimal dose of PTZ (mg/kg of mice weight) needed to induce clonic seizure was considered as an index of seizure threshold.

Results Chloroquine (5 mg/kg, acutely 30 min before test, intraperitoneally), i.p significantly increased the seizure threshold. Acute co-administration of a non-effective dose of the non-selective NO synthase (NOS) inhibitor, L-NAME (L-NG-Nitro-L-arginine methyl ester hydrochloride, 5 mg/kg, i.p.) or the selective inhibitor of neuronal NOS, 7-NI (7-nitroindazole, 40 mg/kg, i.p.) with an effective dose of chloroquine (5 mg/kg) inhibited its anti-convulsant effects. Co-administration of a non-effective dose the selective inducible NOS inhibitor, aminoguanidine (100 mg/kg, i.p.) with chloroquine 5 mg/kg did not alter its anticonvulsant effects.

Conclusion Chloroquine increases the PTZ-induced clonic seizure threshold in mice. We demonstrated for the first time that nitric oxide signaling probably through neuronal NOS could be involved in the anticonvulsant effects of chloroquine in this model of seizure in mice.

Disclosure of interest The author has not supplied his/her declaration of competing interest.

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EV0697

Cannabis and confabulation: An intrusive relationship



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Introduction The association between the neurocognitive impact of cannabis use and deficits in working and declarative memory is well documented. Studies with cannabis users suggest that recognition memory is particularly susceptible to cannabinoid acute intoxication. Studies carried out in the 1970s using free memory tests, showed that cannabis users not only named fewer words having also a tendency to evoke intrusive memories. Interestingly, a recent study has exposed an association between cannabis consumption and increased likelihood of creating fake memories.

Objectives The main objective of this work is to do literature revision, framing old data with recent works, exposing the relationship between cannabis consumption and memory confabulation/intrusion.

Methodology Literature review, comparison and description of empirical data [1].

Results Recent studies show that both cannabis users and abstinent are more susceptible to create false memories, not being able to identify trap stimuli as events that never occurred.

Discussion/conclusions Changes in perception and memory deficits are two common consequences of acute marijuana intoxication. The fact that these deficits remain during drug abstinence demonstrates the relevance of better understanding the mechanisms by which cannabinoids alter such cognitive functions. Reductions in the activation of brain areas comprised in the lateral and temporal lobe and in frontal cortex zones involved in the processes of attention and performance monitoring may be a possible explanation.

Disclosure of interest The authors have not supplied their declaration of competing interest.

Reference

- [1] Riba J, et al. Telling true from false: cannabis users show increased susceptibility to false memories. *Mol Psychiatry* 2015;20(6):772–7.

<http://dx.doi.org/10.1016/j.eurpsy.2017.01.1027>

EV0698

Cannabidiol's role as a potential target in the treatment for schizophrenia



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Objectives Schizophrenia is a debilitating psychiatric disorder which places a significant emotional and economic strain on the individual and society-at-large. Unfortunately, currently available therapeutic strategies do not provide adequate relief and some patients are treatment-resistant. Therefore there is urgent need for the development of mechanistically different and less side effect prone antipsychotic compounds. Recently, the endocannabinoid system has emerged as a potential therapeutic target for pharmacotherapy that is involved in a wide range of disorders, including schizophrenia. Modulation of this system by the main psychoactive component in cannabis, Δ^9 tetrahydrocannabinol (THC), induces acute psychotic effects and cognitive impairment. However, the non-psychotropic, plant-derived cannabinoid agent cannabidiol shows great promise for the treatment of psychosis, and is associated with fewer extrapyramidal side effects than conventional antipsychotic drugs.

Methods The aim of this review is to analyse the involvement of the endocannabinoid system in schizophrenia and the potential role of cannabidiol in its treatment.

Results and conclusions There is still considerable uncertainty about the mechanism of action of cannabidiol as well as the brain regions which are thought to mediate its putative antipsychotic effect. Further data is warrant before this novel therapy can be introduced into clinical practice.

Disclosure of interest The authors have not supplied their declaration of competing interest

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EV0699

Psychotic symptoms in patients with nmda antibodies



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Introduction This paper is a review of literature about the relation in some cases between psychotic symptoms and NMDA antibodies. Most of these cases are early observed and treated by psychiatry, observing torpid evolution and symptoms that are rarely observed in Psychiatry patients, like visual hallucinations or rapid fluctuations of symptoms.

Objectives Make a review of psychotic symptoms and NMDA antibodies, to think about other options when we are in front of some unusual cases in psychiatry, and it seems that “nothing is working”

Methods Systematic review of pub med literature, applying the keywords: “psychotic” and “NMDA antibodies” of last 5 years.

Results We found that in most of cases the patients presents Opisthotonus, catatonia, and rhythmic and non-rhythmic involuntary movements of the mouth and jaw, and most of them had a

psychiatric evaluation for those symptoms. There was no response to antipsychotic treatment. The treatment with corticoids and rituximab was effective.

Conclusions In psychiatry we have to think in some cases that maybe “the patient could have something else than a psychiatric disease”, most when we found that the symptoms has a rare presentation and the treatment is not effective.

We encourage our colleagues to “think outside the box” when something like this occurs, and hesitate about our own valuations of the patients, when the case is atypical strange.

Disclosure of interest The authors have not supplied their declaration of competing interest.

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EV0700

Charles-bonnet syndrome: Hallucinations are in the eye of the beholder



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Introduction Charles-Bonnet Syndrome (CBS) is a clinical entity characterized for visual hallucinations in patients with severe vision impairment and preserved cognitive state. Its pathogeny is still unknown, limiting management options. For diagnosis neurological and psychiatric disorders must be discarded. Treatment is based in three pillars: explaining to the patient the origin and nature of the symptoms, treating the visual deficit when possible, and pharmacotherapy with anti-psychotics.

Objectives and aims To outline the main characteristics and etiopathogenic theories of the CBS, so as to improve diagnosis and treatment.

Methods Basing on a case followed in mental health consults, we made a systematic review of the articles published in Medline (PubMed) in the last 5 years, with the following keywords, Charles-Bonnet Syndrome, hallucinations, deafferentation, visual impairment.

Results We found that all our case and the reported ones had in common the nature and characteristics of the hallucinations, the presence of a trigger, usually a new medicament, and the functional MRI patrons of activity; those patrons located the loss of input prior to the association cortex, which appeared hyper-excitability in functional MRI.

Conclusions Although the aetiology and pathogeny of CBS is still unclear, present data suggests that the key mechanism may be a dysregulation in the homeostatic adaptation of the neural pathway when it is left without external input, traducing a hyper-function of a physiological process, probably mediated by acetylcholine, as opposed with other neuropsychiatric pathologies, in which the cortex is the primary affected area.

Disclosure of interest The authors have not supplied their declaration of competing interest.

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EV0701

Is borderline personality disorder a neuroendocrine disease?



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Introduction Borderline personality disorder (BPD) is a disabling heterogeneous psychiatric disorder characterized by poor affect

regulation and impulse control, with a high reactivity and vulnerability to stress. It has been hypothesized that these patients may have a dysregulation of the neuroendocrine system.

Aims The goal of this work is to systematically review the scientific knowledge regarding the role of the neuroendocrine system in the pathophysiology of BPD.

Methods The literature was reviewed by online searching using PubMed®. The authors selected scientific papers with the words “borderline personality disorder” and “neuroendocrine”/“endocrine” in the title and/or abstract, published in English.

Results and discussion There is scientific evidence for an enhanced cortisol release and HPA axis hyperactivity in BPD. The dexamethasone suppression test has been used in BPD, finding high rates of non-suppressors in that sample. There also seems to be a reduced volume of the amygdala and anterior cingulate cortex, suggesting an involvement of those regions in the emotional disturbances in BPD. Symptoms of impulsivity, aggression and suicidal behavior seem to be strongly mediated by the serotonergic system. The available research suggests a serotonergic dysfunction in BPD, with lower levels of serotonin in those patients.

Conclusions There seems to be several neuroendocrine changes related to BPD, namely a hyperactivity of the HPA axis with stimulated cortisol release together with disturbances of the serotonergic system. Also some brain structural alterations in BPD are scientifically depicted. Further studies are needed to clarify the neurobiology of BPD improving both psychotherapeutic and psychopharmacological treatment in these patients.

Disclosure of interest The authors have not supplied their declaration of competing interest.

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EV0702

Zoophilia in a patient with Parkinson's disease

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Introduction Parkinson's disease (PD) is a neurodegenerative brain disorder characterized by Bradykinesia, muscle rigidity and resting tremor. Non-motor symptoms like neuropsychiatric manifestations can also cause significant morbidity. Common medications used in anti-Parkinsonian treatment such as dopaminergic agonists, may help motor symptoms but can also cause or contribute to adverse behavioral manifestations. These include dementia, depression, anxiety, insomnia, psychosis and paraphilic disorders. There are sporadic reports of zoophilia in association with dopaminergic therapy.

Objectives Report of a clinical case of PD and zoophilia.

Aims clinicians must be aware of paraphilic disorders, namely zoophilia, in patients with dopaminergic medication.

Method Search of the Pubmed database was conducted for articles published that had “zoophilia [All Fields] and Parkinson [All Fields]”, resulting in 3 eligible articles through October 2016. The patient's clinical records were also reviewed.

Case Report A 77-year-old man, living in a rural area and with a low educational background, with akinetic-rigid PD in an advanced stage and followed by neurology since 2003. His family physician sent him to a psychiatric assessment for hyper-sexuality with zoophilia. The psychiatrist found that these behaviors had begun a week after levodopa was increased along with the introduction of selegiline. The psychiatrist has introduced quetiapine with significant decrease of the hyper-sexuality and the end of zoophilic episodes.

Conclusion Despite hyper-sexuality is found in just 2–6% of PD patients in connection with dopaminergic treatment. This case report emphasizes how crucial it is to evaluate PD patients' sex-

uality as well as to explain these adverse effects to the families involved.

Disclosure of interest The authors have not supplied their declaration of competing interest.

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EV0703

Association between multiple sclerosis and depression

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Introduction Multiple Sclerosis (MS) is considered an autoimmune inflammatory disease and it is the most common demyelinating disease of the central nervous system. Although its aetiology remains unknown, it has been considered to be multifactorial. MS tends to be more commonly diagnosed in young Caucasian women. It has been described four clinical courses: relapsing-remitting MS, primary progressive MS, secondary progressive MS and progressive relapsing MS based on the temporal sequence in which the symptoms arise. Clinic is also very different because it depends on the sites where the lesions occur. The most frequent signs and symptoms are motor and visual deficits, paraesthesia, gait ataxia, diplopia, dizziness and bladder dysfunction. Depressive symptomatology is also among the most common symptoms of MS.

Objectives Show the importance of depressive symptomatology in patients with MS.

Aims Evaluation the connection between MS and depression.

Methods Search for articles concerning MS and depression on Pubmed and Scielo databases from July 2014 through October 2016.

Results Psychiatric manifestations, and especially depressive symptoms, affect almost 40% of MS patients in remission, and about 90% of those in a flare-up. This may be due to the diagnosis itself, with its large amount of symptoms and its variable progression, but also due to side effects of therapy. It gives a major contribute to suicidality (7.5%) when compared to the general population.

Conclusion A combined approach and treatment is in order to diminish the incapacity caused by both these illnesses in every single patient.

Disclosure of interest The authors have not supplied their declaration of competing interest.

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EV0704

Case report of progressive supranuclear palsy (PSP)

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This is a case of an old man, affected by progressive supranuclear palsy (PSP), admitted due to behavioral alteration in long-term home. Medical background PSP's diagnosis in 2008. Debuts in the form of lower limb tremor, Bradykinesia and tendency to fall. Hypomimia, hypotonia, rigidity and slight postural tremor in upper limbs. Partial response to anti-Parkinson drugs. Psychiatric background, premorbid personality prone to cognitive rigidity, dichotomous thinking and impulsiveness. Join in acute unit from February to May 2012, where it is oriented as a depression of adaptive features. Several antidepressants were tested with partial response (venlafaxine, reboxetine, mirtazapina, bupropion, sertraline). Current episode patient, who comes presenting behavioral alteration with poor tolerance to the limitations imposed by the disease and passive aggressive behaviors. His wife reports dif-



faculties in ambulation, increment of falls, and lack of hygiene and dietary transgression. Complementary explorations blood test: hemogram and biochemical unaltered, hypertriglyceridemia, syphilis, HIV serology negative. Diagnosis stable PSP, behavioral disorders are objectified within his personality disorder. Pharmacological approach. In case levodopa causes clinical symptoms of postural hypotension, staveo is decreased and sinemet is removed. Slight improvement is noticed. Case review PSP is an uncommon brain disorder that affects movement, control of walking and balance, vision, cognitive impairment and neuropsychiatric disorders. It is associated with the deposition of hyperphosphorylated, tau, in the pallidum, subthalamic nucleus, red nucleus, etc. Cognitive deficits and neuropsychiatric symptoms may precede the onset of Parkinsonism. Most changes are referred to personality, with presence of irritability, impulsivity. Psychotic symptoms may exist. There are no disease-modifying treatments. Management should focus on optimizing life quality.

Disclosure of interest The author has not supplied his declaration of competing interest.

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EV0705

Psychosis and Schizencephaly – A case report and systematic review



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Psychotic symptoms have been reported in association with a wide array of brain abnormalities. Few published reports have examined the association between schizencephaly and psychiatric illness. Originally defined by Wilmarth and later by Yakolev and Wadsworth – Schizencephaly is an uncommon congenital disorder of cerebral cortical development, defined as a grey matter-lined cleft extending from the pial surface to the ventricle. The nosology is based on neuroradiologic findings and confirmed by neuropathology when available. The Clinical presentation and neurodevelopmental outcomes of the disorder vary and are usually related to the extent/areas of the brain involved. In this article we review the medical literature around Schizencephaly paying particular attention to the pathophysiology, etiology and diagnosis of such patients. We then present a case of Schizencephaly and first episode psychosis in a 16-year-old adolescent who was admitted to our inpatient psychiatric service. Lastly, we present the findings of a systematic review from PubMed whereby we summarize 10 cases of Schizencephaly with associated psychiatric symptoms.

Disclosure of interest The authors have not supplied their declaration of competing interest.

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EV0706

Glutamatergic synaptic plasticity in the periaqueductal gray governs fear-induced depression-like behavior in rats



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Introduction Major depressive disorder affecting more than 110 million people worldwide every year is a heterogeneous illness

influenced by a variety of factors, including repeated stressful factors. Despite widely research during the past several decades, the pathophysiology and neurobiological mechanisms of depressive disorders remain unclear. Ventrolateral periaqueductal gray (vlPAG), a midbrain nucleus, has been considered as an important part of the circuitry that involves in stress-induced depression-like behaviors. Dysregulation of glutamatergic neurotransmission in depressed patients suggests that glutamate-mediated excitatory system is critical involved in the depressive disorders.

Objectives It is still unclear that whether vlPAG involves in fear condition-elicited depression-like behavior.

Aims We investigated the synaptic transmission in the vlPAG to examine whether vlPAG participates in fear-induced depression-like behavior in rats.

Methods Depression-like behaviors, in the rats, were induced by learned helplessness procedure. The synaptic transmission was conducted by whole-cell patch-clamp recording in the rat brain slices containing periaqueductal gray.

Results Rats receiving learned helplessness procedure displayed high failure rate in the escapable foot-shock test compared to control group. Both amplitude and frequency of miniature excitatory postsynaptic currents were significant reduced compared to control group, suggesting reduced presynaptic glutamate release and postsynaptic responses were involved in the learned helplessness procedure-induced depression behavior in rats.

Conclusions Reduced glutamatergic transmission in the vlPAG contributes to learned helplessness procedure-induced depression-like behavior in rats through pre- and post-synaptic mechanisms.

Disclosure of interest The authors have not supplied their declaration of competing interest.

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EV0707

Inter-analyzer interaction (IAI) at clinical psychology: Possibilities and challenges



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Introduction White matter is an anatomical bases of brain integration realization, it provides the connection between different cortex zones inside one hemisphere as well as other hemisphere. Hemispheric interaction research is basic aspect of brain integration activity problem. Not less important is the aspect related with the processes of IAI.

Aims Evaluation of method by fixed set potential for neuropsychological research of inter-analyzer interaction.

Methods Russian neurophysiologists confirmed the presents of nervous processes irradiation and considered it as fundamental mechanisms of the higher functions realization. IAI is a particular case of the irradiation.

Uznadze's fixed set method allows one to model "section of behavior", which includes all general behavior mechanisms and provides a way to analyze complicated forms of activity. The central components of the set are related to different brain systems and analyzer's interactions. This is confirmed by the set irradiation experiments, performed by Uznadze's school and showed that the set forms in one sensory modality manifests in different.

Results Setting experiments by formation of fixed set are done at haptic sphere: two different in volume spheres are given into both respondents' palms. Critical experiments are done at visual

sphere: two equal in diameters circles are exhibited to respondent for comparison. The amount of illusion in visual modality is an index of IAI features.

Conclusions The fixed set method acquires a special relevant at the modern stage of clinical psychology development, since the IAI research seems to be important in psychiatric and neurological diseases, related with brain integration disorders.

Disclosure of interest The authors have not supplied their declaration of competing interest.

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EV0708

Emotional intelligence features at a pathology of corpus callosum (CC)

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Introduction Dependents of human behavior on the hemispheric interaction quality is extremely interesting question. The CC impairments are observed at schizophrenia, autism, Tourette syndrome, ADHD, etc. Difficulties in the sphere of emotional intelligence are typical at not only frontal zones disorders and right hemisphere of brain.

Aims Analyze the emotional intelligence of the patients with CC pathologies.

Methods Method for the recognition of facial expression (faces and gestures); Video test “estimation of another person emotional condition”; Survey for the estimation of emotional intelligence (Emln); ten people with different CC pathologies participated.

Results Results of the person with the CC pathologies were different from normative indexes of the first two methods. They did not recognize the shown emotion: the sign of emotional expression was not identified, the gestures were not distinguished and three positive characteristics out of 24 suggested for the designation of emotion modality were used. The emotions of heroes from video test were recognized mistakenly. The indexes were normative for all scales of Emln survey. However quite noticeable negative correlation of

“emotion control” and “interpersonal emotional intelligence” survey indexes with the index of emotional recognition video test was obtained.

Conclusions Weak emotional tone, leading to incorrect estimation of the emotional sign, is observed at CC pathology. This doesn't exclude the violation of face emotional expressions analyze criteria. The situational context does not help the another person condition recognition. The answers on the Emln test questions are based on subjective visions of the patient about themselves, those witnesses about the criticism reduction.

Disclosure of interest The authors have not supplied their declaration of competing interest.

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EV0709

Illusion as a research tool for inter-analyzer interaction (Iai) characteristics in a psychiatric clinic

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Introduction IAI does not only play a functional role but also has qualitative and quantitative characteristics. Biological significance of IAI consists in mobilization of some sensory functions and demobilization of others as a response to a stimulus signaling changes in the environment. This constitutes one of the manifestations of body's preparatory reactions for action in the forthcoming situation. It has been established that in patients with psychic pathology such preparation of the body systems is affected, which may manifest through changes in illusion frequency.

Objectives To apply Charpentier illusion to research IAI characteristics with the purpose of further detection of abnormalities in the sphere of intermodal interaction.

Methods One of the IAI research methods, is illusion research, e.g. Charpentier illusion, since it is based on interaction between visual and proprioceptive analyzers. Changes in preparatory reaction in subjects with psychic pathology is characterized by decline in illusion frequency, patients in these conditions should evaluate stimuli more correctly than healthy participants. Pre-experimental research design included two subjects: with white matter pathology (patient G., male, 27, full agenesis of CC, based on MRI results) and with IDD (subject A., male, 30).

Results Research subjects demonstrated absence of illusions, which is indicative of functional weakness of IAI, which results in inconsistency of sensory systems and meaningless perception. IAI plays an important role in formation of human psyche by enabling the development of significant patterns underlying human cognitive activity.

Conclusion Illusion research is relevant for clinical psychological diagnosis of diseases associated with integrative brain activity disorders.

Disclosure of interest The authors have not supplied their declaration of competing interest.

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EV0710

Neuropsychiatric symptoms in Fahr's syndrome

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Objectives and methodology To review the neuropsychiatric symptoms of Fahr's syndrome.

Results/discussion Fahr's Syndrome is a rare degenerative neuropsychiatric condition, characterized by bilateral and symmetrical calcifications of the basal ganglia. It can be associated with several metabolic, infectious or genetic conditions. It is clinically manifested by movement disorders, psychosis, cognitive impairment, mood disorders, personality dysfunction or obsessive-compulsive spectrum disturbances. First presentation can be psychiatric in approximately 40% of the cases. Cognitive dysfunction, mood disorders and psychosis are the most common presentations. In the present case, depression, dementia and movement disorders were the main clinical pictures. This report alerts for the significance of neuropsychiatric symptoms within this diagnosis, considering the multisystemic approach of the illness.

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EV0711

The relationship between responsiveness to social and monetary rewards and ADHD symptoms



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Introduction Alterations in reward processing are frequently reported in ADHD. One important factor that affects reward processing is the quality of reward, as social and monetary rewards are processed by different neural networks. However, effect of reward type on reward processing in ADHD was not extensively studied.

Aims We aimed to explore the effect of reward type (i.e., social or monetary) on different phases of reward processing and also to test the hypothesis that ADHD symptoms may be associated with a problem in processing of social rewards.

Methods We recorded event-related potentials (ERPs) during a spatial attention paradigm in which cues heralded availability and type of the upcoming reward and feedbacks informed about the reward earned. Thirty-nine (19 males and 20 females) healthy individuals (age range: 19–27) participated in the study. ADHD symptoms were measured using ADHD self-report scale (ASRS).

Results The feedback related potentials, namely feedback related negativity (FRN), P200 and P300 amplitudes, were larger for social rewards compared to monetary rewards (Fig. 1). There was a consistent negative correlation between the hyperactivity subscale of ASRS and almost all feedback related ERPs. ERP amplitudes after social rewards were smaller for individuals with more hyperactivity.

Conclusions Our findings suggest that hypo responsiveness to social rewards may be associated with hyperactivity. However, the results have to be confirmed with clinical populations.

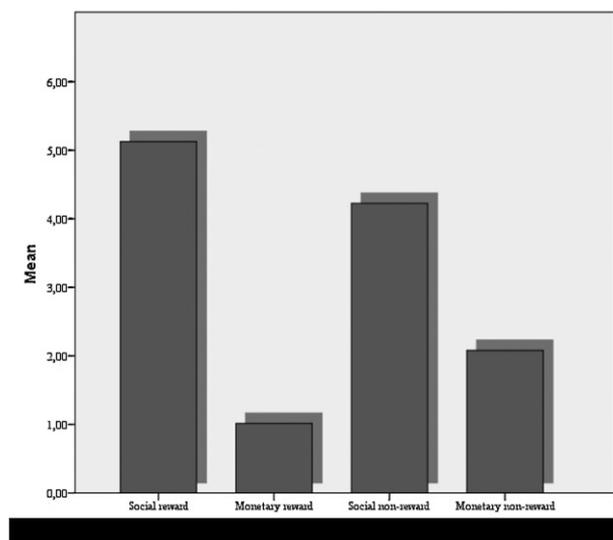


Fig. 1 FRN amplitudes.

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EV0712

The differential effect of event rate on pupil dilation patterns suggests effort dysregulation problems in ADHD



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Introduction The state regulation model postulates that ADHD performance difficulties result from failures to regulate activation states in response to changing environmental conditions – producing poor performance under sub-optimal conditions. Behavioral and electrophysiological studies involving the manipulation of event rate (ER) lend support to this idea.

Aim In this preliminary study, we extended this investigation by comparing pupil dilation, an established marker of cognitive effort allocation, in individuals with ADHD, and controls, in response to varying ERs on a simple cognitive task.

Methods Nineteen children with ADHD (age range: 8–14 years) and 21 controls (age range: 10–16 years) completed a target detection task under three different ERs (1300, 4000, and 8000 msec). Pupil dilation was monitored using an eye-tracker.

Results Our results show that for controls, pupil dilation to targets varied as a function of ER according to a “U” function – with fast and slow ERs inducing greater phasic dilation than the moderate ER. However, for children with ADHD the relationship was linear with dilation increasing as ER decreased.

Conclusions The results provide the first pupillary evidence suggestive of effort allocation dysregulation in ADHD especially under fast event rate conditions. Future studies should explore interventions to overcome effort allocation problems.

Disclosure of interest The authors have not supplied their declaration of competing interest.

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EV0713

Interrelationships between cortisol, cognition and dementia: A review of the literature and new own findings



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Introduction Cortisol exerts effects on the brain via two different receptors, producing complex and sometimes opposite effects on the brain structures involved with the different cognitive functions. **Objective** To scrutinize the interrelationships between cortisol, cognition and dementia.

Methods Review of the literature and new own findings.

Results Animal and clinical studies showed an association between increased cortisol and poorer overall cognitive performance, declarative memory, language, processing speed, executive functioning, spatial memory, as well as social memory. High cortisol may exhibit neurotoxic effects on the hippocampus, and exacerbate oxidative injury and amyloid β peptide toxicity. Increased CSF cortisol levels have been found in subjects with dementia and Mild Cognitive Impairment (MCI) due to Alzheimer's disease (AD) compared to control subjects with normal cognition. In MCI due to AD, high CSF cortisol may also predict a more rapid cognitive decline. Higher cortisol levels have been also observed in delirium. Increased cortisol levels interact with inflammatory mediators, neurotransmitters, and growth factors, and may mediate the effects of depression, stressful life events, and personality traits, sleep disturbances, and cardiovascular risk factor on cognitive performance and cognitive decline.

Conclusions High cortisol levels may exert deleterious effects on cognition and exacerbate AD pathology. Further studies are needed to explore glucocorticoid-based interventions in the management of cognitive disorders.

Disclosure of interest The authors have not supplied their declaration of competing interest.

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EV0714

Plastic surgery treatment of post-bariatric patients cannot remain “brainless”



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Introduction The aim of this study was to investigate the presence of executive difficulties due to a lack of the management of cognitive conflict, inhibition, and cognitive flexibility in this group of patients. If executive difficulties are at the basis of uncontrolled alimentary behavior, these will be present also after a dramatic weight loss and could lead to a poor compliance of the patient after plastic surgery procedures.

Materials and methods We enrolled 21 consecutive post-bariatric patients. This clinical population was compared with a control group ($n=21$) from the general population sharing the same clinical and demographic features. Psychiatric evaluation was performed. Executive difficulties were investigated through electroencephalography using the stroop task, sustained attention to response task, and task switching tests.

Results The patient group reported more frequently psychiatric disorders than control group. Patients had higher prevalence of lifetime major depression (58.3% vs. 14.3%), of lifetime panic disorder (36.1% vs. 4.8%) and generalized anxiety disorder (16.75% vs. 0%). Finally, patients were more frequently affected by body dysmorphic disorder ($\chi^2 = 8.867$, $P = .003$). Electroencephalography confirmed the presence of executive difficulties sustained by a lack of the control of cognitive conflict and cognitive flexibility, and a difficulty of the inhibitory control in the patient group.

Conclusion Electroencephalography confirmed for the first time the high prevalence of psychological/psychiatric problems in post-bariatric patients. Patients showing high values of executive difficulties will need a psychological/psychiatric support to sustain a positive outcome after post-bariatric plastic surgery.

Disclosure of interest The authors have not supplied their declaration of competing interest.

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EV0715

Cognitive functions recovery after traumatic brain injury of mild severity in adolescents



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Introduction The effect of the traumatic brain injury of mild severity (mTBI) on the cognitive functions influences on the educational activities of adolescents in school and the quality of life in general.

Objectives To study the violations and to track the dynamics of recovery higher mental functions (HMF), after mTBI in adolescents with neuropsychological syndrome in the range of up to one year.

Materials and methods The study is based on the original set of techniques designed by A.R. Luria. We focused on assessing the

status of various components of the HMF. We also studied of the mental activity in its regulatory and dynamic aspects. Thirty-one patients with mTBI (mean age was 11.5 ± 1.3) and 20 healthy subjects (mean age was 12 ± 1.5) took part in the study.

Results Analysis of the results showed that violations of HMF in the acute period were represented by three types of syndromes. The leading place in each syndrome is occupied by deficiency symptoms of non-specific brain structures. Research of dynamics of recovery HMF demonstrated the symptoms related to deficiency of parietal-temporal-occipital area are reducing for the first month, as well as the symptoms of the anterior brain. After six months we observed the decrease all symptoms from cortical structures, but the symptoms persist in the form of fatigue, reduction the rate of mental activity, difficulty in concentration.

Conclusions Application of neuropsychological approach (Luria school) to the diagnosis and recovery of deficit cognitive function allows to describe the symptoms and to identify their hierarchy in the structure of violations.

Disclosure of interest The author has not supplied his declaration of competing interest.

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EV0716

Phenocopy frontotemporal dementia: A case series from a national memory clinic and a review of the literature



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Introduction The existence of a frontotemporal dementia phenocopy (phFTD) syndrome remains controversial. Opinions differ on whether the phenocopy presentation represents the neuropsychological manifestation of a mid-life decompensation in vulnerable pre-morbid personalities or an indolent prodrome of behavioral-variant FTN (bvFTD). Literature on this topic is sparse and clinicians and patients have little guidance around prognosis and management.

Objectives To describe the demographic, neuropsychological and biomarker profiles of a case series of phFTD patients, attending the memory clinic and review relevant literature.

Methods Retrospective review of all cases diagnosed with phFTD. **Results** Eleven cases were identified (male = 9, female = 2). Mean age 55.8 years. Subjective complaints comprised memory and language difficulties. Collateral reports described apathy, aggression, impulsivity, disinhibition, hyperorality. Function was relatively preserved though motivation or supervision for higher-level tasks was sometimes required. All had non-neurodegenerative MRI and PET scans. Neuropsychological test (NPT) findings predominantly showed executive dysfunction and fluency impairment. A total of 3/11 had non-amnesic memory impairment. Follow-up imaging and NPT were invariably unchanged; 1/11 had a pre-morbid psychiatric diagnosis; 5/11 had unusual personality traits pre-morbidly. Major psychosocial stressors were documented in 7/11. Management consisted of psychosocial interventions to support function and interpersonal relationships.

Conclusions The literature describes the phFTD syndrome as predominantly affecting males though we include 2 females who meet the criteria. In keeping with our findings, personality traits and psychosocial stressors may be more common in phFTD than bvFTD. More severe symptoms, memory impairment at presentation and C9ORF72 gene mutation may predict eventual progression. Those who do not progress have minimal long-term functional impairment though behavioral symptoms persist.

Disclosure of interest The authors have not supplied their declaration of competing interest.

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EV0717

The biology of cognitive behavior therapy

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Cognitive behavior therapy outcomes and the mechanism of change that are related to its effects have traditionally been investigated on the psychological abilities, personalities or social functioning. Many psychiatrists have also held the unfortunate dichotomized position that psychotherapy is a treatment for “psychologically based” disorders, while medication is for “biologically based” disorders. During the past several decades, it has become clear that all mental processes drive from mechanisms of the brain. This means that any change in our psychologically processes is reflected by changes in the functions or structures of the brain. Straightforward reductionist stances, however, are unfounded because there is clear evidence that our subjective experiences affect the brain. Plastic changes in the brain have been difficult to study in humans, but there has been more than one successful trial. Changes in the brain in relation to experience have been detected at the cellular and molecular level using different experimental approaches. The advent of functional neuro-imaging, including photon emission CT (SPECT), positron emission topography, and functional MRI, has made it possible to study changes at the brain systems level (by measuring changes in the brain blood flow or metabolism) associated with cognitive behavior changes. The presentation will shed light on the biological basis of CBT reviewing the evidence from a historical perspective. In addition the imaging studies will be reviewed with emphasis on future perspectives in the use of CBT in the treatment of various psychiatric disorders and the importance of clarifying the biological changes associated with improvement.

Disclosure of interest The authors have not supplied their declaration of competing interest.

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EV0718

Comparative study of the frontal EGG activity after superficial neuro-stimulation application, mindfulness and other attentional techniques

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Introduction Changes in the electrical cerebral activity, especially in frontotemporal regions, have been described after using the Superficial Neurostimulation Application (SNSA) in upper and lower limbs. The use of this technique is associated with emotional equilibrium and predisposition for a positive mood. Its application clinically improves hostility and anxiety symptoms.

Aims To compare the electrical changes observed after the use of SNSA with other techniques of mental concentration: Mindfulness (mental attention without judgment) and a technique based on the emission of a sound.

Materials and methods SNSA topology system: uses electricity through superficial electrodes placed on feet and hands and an

electrode over the 7th cervical vertebra; Digital encephalogram; Faraday cage.

Results Mindfulness and SNSA techniques show similarities regarding the alpha rhythm's frequency in frontal regions (Figs. 1 and 2) compared to a different mental concentration technique (Fig. 3).

Conclusion Further analysis would be required.

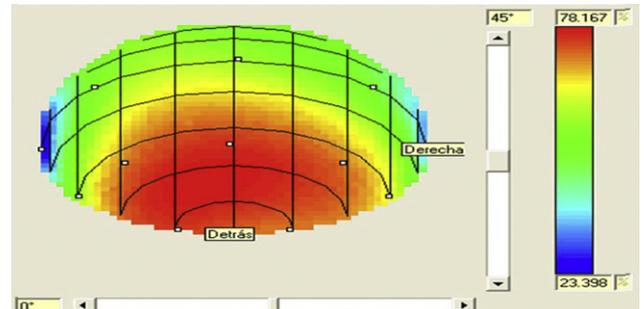


Fig. 1 Alpha rhythm post-training 1.

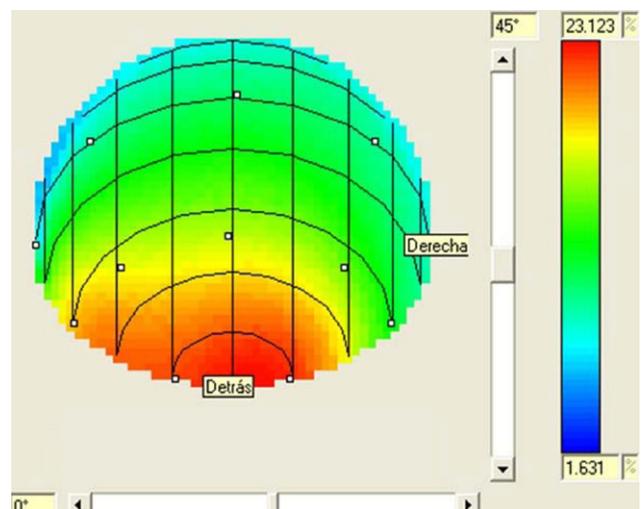


Fig. 2 Post - SNSA.

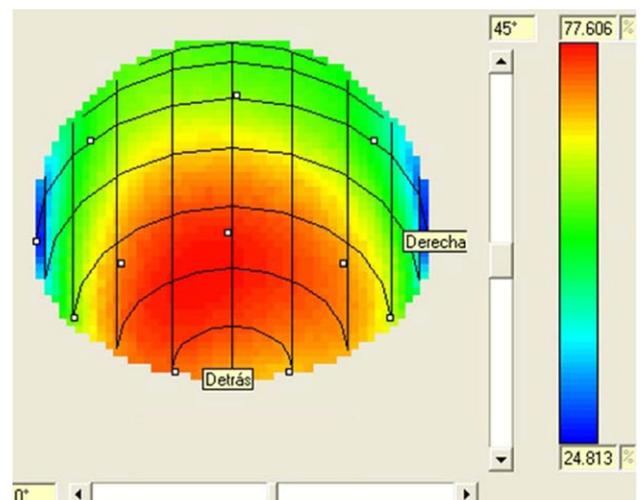


Fig. 3 Alpha rhythm post-training 2.

Disclosure of interest The authors have not supplied their declaration of competing interest.

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EV0719

Case report Klinefelter syndrome and multiple sclerosis as the cause of psychosis



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Introduction and goals Forty-three-year-old male diagnosed with Klinefelter syndrome and showing radiological findings suggesting a demyelinating pathology who presents several psychiatric manifestations including megalomaniacal ideation, delusion, lack of impulse control and behavioral alterations.

Clinical case Forty-three-year-old male diagnosed with Klinefelter syndrome at the age of 31, presenting several psychiatric pathologies since adolescence: delusions, megalomania, mood fluctuation, and high impulsiveness. The patient had a poor therapeutic response to anti-psychotic drugs and ECT. He was hospitalized up to 9 times, but the full control of the symptomatology was not achieved. During his last hospitalization, a MRI revealed lesions compatible with a demyelinating pathology.

Discussion A higher prevalence of schizophrenia spectrum disorders has been described among patients suffering from Klinefelter syndrome, which might explain the role of the X chromosome in the susceptibility to psychiatric disorders, particularly to psychosis. Furthermore, the brain structure alterations presented by patients suffering from Klinefelter syndrome are similar to those described among schizophrenic patients: small brain volume, lateral cerebral ventricular enlargement and reduced temporal gyrus, amygdala, insula and cingulate cortex. Patients suffering from multiple sclerosis are more prone to psychiatric disorders, such as mood swing, aggressiveness or psychosis, which are not concurrent with the physical progression of the disease, sometimes being its first manifestation. Even when being patchy and multifocal, demyelination seems to be concentrated in the frontal lobes, related to the cognitive and affective functions and the personality.

Conclusions Both multiple sclerosis and Klinefelter syndrome may alter the brain structure, mainly in the frontal lobe, and predispose to psychiatric disorders.

Disclosure of interest The authors have not supplied their declaration of competing interest.

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EV0720

Neuroretinal dysfunctions in regular cannabis users: An impact of cannabis on retinal neurotransmission?



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Introduction Although cannabis is very widespread worldwide, its brain toxicity is poorly understood. The neuroretina is an accessible extension of the brain and could be a relevant site for investigating neurotransmission abnormalities in neuropsychiatric disorders. The retina has a functional endocannabinoid system involved in the regulation of retinal neurotransmission. In animals, the modulation of this system led to retinal dysfunctions measured with the electroretinogram (ERG).

Objectives To assess whether the regular cannabis use could affect the neuroretinal function.

Aims Assessments of the neuroretinal function in cannabis users compared with controls.

Methods Recordings of pattern, flash and on-off ERG were performed in 55 cannabis users and 29 controls. The amplitude and implicit time of the following waves were evaluated: N95 (pattern); a – and b – (flash); a –, b- and d1 – (on-off).

Results Cannabis users showed a significant increase in implicit time of the waves N95 ($P=0.0001$), a- ($P=0.029$) and b – ($P=0.002$) for the flash ERG and b – ($P=0.016$) and d1 – ($P=0.027$) for the on-off ERG, compared with controls. No significant difference was found between groups in terms of wave's amplitudes.

Conclusions These results show a delay in the response of cones, bipolar and ganglion cells of the on and off pathways to constitute a delay of ≈ 6 ms in the transmission of information from the retina to the brain in cannabis users. Cannabis could disrupt the regulatory role of the cannabinoid system and impair retinal glutamatergic neurotransmission. The consequences on visual perception should be explored in future studies.

Disclosure of interest The authors have not supplied their declaration of competing interest.

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EV0721

In search of possible peripheral biomarkers for suicide: Similarities between platelet and cerebrospinal fluid proteome (preliminary results)



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Despite the fact that proteomic analysis is becoming widely used in various medical branches its use in psychiatry is still very limited. Majority of psychiatric proteomic research is still oriented mostly on Alzheimer's disease, schizophrenia and depression but very few studies focus on suicidality. We decided, based on the current knowledge, to study suicidal behaviour with the use of proteomics to compare cerebrospinal fluid and platelets. We hypothesized that the same protein group can be detected in pathways that are part of platelet degranulation process in the platelet proteome and cerebrospinal fluid proteome. Based on these findings we suppose, that with use of proteomic analysis a specific protein (group of proteins) can be identified in both, cerebrospinal fluid and platelet proteome in patients with suicidal behavior.

Group of proteins identified in our sample in the reactome pathway database (release of platelet secretory granule components and exocytosis of platelet granule contents) supports the idea of link between central nervous system and platelets ("the periphery"). Further research is needed to clarify whether the identified group of proteins taking part in platelet pathways can be used as peripheral biomarkers for suicidal behavior.

Disclosure of interest The authors have not supplied their declaration of competing interest.

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EV0722

Effect of prenatal exposure to alcohol on the development of brain vessels in human embryos and fetusesA. Solonsky^{1,*}, T.V. Shushpanova¹, E.G. Solonskaya², N.A. Bokhan³, S.V. Logvinov⁴¹ Mental Health Research Institute- Tomsk National Research Medical Center- Russian Academy of Sciences, Laboratory of Clinical Psychoneuroimmunology and Neurobiology, Tomsk, Russia² Siberian Federal Scientific-Clinical Center, Tomsk, Russia³ Mental Health Research Institute- Tomsk National Research Medical Center – Russian Academy of Sciences, Administration, Tomsk, Russia⁴ Siberian State Medical University, Tomsk, Russia

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Introduction Human embryos are most susceptible to exogenous effects during the first weeks of development.**Aim** Study the effects of prenatal alcohol intoxication on morphometric measures of developing vessels in the human embryonic and fetal cerebrum.**Methods** Embryos and fetuses (7–12 weeks): 23 obtained from alcoholic women with stage II alcoholism (the experimental group) and 30 from healthy women (the control group). The research involved electron microscopy, computer morphometry, parametric method of variational statistics and Scion software to determine mean vascular cross-sectional area, the relative cross-sectional area of vessels, the number of vessels per unit area, and the perimeter of vessels.**Results** From 10 weeks, vessels in the human brain start to differentiate into arteries and veins. At 12 weeks, capillary basal membranes were already clearly visible. We established a series of characteristics distinguishing brain tissues in the experimental group vs. that in controls: mean vessel cross-sectional areas and vessel perimeters were significantly reduced by 11 weeks vs. controls. The tendency persisted at 12 weeks. Relative vessel cross-sectional area in the experimental group was greater than in controls.**Conclusions** Maternal alcoholization during pregnancy significantly influences the development of the cerebral circulatory system, manifesting mainly in changes in the vascularization of the growing brain.**Disclosure of interest** The authors have not supplied their declaration of competing interest.<http://dx.doi.org/10.1016/j.eurpsy.2017.01.1052>

EV0723

Effects of hazardous alcohol use on neurocognition in hiv positive individualsG. Spies^{1,*}, G. Hoddinott², N. Beyers², S. Seedat¹¹ Stellenbosch University, Psychiatry South African Research Chairs Initiative: PTSD Program, Cape Town, South Africa² Stellenbosch University, Desmond Tutu TB Centre- Department of Paediatrics and Child Health, Cape Town, South Africa

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Introduction There is significant evidence that HIV is brain degenerative and long-term infection can impair cognitive functioning. In South Africa, alcohol remains the dominant substance of abuse and lifetime alcohol dependence has been found to impair memory, executive function and visuospatial capabilities. The individual liability of alcohol and HIV on neurocognitive function have been well demonstrated, however there is relatively little evidence of the potentially aggravating effects of this dual burden on neurocognitive outcomes.**Objectives** The present study is ongoing and sought to identify the effects of hazardous alcohol use on neurocognitive functioning in the context of HIV infection.**Aims** To describe the association between HIV and harmful alcohol use on neuropsychological test performance in a cohort of adults in the Western Cape of South Africa.**Methods** participants (n = 50) were tested using a battery of neuropsychological tests sensitive to the effects of HIV on the brain. Self-reported alcohol use was recorded using the alcohol use identification test (AUDIT). Results The sample consisted of 47 females and 3 males. All participants were HIV-positive and on antiretroviral therapy. A total of 23 (46%) participants reported no alcohol use and 27 (54%) reported drinking alcohol on the AUDIT.**Results** revealed a significant difference between groups on the Stroop colour word test, with poorer performance evident among the alcohol users (P = 0.008).**Conclusion** Alcohol use in the context of HIV infection contributes to poorer executive function. These preliminary data provide evidence for a synergistic relationship between HIV infection and alcohol use.**Disclosure of interest** The authors have not supplied their declaration of competing interest.<http://dx.doi.org/10.1016/j.eurpsy.2017.01.1053>

EV0724

Do impulsive individuals respond better to cognitive bias modification treatment for alcohol dependence?P. Staiger^{1,*}, V. Manning², D. Leung¹, K. Hall¹, A. Verdejo-Garcia³, L. Hughes¹¹ Deakin University, School of Psychology, Melbourne, Australia² Turning:Point, Treatment Unit, Melbourne, Australia³ Monash University, Psychological Sciences, Melbourne, Australia

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Introduction Recent outcomes of novel cognitive bias modification (CBM) interventions targeting approach-bias have shown promising results in reducing drinking behavior in inpatient and community settings. These studies have primarily been conducted with patients who are receiving concurrent treatment. Alcohol inpatient detoxification provides an opportunity to intervene utilizing CBM to reduce the likelihood of early relapse. Furthermore, evidence suggests that those high on impulsivity may benefit most from this type of intervention and yet this remains untested.**Objective** The present study aimed to assess whether an approach-bias CBM intervention targeting alcohol reduces early relapse following medical detoxification and whether those individuals respond better to the treatment.**Aims** To conduct a randomized controlled trial to test the efficacy of CBM for alcohol dependent individuals in reducing early relapse following medical detoxification.**Method** Seventy-six alcohol-dependent inpatients were randomly allocated to four sessions of approach-bias CBM training or sham training. Assessments of alcohol use and impulsivity were obtained at baseline and two-week follow-up post-discharge.**Results** Findings revealed a significant intervention effect with those in the intervention group less likely to relapse. Furthermore, those high in impulsive responding were significantly more likely to report a treatment effect.**Discussion** Supporting previous research, findings suggest that approach-bias CBM continues to be a promising treatment for alcohol misuse. These findings are unique given this is the first examination of CBM during medical detoxification.**Disclosure of interest** The authors have not supplied their declaration of competing interest.<http://dx.doi.org/10.1016/j.eurpsy.2017.01.1054>

EV0725

Patterns of eeg coherence associated with emotional burnoutS. Tukaiev^{1,*}, I. Zyma²¹ National Taras Shevchenko University of Kyiv, Department of Social Communication, Department of Physiology of Brain and Psychophysiology, Kiev, Ukraine² National Taras Shevchenko University of Kyiv, Laboratory of physicochemical biology- Department of Physiology of Brain and Psychophysiology, Kiev, Ukraine

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One of the main problems is evaluation of the influence of emotionogenic factors in everyday life and interpersonal communication on an individual. Burnout is a mechanism of psychological defense, which is responsible for partial or total loss of emotions in response to stressful situations during interpersonal communication. The changes of functional connectivity between different regions of brain in the rest state depends on the current level of brain activation, which, in turn, depends on the initial emotional state. The development of emotional burnout is characterized by decrease of information capacity of the brain: reduction of spatial synchronization provides delayed and less efficient spread of excitation in the cerebral cortex. The decrease of interhemispheric coherence of low and high-frequency components of EEG may indicate the increase of level of differentiation of neuronal groups. In women, decrease of coherence in theta-subband indicates the influence of burnout on attention concentration, working memory, and emotional processes. In men weakening of the relationship between left frontal and right occipital zones indicates the weakness of informational aggregation, reducing readiness of the neural centers for processing information in the "cognitive axis". Reduction of the level of coherence of alpha band may indicate problems of psychological adaptation within the experiment in examined groups of men with the Resistance stage of burnout. These EEG features allow us to conclude that participants with Resistance stage were concentrated on negative emotional reactions. Study indicates that men are more vulnerable to stress-induced conditions, which lead to burnout.

Disclosure of interest The authors have not supplied their declaration of competing interest.

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e-Poster viewing: Obsessive-compulsive disorder

EV0726

Unresolved grief and diogenes syndrome and misery senileS. Färber^{1,*}, M. Färber²¹ VIVER Psicologia e Tanatologia, Tanatologia, Cascavel, Brazil² VIVER Psicologia e Tanatologia, Psicologia, Cascavel, Brazil

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Introduction Mourning the death of a loved one, the loss of social aggregation or familiar, or any trauma may not follow the normal process when has any kind of complication In these cases of the complicated mourning, a person may develop or manifest dissociative behaviors, like diogenes syndrome or the misery senile syndrome.

Objective To investigate the presence of unauthorized mourning, complicated or not elaborate as triggers of diogenes syndrome and misery senile.

Methods To develop this research we use the systematic literature review, following the process of research, cataloging, careful

evaluation and synthesis of the documentation associated with the method of thanatological hermeneutics.

Conclusion Thanatology is useful tool in scientific and clinical research and care for patients with diogenes syndrome. The need for safety against the distress of fear of the future and loneliness is at the origin of compulsive hoarding. If the mythical diogenes lived in Athens a Spartan life, living in a barrel, as the character Chespirito of Roberto Bolaños (Fig. 1), the carriers of this syndrome follow the opposite path accumulating objects to achieve a sense of stability.

Results There is a significant presence of unresolved grief in the history of the psychiatric patient with diogenes syndrome.



Fig. 1

Disclosure of interest The authors have not supplied their declaration of competing interest.

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EV0727

I Don't recycle! An organic hoarding disorderL. Garcia Ayala^{1,*}, M. Gomez Revuelta², C. Martin Requena², E. Saez de Adana Garcia de Acilu², O. Porta Olivares³, M. Juncal Ruiz³, N. Nuñez Morales², M. Zubia Martin², M. Laborde Zufiaurre², B. Gonzalez Hernandez², A. Aranzabal Itoiz², M.P. Lopez Peña², A.M. Gonzalez-Pinto Arrillaga²¹ Osakidetza, Psychiatry, Salvatierra-Agurain, Spain² Osakidetza, Psychiatry, Vitoria, Spain³ Marqués de Valdecilla, Psychiatry, Santander, Spain

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Introduction Hoarding often occurs without the presence of obsessive-compulsive disorder (OCD), showing distinguishable neuropsychological and neurobiological correlates and a distinct comorbidity spectrum. Furthermore, it presents itself secondarily to other psychiatric and neurobiological disorders. Therefore hoarding disorder has been included as independent diagnosis in DSM-5.

Objectives We aim to expose the possible organic etiology of a hoarding disorder case with atypical presentation.

Materials and methods We present a case of a 48 years old male patient who was brought to the hospital by the police after being reported for unhealthy conditions in his home. In the home visit paid by the Social Services an excessive hoarding of objects and trash was detected. A possible hoarding disorder was diagnosed in the psychiatric assessment. Among other diagnostic test, a brain CT was conducted, in which a frontal meningioma was identified. After surgical treatment, hoarding symptoms diminished significantly.

Discussion A significant part of the hoarding disorders are attributed to primary psychiatric disorders, resulting in potentially treatable organic pathology going unnoticed.

Conclusion It's important to rule out organic etiology before proceeding to make a definitive hoarding disorder diagnosis, optimizing that way the treatment options.

Keywords Hoarding; OCD; Meningioma

Disclosure of interest The authors have not supplied their declaration of competing interest.

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EV0728

Knowledge takes up space, a family affair



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Introduction Previous research suggests that hoarding aggregates in families and is associated with health, safety risks and family problems. Hoarding symptoms appear to be more common among first-degree relatives of people who hoard. A predominance of shared hoarding disorder has been observed among female relatives.

Objectives We present an atypical case report describing hoarding symptoms among first-degree male relatives who present two different subtypes of hoarding disorder.

Materials and methods We report the case of a 38 years old male patient, attended for the first time by the mental health services at the age of 22, and being diagnosed of severe OCD at that moment. In the home visit paid by the social services, an excessive object hoarding was observed, including the presence of over 40,000 books.

Moreover, they found a 38 years old man looking severely deteriorated; when they ask him about it, the patient's father admits to having been isolated in the house for almost 14 years. Hoarding history was gathered, through the acquisition of various objects by the patient's father, dating back to over 30 years ago.

Discussion The harmonic coexistence for over a decade between two patients affected with a hoarding disorder with two different clinical setting subtypes was only made possible by the complementary nature of their symptoms.

Conclusion The hoarding disorders amongst more than one person living under the same roof are uncommon, can present themselves in both genders and can exhibit different symptoms.

Keywords Hoarding; OCD; Genetics

Disclosure of interest The authors have not supplied their declaration of competing interest.

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EV0729

About a case suicide attempt as a trigger of remission in obsessive and compulsive disorder



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Introduction This is the case of a 73 year old woman with a late onset, severe and refractory obsessive-compulsive disorder who experimented a sudden remission after a frustrated suicide attempt.

Objective Our target is to make a reflection about the relation between traumatic closeness to own death and neurosis spontaneous remission.

Method Patient has been interviewed and her medical record studied.

Results Patient's psychiatric history shows major depressive disorder, recurrent (ICD 10 CM-F33). Patient is a housewife with primary education. In her psychobiography distinguish a conflictive relationship which probably acted as a trigger for obsessive-compulsive symptoms. These symptoms include obsessive thoughts of contamination, ritual hand washing and avoid contact with others people. In the course of the last 10 years, since the OCD (ICD 10 CM-F42.2) diagnose, the patient has been through a wide therapeutic arsenal, from cognitive-behavioural psychotherapeutic interventions to psychopharmacological treatment, resulting with limited effectiveness. The last treatment was fluoxetine 200 mg (0–0–1) and pregabalin 300 mg (1–0–1). Subsequently, the patient underwent a failed suicide attempt by hanging. After physical recovery, all OCD symptoms had subsided.

Conclusions Traditionally, literature and philosophy considered catharsis as a purifying experience, and Breuer and Freud introduced this concept in modern psychology as a therapeutic method. More recent authors as Yalom have correlated the closeness to death as a stress factor with radical change in life's perspective and attitude. Although current research presents contradicting data about healing effectiveness through a catharsis processes, this case exposes a clear example of positive outcomes in this assumption.

Disclosure of interest The authors have not supplied their declaration of competing interest.

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EV0730

Adenylate-cyclase activity in obsessive-compulsive patients



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Introduction A possible role of second messengers, such as cyclic adenosine monophosphate (cAMP) signalling, in the development of obsessive-compulsive disorder (OCD) has been recently postulated.

Aims The aim of the present study was to explore and to compare the adenylate cyclase (AC) activity in both basal conditions and after the stimulation by isoprenaline (ISO) in platelets of OCD patients and healthy control subjects. The AC activity was measured both in the absence and in the presence of α - and β -adrenoreceptor antagonists.

Materials and methods Forty patients were included in the study and compared with healthy volunteers. Biological assays were carried out with a method developed by us.

Results The basal AC activity was similar in both groups. The addition of 10 μ M ISO enhanced significantly ($P < .05$) platelet basal AC

in both groups. A stimulatory response following ISO in all subjects even without α -antagonists was also observed.

Discussion No difference in the basal AC activity in platelet membranes of healthy subjects and OCD patients was found. Our findings showed that there is an inhibitory component of ISO effect on platelet AC, due to the agonist interaction with α_2 receptors, at its higher concentrations ($>1 \mu\text{M}$), as well as a condition of supersensitive β -receptors. Our study suggests the presence of catecholamine system disturbances in OCD.

Disclosure of interest The authors have not supplied their declaration of competing interest.

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EV0731

Antipsychotic adjuvant treatment in OCD



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Antidepressant drugs selective inhibitors of serotonin reuptake (IRS) are the drugs effective in obsessive compulsive disorder. It has not been proven more effective none of them except clomipramine. Around 40–60% of the Patients with obsessive-compulsive disorder (OCD) remain unimproved by serotonin reuptake inhibitors (SRIs). Two cases are presented in relation to this disorder and its treatment.

Twenty-three year old woman begins to present anhedonia, apathy, isolation and low mood. Treatment was initiated with escitalopram with partial improvement.

Obsessive component traits Thirty year old man with obsessive clinic of years of evolution, with worsening in recent months treatment with 200 mg sertraline.

In both cases treatment with oral aripiprazole it was associated with a dose of 5 mg daily with improvement in obsessive symptoms.

Results The efficacy of aripiprazole as adjunctive drug treatment and obsessive anxiety is observed. However, we must take into account the potential risks posed as neuroleptic malignant syndrome and QTc prolongation.

Conclusion Aripiprazole is an antipsychotic which has a novel mechanism of action to be a partial agonist of dopamine D2 receptors. This fact has led to its inclusion in the group of antipsychotics called third generation, also called partial dopamine agonists, dopamine stabilizers or “dopamine-serotonin modulators system.” Its most common side effects such as nausea, headaches, agitation and akathisia were observed in studies on schizophrenia, schizoaffective disorder and bipolar disorder. Unlike other atypical antipsychotics, is considered a relatively neutral drug to weight gain, hyperprolactinemia, changes in metabolic parameters and sedation.

Disclosure of interest The authors have not supplied their declaration of competing interest.

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EV0732

Ect combined with clomipramine and rTMS in an OCD patient with secondary severe depression



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Introduction Obsessive-compulsive disorder (OCD) has high rates of comorbidity with mood disorders, mainly major depressive

disorder (MDD). Symptoms of depression are usually secondary to severe and disabling OCD. Electroconvulsive therapy (ECT) has been an effective and well tolerated therapeutic alternative in the management of refractory MDD. Other neuromodulation techniques, such as repetitive transcranial magnetic stimulation (rTMS), have well known efficacy in MDD and also have shown positive results, in clinical trials, treating other psychiatric disorders such as OCD.

Objectives/aims To determine the efficacy of combining rTMS, ECT and clomipramine in the treatment of severe OCD with comorbid severe MDD.

Methods The authors report a case of a 54-year-old male patient diagnosed with severe OCD for 23 years. He has been submitted to several drug treatments and intensive cognitive-behavioural therapy (CBT) always with poor response. The patient was admitted in the beginning of 2016 in our inpatient unit. Besides continuing drug treatment (clomipramine IV) and CBT, he was submitted to 12 ECT sessions during one month (3 sessions per week) and to daily sessions of rTMS during the following month.

Outcome measures were obtained using Y-BOCS for OCD and HAM-D for depression.

Results Our patient responded to ECT with mood improvement after session 4 to full euthymic state at the final session. He also responded well to rTMS with Y-BOCS score reduction.

Conclusion Combined ECT and rTMS treatment with clomipramine IV and CBT was effective in our patient with a severe form of both disorders (OCD and MDD).

Disclosure of interest The authors have not supplied their declaration of competing interest.

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EV0733

Neuroleptic-induced parkinsonism in patient with obsessive compulsive disorder: A case report



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Obsessive-compulsive disorder (OCD) is a neuropsychiatric disorder characterized by either obsessions (recurrent unwanted thoughts, images or impulses) or compulsions (repetitive behaviors often performed to relieve anxiety or distress). In some cases, it is considered antipsychotic enhancement. However, in high doses, it can exacerbate OCD symptoms and cause extrapyramidal effects such as neuroleptic-induced Parkinsonism.

Here, the authors present a clinic case of a single male patient with 50 years old, in which with the age of 42, started with a obsessive-compulsive framework about the developed task at the work place (production of fabric) followed by several verifications of the assembled pieces, which interfered with his work performance. This patient was admitted to the psychiatric hospital due to the deterioration of the symptoms with obsessive ideas of HIV contamination resulting in rigid cleaning rituals. He was medicated with several OCD medications including Clozapine 50 mg.

In the following years and complaining of insomnia, the clozapine dose was increased by the patient reaching the dose of 200 mg. In 2016 he started secondary Parkinsonism framework to antipsychotics, characterized by akinesia, facial hypomimia, stiff, coarse tremor and stooped posture. Therapeutic setting was made with a reduction of clozapine at doses of 50 mg occurring fading of extrapyramidal symptoms and decrease the symptoms of OCD.

The authors intend with this presented case to highlight the importance of surveillance of patients receiving antipsychotics for OCD to avoid worsening of symptoms and the development of extrapyra-

midal effects, which deeply contribute to the decrease of quality life of these patients.

Disclosure of interest The authors have not supplied their declaration of competing interest.

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EV0734

Efficacy of cbt plus acceptance & commitment therapy versus cbt alone for obsessive-compulsive disorder. Protocol for a randomised single-blinded superiority trial



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Introduction Cognitive behavioural therapy (CBT) is the first-line psychological treatment for Obsessive-Compulsive Disorder (OCD). However, 30% of individuals have a null or partial response. Preliminary evidence suggested that Acceptance & Commitment Therapy (ACT) may be effective. No study investigated whether the association of CBT with ACT may improve outcomes of CBT alone.

Objectives This paper presents the protocol of a trial where individuals with OCD will be randomly assigned to CBT alone or CBT plus ACT. Primary endpoints will be the number of individuals meeting OCD diagnostic criteria at post-treatment and follow-up. Secondary endpoints will be self-reported depression, anxiety, disgust and guilt, and obsessive beliefs. It is hypothesized that CBT plus ACT is associated to fewer individuals meeting OCD criteria and greater reductions in secondary endpoints.

Methods A single-blinded superiority randomised design will be used. Primary/secondary outcomes will be administered at baseline, post-treatment and 6-month follow-up. Treatment duration will be 25 weekly sessions in both conditions. Individuals (age ≥ 18 years) with OCD diagnosis will be recruited at mental health services in a 60.000 inhabitants area in Italy. Chi squared will be computed to test group differences on OCD diagnosis. ANCOVAs will be calculated entering baseline scores as covariates, group allocation as random factor and primary/secondary outcomes as dependent variables.

Results To obtain a medium effect size, 80% power and 0.05 significance, a priori power analysis suggests inclusion for at least 34 individuals as total sample.

Conclusions A description of the protocol will be provided. Strengths and potential limitations will be addressed.

Disclosure of interest The authors have not supplied their declaration of competing interest.

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EV0735

Intolerance for uncertainty is a prognostic factor of negative response after intensive inpatient CBT for medication-resistant obsessive-compulsive disorder



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Introduction Cognitive theories of Obsessive-Compulsive Disorder (OCD) have identified six types of beliefs, which have a role as vulnerability and maintaining factors: Inflated sense of responsibility, Threat overestimation, Importance of thoughts, Control of thoughts, Perfectionism and Intolerance for uncertainty. As previous research showed that strong obsessive beliefs are linked to severe OCD symptoms, it could be hypothesized that they act as prognostic factors of negative response after cognitive behavioural therapy (CBT). However, poor research investigated this aspect.

Objectives The aim of the current study was to examine which obsessive beliefs could predict a worse response after intensive CBT in a group of inpatients with medication-resistant OCD.

Methods Forty inpatients [mean baseline Y-BOCS = 26.70, SD = 7.01] with medication-resistant OCD underwent 5-week intensive CBT including daily and prolonged exposure and response prevention (2.5 hours in the morning, 2.5 hours in the afternoon). All individuals have had inadequate symptom response after prior serotonin-reuptake inhibitor trials. The Y-BOCS, BAI, OBQ-87, and BDI-II were administered at baseline and post-treatment.

Results Inpatients who endorsed stronger intolerance for uncertainty, measured by higher scores on the OBQ-87 Intolerance for uncertainty scale, showed worse response after CBT, measured by having still higher Y-BOCS scores at post-treatment ($\beta = 0.37$, $t = 2.48$, $r^2 = 0.14$, $P < 0.05$). No effect of the other beliefs emerged.

Conclusions Current data demonstrated the role of intolerance for uncertainty as predictor of negative response after intensive CBT for resistant OCD in inpatient setting. Augmentation strategies should be introduced to improve outcomes of inpatients with intolerance for uncertainty.

Disclosure of interest The authors have not supplied their declaration of competing interest.

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EV0736

Cognitive behavioral therapy added to pharmacotherapy in patients suffering from pharmacoresistant obsessive-compulsive disorder



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Background The objective of investigation was to determine whether patients with obsessive-compulsive disorder (OCD) resistant to drug therapy may improve their condition using intensive, systematic cognitive behavioural therapy (CBT) lasting six weeks and whether it is possible to predict treatment outcome using clinical and selected psychological characteristics.

Method From 66 OCD patients fifty-seven completed program. The diagnosis was confirmed using the structured mini international neuropsychiatric interview. Patients were rated using the objective and subjective forms of the Yale-Brown Obsessive Compulsive Scale (Y-BOCS), objective and subjective forms of the Clinical Global Impression (CGI), Beck Anxiety Inventory

(BAI), Beck Depression Inventory (BDI), dissociative experiences scale, 20-item Somatoform dissociation questionnaire and sheehan disability scale before treatment, and with subjective Y-BOCS, objective and subjective CGI, BAI and BDI at the end of treatment. Patients were treated with antidepressants and daily intensive group CBT for six weeks.

Results During 6-week intensive CBT program in combination with pharmacotherapy, there was significant improvement in patients suffering from OCD resistant to drug treatment. There were statistically significantly decreased scores of scales assessing severity of OCD symptoms, anxiety, and depressive feelings. A lower treatment effect was achieved specifically in patients who (a) showed fewer OCD themes in symptomatology, (b) showed higher level of somatoform dissociation, (c) had poor insight and (d) had a higher initial level of overall severity of the disorder. Remission of the disorder was more likely in patients who (a) had good insight, (b) had a lower initial level of anxiety and (c) had no comorbid depressive disorder.

Disclosure of interest The authors have not supplied their declaration of competing interest.

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EV0737

Application of cognitive-behavioral therapy in a case of obsessive-compulsive disorder

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We present the case report of a 46-year-old woman who experienced obsessive-compulsive symptoms for over twenty years, with multiple relapses, severe depressive symptoms and many hospitalizations in the psychiatric Inpatient Unit. Treatment with different SSRIs, tricyclic antidepressants, atypical antipsychotics and even electroconvulsive therapy were administered with poor results.

After her last hospitalization a Cognitive-Behavioral Therapy, including exposure and response prevention and cognitive therapy, is initiated combined with medication, improving depressive symptoms, the ritual behaviors and levels of anxiety.

Modern treatments for Obsessive-Compulsive Disorder (OCD) have radically changed how the disorder is viewed. While in the past OCD

was regarded as chronic and untreatable, a diagnosis of OCD may now be regarded with hope. Cognitive and behavior therapy and antidepressant medications are currently used to treat the disorder. They can be used to control the symptoms and enable people with OCD to restore normal function in their lives.

Disclosure of interest The authors have not supplied their declaration of competing interest.

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EV0738

Misophonia: Case report

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Introduction Misophonia refers to a condition in which there is a strong aversion to certain sounds, in response to it the person reports unpleasant emotional experiences and autonomic arousal. **Objectives** To present the case of misophonia carrier and discuss diagnostic features.

Methodology Case report and literature review.

Results Female, 32 years old, married, two children. In anamnesis reported obsessional symptoms (Check doors and windows, concerned with order and symmetry of objects; read all that lies ahead, pull the hand two or three times on mobile) since adolescence. Also reported triggering situations of anger: intolerance to some noises and sounds, like chewing third, mobile keyboard, click the "mouse" computer, printer and rub hands. In the presence of these noises, she tries to move away, and already tried to attack physically relatives and insulting co-workers. She was treated with escitalopram and re-evaluation after thirty days, reported partial relief misophonia and reduction of obsessional symptoms.

Conclusion The condition was first described in the early 2000s by two audiologists, and has become the focus of interest in the field of psychiatry. Some reports suggest that misophonic symptoms may be part of other conditions such as Tourette's syndrome, obsessive compulsive disorder and generalized anxiety disorder. Specifically, the characteristics shared between misophonia and OCD, as the relief of discomfort associated with avoidance behaviour suggest that the condition is part of the obsessive-compulsive spectrum, which seems to happen with the case described above.

Disclosure of interest The authors have not supplied their declaration of competing interest.

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e-Poster viewing: Old age psychiatry

EV0739

Relationship of social skills with perceived social dignity and mental health of elderly people

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Introduction Social skills enables one to interact effectively and avoid the adverse responses. Factors such as non-use of the elderly's skills, impaired social skills, indifference and neglect of the elderly impair social dignity and conversely factors such as living independently and respectful relationship will improve social dignity. The aim of current study was to assess the association between social skills and perceived social dignity and mental health of elderly people as well.

Methods In this cross sectional design, of the 300 elderly participants were recruited based on the randomized sampling method and Reggio social skills questionnaire, Jacelon perceived social dignity and general health questionnaire (GHQ12) were applied to gauge data by using a written questionnaire in the self report manner. For all tests a significance level of 0.05 was considered and statistics software SPSS version 21 and AMOS version 13 were used.

Result The results showed a significant relationship between social skills and mental health base on gender and age and also; there was a significant relationship between social skills and social dignity ($P < 0.001$). Social skills predicted 26% of social dignity among older people and also social skills predicted 16% of mental health dignity. Therefore, social skills, was a proper predictor for mental health and perceived social dignity.

Conclusion Due to the positive impact of social skills on the perceived social dignity and mental health of older population, it is needed to improve social skills of middle aged population which consequently affect on psychological well-being of aged people.

Disclosure of interest The author has not supplied his declaration of competing interest.

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EV0740

Residential unit for the elderly: Cases study and reflections on the first 18 months of functioning



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Introduction The Residential Unit for the Elderly (RUE) was established in August 2015 and has capacity for 8 inpatients. It is intended to behavioral reorganization and caregiver rest of elderly patients with behavioral changes, particularly in cases of cognitive impairment.

Aim We intend to describe the hospitalized population in the first 18 months and discuss the unit functioning and its impact on clinical stability of patients.

Methods Socio-demographic and clinical data were analyzed using the STATA v13.1 software, using multivariate regression model with a 0.05 significance level.

Results We present preliminary results from the first twelve months. Twenty-six patients admitted, 18 (69.2%) were female, with an average age of 76.7 years-old (IQR 71–86-years-old). The main reasons for referral were: caregiver rest (38.4%), psychopathological stabilization (30.7%) and autonomy training/cognitive stimulation (15.4%). Most patients had dementia (65.4%). Patients were hospitalized on average 78 days (IQR 30–98 days). Complications occurred in 18 patients (69.2%). There was an 85.7% reduction in the number of hospitalizations for any cause within 6 months after hospitalization in the RUE ($P < 0.001$) and a 75% reduction in hospitalizations from psychiatric cause ($P = 0.001$). Regarding visits to the emergency room (ER), we found a decrease of 87.1% in visits for psychiatric motive ($P < 0.001$) and 85.4% in visits for any cause ($P < 0.001$).

Conclusion Inpatient care in RUE has contributed to the clinical stability of patients with consequent reduced use of health services. Although the results still concern a short operating period, they appear to be promising.

Disclosure of interest The authors have not supplied their declaration of competing interest.

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EV0741

A Case of erotomanic delusion in dementia



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Introduction In dementia, delusions are common with prevalence up to 75%. However, erotomanic delusions, or De Clerambault's syndrome, are a rarity in dementia. To date, only six case-reports have been described in vascular dementia, frontotemporal dementia, and Alzheimer's dementia.

Objectives To present a case of De Clerambault's syndrome in an older adult diagnosed with vascular dementia.

Aims To review available literature on De Clerambault's syndrome in dementia.

Methods A case report is presented and discussed followed by a literature review.

Results We report a 72-year-old female with a history of right posterior cerebral artery infarction. The patient developed a sudden onset erotomanic delusion after she met a male patient of her age during her stay in a dementia day care center. She was agitated, disorientated, presented with confabulation, and showed a dysphoric mood. On MMSE she scored 14/30, the clock-drawing test revealed visuospatial deficits. On MRI, the right occipital lobe showed an encephalomalacia. The patient was treated with sertraline 50 mg/day and olanzapine 5 mg/day. Her erotomanic delusions improved after 3 months of treatment.

Conclusion De Clerambault's syndrome is a rare and poorly understood disorder with generally a poor response to treatment. Some cases were successfully treated with atypical anti-psychotics. However, further research is needed to explore the course and treatment of this delusion.

Disclosure of interest The authors have not supplied their declaration of competing interest.

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EV0742

Late life depression, postural instability and dyspnea: The He.s.i.o.d. study (Hexameter study in older depressed)



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Introduction Late life major depression (LLMD) is usually treated within primary care, but still with unsatisfactory outcomes and significant residual symptoms. Moreover, LLMD increases symptoms of anxiety, dyspnea, fear of falling (FOF), and risk of falls. Evidence from non-depressed patients suggests the efficacy of breathing and postural exercises; in particular, rhythmic breathing during poetry recitation was shown to improve cardio-respiratory synchronization. Thus, the aim of the HESIOD study was to test the efficacy of antidepressants plus breathing and postural exercises to improve patients' anxiety mood, dyspnea, FOF, and postural stability.

Methods Two non-randomised groups were compared: (1) antidepressant drugs plus weekly sessions of breathing/postural exercises based on the rhythmic recitation of hexameter poetry (intervention); (2) antidepressant drugs plus weekly sessions of group reading (comparator). Patients aged 65+, with non-psychotic recurrent LLMD were recruited from a psychiatric consultation-liaison program for primary care. The main outcome measure was remission from depression (MADRS score ≤ 10) at 24 weeks. Secondary outcomes will include accelerometer-based measures of postural stability; patient-rated dyspnea, and FOF.

Results Preliminary data on 34 patients show that patients receiving breathing and postural exercises displayed greater remission rates than those in the reading group (47.1% vs. 11.8%, $P=0.02$). Further analyses will examine the effects on postural stability, dyspnea and FOF.

Conclusions Breathing and postural exercises may exert significant clinical advantage when added to the standard antidepressant drug therapy for LLMD. This study might prompt further research on innovative treatment strategies to improve the outcomes of late life depression in primary care.

Disclosure of interest The authors have not supplied their declaration of competing interest.

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EV0743

The adherence to Mediterranean diet moderates the association between medical multi-morbidity and depressive symptoms in elderly outpatients



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Background Depressive symptoms in the elderly are related to the advancing of age, loss of life purpose, medical multi-morbidity, cognitive decline and social-economic problems mounting evidence suggests that lifestyle behaviors and certain dietary patterns may improve mood and overall well-being in older adults. In the present study we investigated (i) the association of adherence to Med-Diet with depressive symptoms and multi-morbidity in a cohort of geriatric medical outpatients and (ii) the role of Med-Diet in mediating the association between depressive symptoms and multi-morbidity.

Methods Morbidity was assessed using the severity index of cumulative illness rating scale for geriatrics (CIRSG-SI). Montreal cognitive assessment (MoCA) and geriatric depression scale (GDS)

were administrated to evaluate cognitive and depressive symptoms. Adherence to Med-Diet was evaluated using the Med-Diet 14-Item questionnaire (MDQ). Pearson correlation was used to test association between variables. The Preacher and Hayes' strategy was used to test the mediational model.

Results One hundred and forty-three subjects were included in the study. Significant inverse correlations of MDQ with GDS ($r = -0.317$; $P < 0.001$) and CIRSG-SI ($r = -0.247$; $P = 0.003$) were found, with and without adjustment for potential confounders. A direct correlation between CIRSG-SI and GDS was also observed ($r = 0.304$; $P = 0.001$), with this association being moderated by MDQ ($b = 0.386$; $P = 0.047$).

Conclusion These findings (i) add to the accumulating evidence that Med-Diet is crucially involved in the regulation of physical and mental health of elderly people, and (ii) suggest that a Mediterranean-style diet may contribute to protect elderly subjects with higher levels of poly pathology/multi-morbidity from the development of depressive symptoms.

Disclosure of interest The authors have not supplied their declaration of competing interest.

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EV0744

Diagnostic accuracy of the overlapping infinity loops, wire cube, clock drawing tests and their combined score for cognitive impairment in mild cognitive impairment and dementia

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Objectives To investigate the diagnostic accuracy of the overlapping infinity loops, wire cube, clock drawing tests (CDT) and the combined score in the detection of mild cognitive impairment (MCI) and dementia.

Methods The participants were 60 normal controls (NC), 35 patients with MCI, and 47 patients with dementia. For the overlapping infinity loops and wire cube tests, the participants were told to copy the figures from the examples. For the CDT, the participants were asked to draw a clock face with numbers on it with the hands at ten past five.

Results The results illustrate that infinity loops, cube, or CDT alone, or combined score, were not able to discriminate between NC and MCI groups. In dementia detection, the CDT had the highest diagnostic accuracy (sensitivity 76.6% and specificity 87.4%) followed by infinity loops (sensitivity 83.7% and specificity 78.9%) and cube (sensitivity 93.6% and specificity 46.3%). Additionally, when the three tests were combined, better diagnostic accuracy was demonstrated with a sensitivity of 87.2% and specificity 86.3%.

Conclusion This study demonstrates that the three drawing tests are sensitive detectors of dementia but not MCI. The combination of these three drawing tests is a brief tool of good diagnostic accuracy for dementia screening.

Disclosure of interest The author has not supplied his declaration of competing interest.

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EV0745

Anxiety for body symmetry and sexual performance in old and young patients, case series presentation

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Introduction It is not rare, old patients asking for better aesthetic results on multi-operated bodies causing anxiety and inconvenience. Objectives of our study is to present the emotional confrontation of patients towards surgery.

Methods We present 4 cases of interest.

Results A 75-year-old woman with abdominal asymmetry due to lose abdominal walls and prior operations underwent a failed operation because of her own persistence and finally was convinced to stop asking new surgery when she was told that her abdomen would never become symmetrical. A 79-year-old man, keen on parachuting, was interested to improve his sexual performance and tighten his loose skin with a re-operation on his well done hernia operation. A married man of 50-years-old with a temporary colostomy due to ruptured sigmoid colon suffering from acute diverticulitis, two months later was not at all interested in any kind of aesthetic improvement or his sexual life, and his only care was his nutrition and the avoidance of infections. A divorced man of 49-years-old, with a permanent colostomy, due to familial adenomatous polyposis and cancer occurrence on the site of his old operation (prior total colectomy in 1995), not even one time referred to sexual functioning or aesthetic problems, while his constant problem was to take care of his colostomy by himself.

Conclusions Old age does not mean loss of interest for body icon and sexuality. On the other hand middle-aged men seem to be more practical and less emotional than old patients.

Disclosure of interest The authors have not supplied their declaration of competing interest.

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EV0746

“The old lady and the dead bird” – A case of very-late-onset schizophrenia-like psychosis

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Introduction In 1943, Bleuler defined “late-onset schizophrenia” as a form of schizophrenia with onset after the age of 40. Half a century had passed with no consensus on the late psychosis' terminology, when in 1998 the international late-onset schizophrenia group Consensus proposed a nosology for these disorders: late-onset schizophrenia and very-late-onset schizophrenia-like psychosis.

Objectives Presentation of a case and diagnostic discussion.

Methods Interviews with the patient during his hospitalisation.

Results We present a case of a 73-year-old single woman, with no psychiatric history, who was driven to the emergency department by her relatives when they noticed her bizarre behaviour: she had drowned and strangled her pet bird. At examination she was agitated, had persecutory delusions, thought broadcasting, cenesthetic and auditory hallucinations in the form of a masculine voice, who sang and dialogued with her. Symptoms had evolved during the past six months with no apparent functional impairment. During hospitalisation she was treated with risperidone (up to 5 mg/day) with improvement in a few days. There were no significant abnormalities on cerebral tomography and analytical exams. Neuropsychological evaluation ruled out cognitive deficits. At the time of discharge although the patient kept referring auditory hallucinatory activity, she had an appropriate behaviour, and no evidence of negative symptoms.

Conclusions The small group of patients who meet schizophrenia's criteria for the first time at a later age present some particular



clinical characteristics to be taken into account. This case highlights some of them, drawing attention to this uncommon diagnosis.

Disclosure of interest The authors have not supplied their declaration of competing interest.

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EV0747

Frontotemporal dementia: A diagnostic challenge



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Introduction Frontotemporal dementia (FTD), the second commonest cause of degenerative dementia after Alzheimer's disease in patients aged 65 years or less is characterized clinically by progressive changes in social, behavioural, and language function.

Objectives To do a complete psychiatric and neurological examination of a case with pick dementia.

Aims This case report wants to highlight the combination of psychiatric and neurological symptoms in FTD in order to improve the early diagnosis and therapeutical management.

Methods We report the case of a 62-years-old male who was admitted in psychiatric clinic, I Cluj-Napoca after he was transferred from neurology clinic I for distractibility, impersistence, apathy, loss of interest, emotional blunting, hyperorality, dietary changes, stereotyped behaviour, decline in personal hygiene. The delay in diagnosis was approximately 3 years, probably because his MMSE total score was 30 points and because he presented behavioural and verbal disinhibition, irritability, inappropriate emotional reacting and a CT with minimal changes.

Results Psychometric evaluations revealed: Frontal Assessment Battery (13/18), Frontotemporal Dementia Rating Scale (50% impairment, moderate severity level), ADL (activities of daily living) (Katz score = 4/7, moderate dependence, low self-care) and IADL (instrumental activities of daily living) (2/8 = high dependency level, low self-maintenance). MRI: fronto-temporal atrophy. The anamnesis, heteroanamnesis, para-clinical investigations led us to a diagnosis of FTD (Pick dementia).

Conclusions We should acknowledge that behavioural changes progress whatever the presentation, that cognitive decline occurs later and that FTD is a disease with a longer delay in onset of cognitive symptoms and diagnosis.

Disclosure of interest The authors have not supplied their declaration of competing interest.

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EV0748

Self-compassion, well-being and health in elderly: Are there related?



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Introduction The increase in aging population is a major advance in society, but also a great challenge, imposing the need for actions that promote successful aging, with higher subjective well-being and better health.

Objectives (1) analyse the possible influence of socio-demographic variables in self-compassion, satisfaction with life, affection, physical and mental health (study variables); (2) understand how is that the study variables are associated with each other in old age; and (3) explore which variables best predict satisfaction with life and health in the elderly.

Method The study sample consists of 155 individuals, aged between 65 and 94 years old, institutionalised and non-institutionalised.

Results (1) significant correlations were found between some demographic and the study variables. (2) Significant associations were also found between self-compassion, subjective well-being and health. (3) linear regression analysis revealed that physical health is best predicted by greater life satisfaction and lower age; mental health is best predicted by increased satisfaction with life, self-compassion and decreased negative affect; and, finally, life satisfaction is predicted by a higher physical health and self-compassion.

Conclusions These results suggest the importance of developing psychological skills such as warmth, tolerance and the acceptance of suffering bearing in mind that the elderly may experience difficulties resulting from the developmental characteristics of old age. Our findings suggest the possible beneficial effect of compassion, focused therapies designed for this specific population, particularly contributing to the promotion of life satisfaction and mental health of the Portuguese elderly.

Disclosure of interest The authors have not supplied their declaration of competing interest.

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EV0749

The psycho-geriatric patient in the Emergency Room (ER) of the Maggiore della Carità Hospital in Novara



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Introduction Due to population aging, the health system will face increasing challenges in the next years. Concerning mental disorders, they are major public health issues in late life, with mood and anxiety disorders being some of the most common mental disorder among the elderly. For this reason, increasing attention has to be paid to the evaluation of the elderly in psychiatry emergency settings.

Objectives To evaluate the socio-demographic and clinical features of over 65 patients referred to psychiatric consultations in the ER of "Maggiore della Carità" Hospital in Novara, in a 7 years period.

Aims The analysis of the characteristics of the study sample could be potentially useful in resource planning in order to better serve this important segment of the general population.

Methods Determinants of ER visits for over 65 patients referred to psychiatric evaluation were studied retrospectively from 2008 to 2015.

Results Elderly patients made up 14,7% (n=458) of all psychiatric evaluation in the ER (n=3124). About two thirds (65,9%) were females and one third were males (34,1%). The mean age of patients recruited was 75.11 years. The majority of subjects (68.6%) presented without a diagnosis of Axis I according to DSM-IV. The other most frequent diagnosis was "cognitive disorders" (11.4%) and "mood disorders" (10.9%).

Conclusions The large proportion of patients without a diagnosis of Axis I, could be related to the misunderstanding of the psychosocial aspects of aging. Preliminary results highlight the importance of research on this topic, considering population aging and the impact of mental disorders in late-life.

Disclosure of interest The authors have not supplied their declaration of competing interest.

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EV0750

A Delphi study to establish an expert consensus opinion on risk factors for type 2 diabetes, and potential complications of diabetes, including brain health associations

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Introduction Type 2 diabetes (T2DM) has a multifactorial aetiology, and wide-ranging potential health complications, including brain health associations.

Objectives A number of diabetes risk factors and complications have a strong evidence base. This study will address ambiguity in the literature regarding others.

Aims Results will inform development of a questionnaire for use among the public and individuals with diabetes, assessing knowledge of diabetes and brain health associations and the role of modifiable risk factors. Aiming to ultimately inform effective preventative strategies for both dementia and depression.

Methods A systematic literature review preceded this two-round modified Delphi study. Respondents rated their agreement with risk factors for T2DM, and potential complications of diabetes on an e-questionnaire.

Results Of 46 international experts invited to participate in round-one; 14 responded (30.4%). Thirteen respondents (92.9%) completed round-two questionnaire. Consensus was pre-defined as 70% or more agreement between respondents on questionnaire items. On completion, 11/18 risk factor items for T2DM met consensus criteria however 'depression' did not. Of diabetes complication items, 13/16 met consensus criteria (see Table 1).

Conclusions Study results indicate that international experts consider a number of brain health complications to be associated with diabetes. Results will be incorporated in a diabetes and brain health knowledge questionnaire for use among vulnerable populations.

Table 1 A sample of diabetes complications post round-two of Delphi.

	Median	Interquartile range	Percentage agreement
Kidney damage	5	0	100%
Eye damage	5	0	100%
Stroke	5	1	92.3%
Depression	4	2	92.3%
Dementia	5	1	92.3%
Memory problems	5	1	92.3%

Disclosure of interest The authors have not supplied their declaration of competing interest.

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EV0751

Relevance of group devices in the psychological treatment of elderly patients

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The work aims to demonstrate the relevance of groupal psychotherapies and think tanks in elderly patients, suffering from various psychiatric disorders. The exhibition focuses on the consideration of a structural problem of aging seen from the point of view of defences and identifications, which some authors call "characteropatización of old age", resulting in stagnation in the development of treatments in therapeutic individual devices.

The paper postulates that groupal devices are more effective in treating patients older than treating individual cutting of different theoretical clinical guidelines, as are more suited to the production of mobilizing stiffened defences and crystallized identifications, won both by various effects of the death drive, which result in specific libidinal stasis, especially expressed in the substitutive formation called by some authors "letting die".

The statement places the group devices in the Freudian model of cell tissues, herringbone in various texts of his work, but expressed in more detail in "Beyond the Pleasure Principle", which postulates as the cause of the vital tension constellations composed of different but related cells. Communication is illustrated with clinical vignettes both therapeutic groups and think tanks, as with clinical material from patients who have received both individual treatment and group result of therapeutic work done in the Casabierta institution during the last ten years. As a conclusion and opening of new questions, the text pans across different forms of resistance indication of group psychotherapy, which rooted in many current social representations of the group and the therapeutic.

Keywords Caracteropatización; Defense; Identifications; Device group.

Disclosure of interest The authors have not supplied their declaration of competing interest.

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EV0752

Anxiety and depression among elderly hemodialyzed patients

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Introduction The haemodialysis, one of the main treatment modalities of chronic renal failure, imposes a great psychosocial burden on elderly patients, which may cause many psychological impacts.

Objective The aim of this study was to screen anxiety and depression in elderly patients on haemodialysis, taking into account factors that may contribute to.

Methods Our study was transversal, descriptive carried out among 38 elderly patients aged more than 60 years with chronic kidney failure on haemodialysis. The structured questionnaire used in this study was gathered information on socio-demographic and disease characteristics. We used the hospital anxiety and depression scale (HADS) to access anxiety and depression.

Results The mean age of our sample was 71 years. The sex-ratio (σ/φ) was 1.92, patients were mainly married (73.7%), and have a low school level (76.3%). The mean haemodialysis duration was 5 years \pm 4.68. The most common cause of renal failure was polycystic kidney disease (18.4%), diabetes (15.8%), while in 28.9% the cause was unknown. Anxiety was found in 18.4% of patients and it was associated with both low school ($P=0.02$) and socio-economic



level ($P=0.04$). The prevalence of depressive symptoms was 42.1%. It was correlated to the unknown cause of kidney failure and the short duration haemodialysis ($P=0.03$).

Conclusion These data suggest that depression and anxiety are highly prevalent in elderly patients with renal failure on dialysis. This result shows the need for interdisciplinary teamwork in improving the quality of life of those patients.

Disclosure of interest The authors have not supplied their declaration of competing interest.

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EV0753

New insights in the pharmacotherapy of psychosis: The example of Parkinson's disease psychosis



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Introduction With 10 million of patients across the world, Parkinson's disease is the second most common form of neurodegeneration, after Alzheimer's. Among half of patients develop psychotic symptoms, such as visual hallucinations and delusions, which are correlated with higher rate of placement in nursing home, are difficult to treat and severely affect quality of life, making Parkinson's disease psychosis (PDP) a major public health issue.

Objectives The aim of this study is to identify treatment options that could be used to treat PDP and clarify underlying pathophysiology.

Method We conducted a literature review on Pubmed, Google scholar and Cochrane library, using a combination of the following: "Parkinson's disease Psychosis" "visual hallucinations" "Pimavanserin" "Clozapine" "atypical anti-psychotics" 120 articles were screened.

Results Considering that hallucinations arise from overactivation of dopaminergic receptors, treatment options include reducing the dopaminergic drugs used to control motor symptoms; using atypical anti-psychotics such as Risperidone, Olanzapine, Quetiapine, which often results in the worsening of extra-pyramidal symptoms. Another option is the use of low doses of Clozapine, which has been proven efficient with no worsening of non-motor symptoms, suggesting the implication of other pathways, such as serotonin. Finally, Pimavanserin, a 5-HT_{2A} receptor inverse agonist, without any dopaminergic activity, has been demonstrated to be effective in the treatment of PDP, well tolerated and easy to use.

Conclusion Serotonin inverse agonists represent a major breakthrough in the pharmacotherapy of PDP, and may lead the way to changes in the treatment of schizophrenia and other psychotic disorders.

Disclosure of interest The authors have not supplied their declaration of competing interest.

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EV0754

Visual hallucinations in elderly people: Early dementia, psychosis or Charles Bonnet syndrome? Review and case report



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Introduction Charles Bonnet Syndrome (CBS) is an uncommon disease that involves visual hallucinations in visually impaired individuals, in absence of cognitive impairment or psychiatric illness, although some authors propose CBS as an early marker of dementia. **Objectives** Show the importance of differential diagnosis in individuals with presence of visual hallucinations, with distinction of CBS from others psychiatric or organic disorders such as hypnagogic and hypnopompic hallucinations, epileptic phenomenon, Parkinson disease, dementia, delirium tremens or late-onset psychosis.

Methods Literature review about visual hallucinations in people with psychiatric illness, dementia or in absence of these status, followed by a case report of a patient who met criteria for CBS.

Results Eighty one-years-old female with no previous psychiatric illness, experience suddenly visual hallucinations (animals, insects) with secondary anxiety, fear and insomnia as well as disruptive behaviour (throw lye to kill the animals) and delusional interpretations of the hallucinations considering them as a divine proof. Clinical exam, neuroimaging tests and SPECT confirmed just a minimal cognitive impairment nor suggestive of dementia. She had personal history of cataracts and macular degeneration, with no other medical condition. Olanzapine was prescribed but it was withdrawn because of adverse effects. Later, haloperidol was introduced with well tolerance and symptom's recovery ad intergrum.

Conclusions Charles Bonnet syndrome is a rare condition that may sometimes be the beginning of a dementia. Medical evaluation and complementary tests help differential diagnosis in order to reject others psychiatric/somatic disorders. Neuroleptic and anti-epileptic treatment should be useful to control symptoms.

Disclosure of interest The authors have not supplied their declaration of competing interest.

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EV0755

Mistreatment of Alzheimer's patients: Predictive factors



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Introduction Violence against elderly persons is an intricate social, legal and ethic issue. Alzheimer's patients are the most vulnerable individuals to mistreatment and neglect. The aggressor can be even the main helper of the patient. We noticed a wide underestimation of this phenomenon, which remains taboo subject in our society.

Objectives and methods – The aim of our study is to identify predictive factors of mistreatment of Alzheimer's patients through a prospective and descriptive study, within patients following in the department of neurology in Razi's hospital.

– we evaluate cognitive function (MMSE) and the importance of behavioural disorders.

– we explored helper's socio-demographic characteristics and the quality of aid relationship.

– anger and hostility within relationship were estimated through family attitude scale.

Results Our sample accounts 60 informal caregivers predominantly female (91.7%) with an average age of 49.67 years, mostly are married (71.66%) and jobless (38.88%):

– in 78.3% of cases, caregivers spent about 12 to 24 hours per day with Alzheimer's patient.

- the average score of FAS was about 52.4% with an important emotional charge (score >60).
- twenty-five caregivers wished the death of the patient and 42 others admitted being sarcastic with him.
- We noticed a correlation between mistreatment and both cognitive function and behavioural disorders.

Conclusion Our results support the fact that mistreatment of people with dementia is closely related with the exhausting situation of the main caregiver.

Disclosure of interest The authors have not supplied their declaration of competing interest.

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EV0756

Depression in the elderly with chronic medical illness



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Background There is a bi-directional relationship between depression and chronic medical disorders.

Aims The objectives of our study were to measure the prevalence of depression in the elderly with chronic medical illness in primary care and to determine the socio-demographic and clinical factors related to depression.

Methods We conducted a descriptive and analytical cross-sectional study of patients aged over 65, followed at the outpatient chronic diseases in Oudhref's district hospital (south of Tunisia) during the month of September 2014. We used two instruments: the activity of daily living (ADL) to determine the degree of autonomy and the geriatric depression scale (GDS) validated in Tunisia.

Results At the end of our investigation, 100 chronic disease patients met inclusion criteria. The average age of our population was 75 years. Prevalence of depression was 48%. The most frequent chronic pathology was hypertension (79%), followed by diabetes (70%). In analytical study, we noted no correlation between depression and socio-demographic variables such as age, sex and marital status. Regarding clinical variables, depression was significantly more frequent in patients with sensory impairments (82% vs 18%, $P=0.017$), dependent (80% vs 20%, $P=0.002$). Regarding chronic disease, depression was significantly more frequent in patients with respiratory disease (80% vs 20%, $P=0.033$), a higher number of co-morbidities ($P=0.005$), who were hospitalised at least once ($P=0.015$).

Conclusion Depression is common in elderly with a chronic disease. Using screening instruments for major depression by primary care clinicians will help to detect depression.

Disclosure of interest The authors have not supplied their declaration of competing interest.

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EV0757

Correlation between depression and cognitive decline in elderly outpatients: A preliminary study



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Introduction Depressive disorder is common psychiatric morbidity among the elderly outpatients. It is also evident that cognitive disorders, ranging from mild cognitive impairment to severe dementia, are widely prevalent in the elderly coexistence of the above is quite common. Treatment for both conditions is quite challenging, aiming at symptomatic relief and improvement in functional status.

Objectives To investigate the coexistence of depression and cognitive impairment in aged depressive outpatients, 65 years or older. Correlation of cognitive level and depressive symptomatology was measured.

Method We used hamilton depression scale (HAM-D) and MMSE in 35 (mean age 68.2 years) depressed outpatients over 65-year-old. We excluded depressed schizophrenics and bipolar patient.

Results. On a preliminary basis, a correlation between low MMSE and HAM-D ($P < 0.05$) was found. An interesting finding, though not measured primarily, was that low MMSE was accompanied with a low compliance with medication.

Conclusions The mental deterioration that accompanies cognitive impairment is being widely studied and it is real complex. In our ongoing study previous findings are confirmed and can be interpreted both ways, i.e. depression is a risk factor for dementia and also the fact that existing dementia is positively correlated with a low HAM-D.

Compliance to medication is affected, among other variables, by the patients' mental state.

Disclosure of interest The authors have not supplied their declaration of competing interest.

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EV0758

Dementia or mania



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Background In the clinical practice we encounter different clinical situations that require precise differential diagnosis and special treatment. This poster reviews the diagnosis and pharmacotherapy of two cases that points out how likely is to confuse the diagnosis of two apparently different pathologies, as are bipolar disorder and frontotemporal dementia. We study and compare two cases that were hospitalised in the psychiatric ward of Sant Joan's Hospital. Following their treatment and evolution. The first case is a 75-years-old man that presented behavioural changes, hypomania, and insomnia without previous known psychiatric history other than alcoholism. The family explained a history of episodes of mood changes going from depression to mania, compatible with a bipolar diagnosis never diagnosed, and the neuropsychological exam that was performed did not show any cognitive impairment finally receiving a diagnosis of bipolar disorder after the good response to the lithium treatment. In the second case we have a 58-years-old man with behavioural disturbances and mood fluctuation that changes from short periods of hypomania with disinhibition and insomnia to a predominance of hypothymia, apathy and self-care negligence, which received at the beginning a diagnosis of bipolar disorder and that after the proper complementary tests was shown to be a frontotemporal dementia.

Conclusions When facing behavioural and mood changes in advance age in the absence of psychiatric history we should take into account the considerable percentage of patients with a final diagnosis of frontotemporal dementia that received previously a mistaken diagnosis of bipolar disorder and vice versa.

Disclosure of interest The authors have not supplied their declaration of competing interest.

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EV0759

The Portuguese participation in the Actifcare (access to timely formal care in dementia) European study: Preliminary results of systematic reviews, qualitative and quantitative data



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Introduction In the context of untimely access to community formal services, unmet needs of persons with dementia (PwD) and their carers may compromise their quality of life.

Objectives/aims The Actifcare EU-JPND project (www.actifcare.eu) focuses on access to and (non) utilization of dementia formal care in eight countries (The Netherlands, Germany, United Kingdom, Sweden, Norway, Ireland, Italy, Portugal), as related to unmet needs and quality of life. Evaluations included systematic reviews, qualitative explorations, and a European cohort study (PwD in early/intermediate phases and their primary carers; $n=453$ days; 1 year follow-up). Preliminary Portuguese results are presented here (FCT-JPND-HC/0001/2012).

Methods (1) extensive systematic searches on access to/utilization of services; (2) focus groups of PwD, carers and health/social professionals; (3) prospective study ($n=66$ days from e.g., primary care, hospital outpatient services, Alzheimer Portugal).

Results In Portugal, nationally representative data is scarce regarding health/social services utilization in dementia. There are important barriers to access to community services, according to users, carers and professionals, whose views not always coincide. The Portuguese cohort participants were 66 PwD (62.1% female, 77.3 ± 6.2 years, 55.5% Alzheimer's/mixed subtypes, MMSE 17.8 ± 4.8 , CDR1 89.4%) and 66 carers (66.7% female, 64.9 ± 15.0 years, 56.1% spouses), with considerable unmet needs in some domains.

Conclusions All Actifcare milestones are being reached. The consortium is now analyzing international differences in (un) timely access to services and its impact on quality of life and needs for care (e.g., formal community support is weaker in Portugal than in many European countries). National best-practice recommendations in dementia are also in preparation.

Abstract submitted on behalf of the Actifcare Eu-JPND consortium.

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EV0760

Risk of suicidal behaviours in elderly



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Introduction Older adults constitute the age group in which suicide more often reaches its most categorical expression: consummation.

Objective Identify risk factors for suicide in older people.

Method Systematic review of the literature on the subject. The databases consulted were Dialnet and Pubmed. The descriptors used have been: "suicide", "risk factors" and "elderly", accepting the works found in English and Spanish, with a total of 501 references found after the search, from which 75 have been selected.

Results As shown in the reviewed studies, there is a progressive increase in suicide rate with age in males. The purpose of dying in the old man is usually characterized by his firm conviction, not infrequently reflexive and premeditated. In the multifactorial etiology of suicidal behaviour in this age group, the main elements to be considered would be psychosocial factors, psychiatric diseases and chronic somatic diseases, resulting in a potentiation among them due to their frequent interaction. The feeling of abandonment, the feeling of emptiness, the despair of the organic collapse and the self-perception of being a useless person, without projects, generates deterioration in the quality of life.

Conclusions In the multifactorial etiology of the suicidal behaviour of the elderly, they usually play coprotagonistic roles, loneliness, isolation, somatic illness and depression. The most likely profile of the suicidal elder would be represented by a man with a history of depressive episode after age 40, who lives alone, with a family history of depression or alcoholism and a recent loss.

Disclosure of interest The authors have not supplied their declaration of competing interest.

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EV0761

Decrease selected graphomotor skills in early stages of Alzheimer's dementia



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Introduction In the early stages of Alzheimer's disease (AD) motor and cognitive dysfunctions has been observed.

Objectives In previous studies we have shown that AD patients present abnormalities of selected graphomotor skills, but results were vary and not conclusive. In this study, we conducted more extensive tests on a larger study group.

Aims The aim of the study is to identify which graphomotor functions are impaired in the early stages of AD.

Methods Seventy-one patients with mild and moderate AD (F.00.0, F.00.1, F.00.2) (MMSE 20.3 ± 3.8 ; age 79.1 ± 5.21) were examined. Forty-four healthy ones (C) without symptoms of dementia, matched for demographic characteristics (MMSE 29 ± 1.1 ; age 78.3 ± 4.7) were examined. Graphomotor skills were assessed by the original drawing test (the eight figures and the signature) performed in a magnetic field (resolution 2540 dpi and

1024 pressure levels). These test were implemented on a graphic tablet (Wacom Intuos) with the specialized software. The length and time of drawing, the average and maximum speed of drawing, the average and maximum momentary speed, the amplitude and frequency (with FFT spectrum analysis) of hand tremors were measured.

Results Statistical analysis of the graphomotor signal revealed differences between the AD group and the C group with respect to various parameters. The largest differences have been observed in partially automated skills such as signature, and not drawing shapes (lines, spiral, etc.). The average speed of signature and maximum momentary speed of signature is lower in the AD group.

Conclusions This method allows for quantitative and objective measurement of the biophysical signal and assessment of the graphomotor skills.

Disclosure of interest The authors have not supplied their declaration of competing interest.

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EV0762

The diagnostic value of saccadic profile in Alzheimer's disease



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Introduction Appearing in the early stages of the disease pathological changes in different parts of the brain in Alzheimer's disease (AD) subjects cause disruption of neural circuits between the cortex and the basal ganglia. It may affect the ocular movement disturbances.

Objectives In previous studies we have shown that AD patients present abnormalities of saccadic eye movements. In this study, we conducted for the first time the advanced quantitative analysis profile of saccades on a large study group.

Aims The aim of this study is to find the features and the values of parameters in patients with AD differ from healthy individuals using quantitative measurement methods that could help in the future to differentiate people with an uncertain diagnosis.

Methods Seventy-one patients with mild and moderate AD (age 79.1 ± 5.21) were examined. Forty-four healthy ones (C) without symptoms of dementia, matched for sex, age and education level (age 78.3 ± 4.7) were examined. In this study we made use of the Saccadometer Advanced (ACI, Cambridge, UK), allowing the measurement of eye position with the time resolution of 1 ms (1000 Hz).

Results Statistically significant differences between AD and C groups were found ($P < 0.05$). The analysis of saccadic profile allows to differentiate Alzheimer's disease. The rising slope duration and the rising slope percent is lower in AD group, but the falling slope duration and the falling slope percent is larger in AD group.

Conclusions AD patients have much smaller slope in the rising phase of the saccade. The results show that the use of saccadometry may improve diagnosis of the AD.

Disclosure of interest The authors have not supplied their declaration of competing interest.

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EV0763

Quality of life and depression in caregivers of patients with cancer



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Background Most elderly patients, with cancer are cared for, by a family member who may be affected by various stressors that can influence their health and quality of life (QOL).

Objectives To explore depression, quality of life and its related factors among caregivers of elderly patients with cancer.

Methodology This is a descriptive and analytical cross-sectional study including 40 primary caregivers of old patients aged 65 or older, with cancer in oncologic radiotherapy service in university hospital Habib Bourguibain Sfax, Tunisia. The short form health survey (SF-36) and Beck inventory (13 items) were used to assess respectively QOL and depression.

Results The average age of caregivers was 44.62 years. The sex ratio (M/F) was 0.9. Most of caregivers (75%) had impaired QOL (score < 66.7). The two main components of SF-36 were altered with a standard score of 45 for the physical component and 41.1 for mental component. According to Beck inventory, Depression was present in 67.6% of cases. Impaired QOL of life was significantly correlated with somatic illnesses in the caregiver ($P = 0.016$), advanced stage of cancer ($P = 0.01$), financial difficulties ($P = 0.04$), the non-cohabitation with the patient before the disease ($P = 0.031$) and depression ($P = 0.00$).

Conclusion According to our study, caregiving can have a negative effect on the caregiver's mental and physical health. Assistance and information from healthcare professionals are the key to improving the ability of caregivers to cope with caring for older patients with cancer.

Disclosure of interest The authors have not supplied their declaration of competing interest.

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EV0764

Pain assessment in people with dementia



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Introduction Assessing and quantifying the experience of pain in elderly with cognitive impairment is particularly challenging and important.

Objectives To describe the overall profile and to identify the prevalence and characteristics of pain among demented elderly.

Methods A descriptive study including 60 institutionalized elderly aged 65 and older in the retirement home, Sfax, Tunisia. Data collection was conducted using questionnaire exploring socio-demographic and medical data. Mini-mental state examination (MMSE) and Katz index of independence in activities of daily living (ADL) were used to assess respectively mental status and dependence for ADL. Verbal Descriptor Scale (VDS) and elderly behavioural scale (ECPA) were used to evaluate pain. Thirty-two elderly were included and the inclusion criteria were: Age ≥ 65 and MMSE score ≤ 20 .

Results The average age of cognitively impaired residents was 74.2 years with a slight male predominance (57%). They were mostly illiterate (83%) and 56.3% of subjects were single. Almost two-thirds were admitted voluntarily and the average length of stay was 4.8 days. The ADL scale has shown that 65.6% were dependent. According to the VDS, the majority of demented subjects (93.8%) did not feel and express pain, 3% of residents with dementia had mild pain, 2.2% had moderate pain and 1.1% had severe pain. Whereas, the hetero evaluation (ECPA) concluded that 72% of demented elderly actually had pain with severe pain in 18.8% of cases.

Conclusion Pain in elderly persons with dementia is a significant problem. This underlines high needs of research as well as excellent implementation concepts for assessment and treatment of pain.

Disclosure of interest. The authors have not supplied their declaration of competing interest.

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EV0765

Depression in elderly patients with schizophrenia



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Background The presence of depressive symptoms impacts negatively the lives of patients suffering from schizophrenia-spectrum disorders. Likewise, the treatment poses many challenges for clinicians.

Objectives To specify the profile of elderly with schizophrenia and to evaluate the prevalence of depression and its related factors.

Methods A descriptive and analytic study involved 40 elderly patients aged 65 and over with DSM-5 diagnoses of schizophrenia or schizoaffective disorder, followed to the outpatient psychiatry department of Hedi Chaker University Hospital, in Sfax, Tunisia, during the two months of September and October 2015. Positive and negative syndrome scale (PANSS) and Calgary depression scales were used to assess respectively the symptoms of schizophrenia dimensionally and depression.

Results The majority of our patients was male (62.5%), single (55%), with low school and socioeconomic level. The mean duration of disease was 45 ± 6.02 years and patients were mostly (90%) in classical neuroleptics. The scale of PANSS showed the predominance of negative symptoms (67.5% of cases). In addition, according to Calgary scale, depression was found in 25% of patients. Factors positively correlated to depression were: the female sex among single ($P=0.043$), absence of family support ($P=0.001$), treatment with conventional neuroleptics ($P=0.039$) and negative symptoms ($P=0.001$).

Conclusion Depression in patients with schizophrenia is far from exceptional. It is often difficult to diagnose due to the recovery of other symptoms.

Disclosure of interest The authors have not supplied their declaration of competing interest.

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EV0766

Pupillometric assessment of cholinergic functioning in people with Alzheimer disease: A study from India



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Background Diagnosis of Alzheimer disease is mainly clinical, based on longitudinal history and clinical criteria due to lack of specific biochemical tests and neuroimaging studies. Deficient central cholinergic activity of AD pathology is said to be reflected as decreased peripheral cholinergic activity. Assessing peripheral cholinergic function with pupillometer for diagnostic and prognostic purpose may be beneficial, as it may be a non-invasive, acceptable, and easily administered diagnostic tool if proven so.

Method This is a single point case control pilot study with sample size of 45 (25 AD patient and 20 controls). CAMDEX-R based

interview, HMSE, and DSM-IV criteria were used for detailed assessment and diagnosis. The pupillometric parameters (Horizontal and vertical diameters of pupil) were measured by Oasis Colvard pupillometer (SKU-0401A) under three conditions namely after 5 minute of dark adaptation in dark room (PD-5min-DA i.e. Baseline PD); after 5 minutes (PD-5min-T) and 15 minutes (PD-15min-T) of instillation of 2–3 drops of 1.0% Tropicamide.

Results There was no difference in baseline pupil diameter (horizontal + vertical) of AD patients and age matched healthy controls. 1% tropicamide induced significant increment in pupil diameters from baseline to after 5 ('PD-5min-T') and 15 minutes ('PD-15min-T') of its instillation in both AD patients and age matched healthy controls. But tropicamide induced increment in pupil diameters were approximately equal in cases and controls.

Conclusion The study did not find the role of 1% tropicamide induced pupillary hypersensitivity in AD patients for diagnostic purpose.

Disclosure of interest The authors have not supplied their declaration of competing interest.

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EV0767

The burden of caregivers of patients with Alzheimer



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Introduction The Alzheimer's patient assistance relationship is a morally painful experience, most frequently discussed in terms of "burden" in the literature, especially as professionals and institutional intermediaries are underdeveloped in Tunisia.

Goal It is intended to assess the level of burden among caregivers of patients with Alzheimer's disease and to search factors associated with a high level of burden.

Methodology This is a retrospective descriptive study. Patients were recruited from neurology department of Razi hospital, which were hospitalised between the months of December 2012 and March 2013. The burden was measured using the Zarit inventory.

Results and discussion Thirty patients were included. The majority female, most caregivers are descendants (60%), then, daughters in law (33%), and finally the spouses (23%). 80% of caregivers lived in the same home as patients. Caregivers were asked about all the items of the grid Zarit. The average burden in our sample is 59.9 ± 16.3 . We observed that 33% have absent to light burden (score <21), 10% have a light to moderate burden (between 21 and 40), 36, 66% have moderate to severe burden (between 41 and 60) and 50% have a severe burden (>60), according to the classification proposed by Zarit. Sex, kinship and cohabitation with the patient were not associated with a higher burden.

Conclusion The study of factors correlated with high levels of burden aims at finding ways of intervention and support to fight against the isolation of caregivers and the occurrence of anxiodepressive complications.

Disclosure of interest The authors have not supplied their declaration of competing interest.

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EV0768

Cognitive symptoms: The border between dementia and depression, a report of one case



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Introduction Twenty percent of people aged over 80 have a serious dementia. Cognition disturbances are present both in depressive disorder and dementia. Vortioxetine is a new antidepressant with a multi-modal mechanism of action, being one of the antidepressants with more procholinergic action.

Aims to know the efficacy of vortioxetine in elder people with cognitive disturbances due to both pathologies: depression and dementia.

Methods It is described the result of using vortioxetine in one elder woman with dementia and affective symptoms with no clinical improvement after using two classical antidepressants.

Results Woman aged 82 without psychiatric history came to our consultation in April 2016. She had been diagnosed with dementia last year by a neurologist and she had started treatment with Donepezil 10 mg/d. Six months after this diagnosis she complained of depressive mood and faster deterioration of her previous cognition disturbances in terms of functionality level and autonomy, so her neurologist prescribed escitalopram until 10 mg/d and mirtazapine until 30 mg/d without clinical improvement. After first exploration, we decided starting treatment with vortioxetine 10 mg/d and withdraw previous antidepressants. Next week she complained of nausea and vomiting so we reduced the dose to 5 mg/d with good tolerance after that moment. Six months later her depressive mood had improved and her family remarked she had a little more autonomy and more desire to do things.

Conclusions Vortioxetine might be an effective and safe option in elder people who have cognitive disturbances due to mood disorder and/or dementia, probably because of its procholinergic action.

Disclosure of interest The authors have not supplied their declaration of competing interest.

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EV0769

The neutrophil and platelet to lymphocyte ratios in people with subjective, mild cognitive impairment and early Alzheimer's disease



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Background In this study we aimed to explore the role of inflammation in subjects with mild Alzheimer dementia (AD), mild cognitive impairment (MCI) and subjective cognitive decline (SCD) via new potential inflammation markers of Neutrophil-lymphocyte ratio (NLR) and Platelet-lymphocyte ratio (PLR). NLR and PLR are useful and cost-effective biomarkers, showing peripheral systemic inflammation, were previously shown in neuropsychiatric disorders [1].

Methods In screening phase the patients were assessed with mini-mental state examination, clinical dementia rating scale (CDR), geriatric depression scale (GDS) and Hachinski Ischemic Scale (HIS) after unstructured psychiatric interview according to

diagnostic and statistical manual of mental disorder, Text Revised (DSM-IV, TR). Spectrum of cognitive decline includes 31 patients with mild Alzheimer's disease, 30 subjects with mild cognitive impairment, 31 individuals with subjective cognitive decline. Thirty-one healthy controls enrolled to the study.

Results NLR value of patients with AD was 2.38 ± 0.81 , subjects with MCI was 2.48 ± 1.19 , SCD group was 2.24 ± 1.11 and control group was 1.85 ± 0.80 . NLR was significantly higher in AD and MCI groups when compared with control group ($P=0.006$, $P=0.03$, respectively). Platelet-lymphocyte ratio was not correlated with cognitive impairment. Neutrophil counts were indifferent when comparing either of groups. Lymphocyte levels were significantly lower in each of cognitive decline groups when compared to healthy controls.

Conclusion The present findings suggest that systemic inflammation may have a role in developing Alzheimer's Disease.

Disclosure of interest The authors have not supplied their declaration of competing interest.

Reference

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EV0770

Association between the use of benzodiazepines and the occurrence of acute angle-closure glaucoma in the elderly: A population-based study



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Introduction Acute angle-closure glaucoma (AACG) is an ophthalmic emergency, accompanied with severe eye pain, headache, and visual changes because of acute intraocular pressure elevation. Among psychotropic drugs, several antidepressants, typical antipsychotics with strong anticholinergic effects, and topiramate have been known to increase a possibility of AACG. Benzodiazepines have been used widely in the treatment of mental and physical illnesses regardless of age or indication. Since benzodiazepines have some anticholinergic properties and affect pupillae muscles, their use could be theoretically a risk factor for AACG. However, it is unclear whether benzodiazepines actually increase the risk of AACG. To our knowledge, there was no population-based study on the risk of benzodiazepines to the occurrence of AACG.

Objectives/aims To know whether benzodiazepines increase the risk of AACG in a geriatric population.

Methods We will perform a case-control study using a geriatric cohort from the National Health Insurance database. Case subjects will be defined as cases diagnosed with AACG confirmed by the claim data of laser iridotomy, which is the definitive treatment of AACG. The controls, which were not diagnosed with AACG, will be matched with case subjects according to similar age, sex, and the scores of the Charlson comorbidity index.

Results The data handling and statistical analyses will be executed in autumn and winter 2016.

Conclusions Any preliminary findings of this study will be presented at the EPA 2017. We will discuss the importance of a pharmaco-epidemiological study in the geriatric research.

Disclosure of interest The authors have not supplied their declaration of competing interest.

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EV0771

The widowhood effect–mortality and adverse health effects when losing a spouse in old Age



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Introduction Losing one's spouse is a major life event which is associated to an increased risk of mental health problems as depression and sleep-disorders. There is also an increased risk of adverse effects on physical health, and even an increased risk of mortality. A phenomena called “the widowhood effect” Though this is well-known clinically, few studies have established the extent of the problem in old age.

Objectives This study aims to examine the risk of mortality associated to widowhood in old age, and adverse health effects both regarding physical and mental health.

Methods A nationwide register-based case control study. All Danish people aged 65 years and above who became widowed in the period of 2000–2010 are included. A background population sample of 4:1 is matched on age and gender. By using the personal identification number a linkage between registers containing information regarding health service use, pharmacologic use and demographic information is made. Mortality is analysed using Kaplan-Meier estimate and the statistical comparison between the groups is done by Cox-regression. Adverse health effects are assessed by the health care use and pharmacological use, and are compared between the two groups by t-test, linear and logistic regression depending on the variables.

Results The study is under conduction, results will be presented.

Conclusions Widowhood in old age has been associated to an increased risk of mortality and adverse health effects. This study assesses the outcome of this in a nationwide register-based sample.

Disclosure of interest The authors have not supplied their declaration of competing interest.

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EV0772

Case report of treatment issues in the management of dementia with parkinsonism



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Background Parkinsonism as a clinical syndrome needs to be diagnosed multidisciplinary. Cognition problems and behavioural symptoms together with the neurologic symptomatology make the treatment very complicated.

Aims To emphasize the importance of effective management strategies that may extend quality of life and independence.

Methods This is a case report of 59 year old male with complicated clinical presentation of dementia with parkinsonism last

two years treated with levodopa. Admitted with symptoms of fluctuating cognition, memory problems, visual hallucinations and depression and also generalized rigidity after introduction of atypical antipsychotic. Medical history: epilepsy in the last 15 years, trauma 7 years ago. After admission he was examined clinically and the brain computed tomography (CT) and electroencephalography (EEG) were done.

Results We analyzed possible etiologies and differential diagnosis of presented symptoms—extrapyramidal signs, mental confusion with hallucinations which are the three most common clinical features of Parkinson's disease dementia (PDD). CT reveals diffuse cortical atrophy with encephalopathy in the white matter combined with dilatation of lateral ventricles. EEG was with theta disrhythmic activity. After consultation with neurologist the patient was given Carbamazepine for epilepsy and Levodopa/Carbidopa to control parkinsonism. Donepezil was introduced. Two weeks after admission the patient was discharged with given advice to be treated in geriatric clinic.

Conclusion After thorough clinical examination with proper diagnostic procedures with imaging modalities we should try cholinesterase inhibitors because they might improve cognition and can be beneficial for reduction of the hallucinations and behaviour disturbances combined with proper management of the surroundings.

Disclosure of interest The authors have not supplied their declaration of competing interest.

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EV0773

The evolution of mania in the elderly: A case study



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Introduction Bipolar disorder in elderly patients may present as an evolution of the disease initiated in younger stages or as an entity newly emerging. In addition, mania in the elderly, has characteristics that make it different from the adult. These disorders can be correlated with underlying vascular or degenerative disorders [1].

Methods Review of the relevant literature by searching PUBMED, limited to studies of greater scientific hierarchy.

Results The existence of changes in the manic phase motivated by the influence of vascular disease, as well as the importance of the changes experienced in therapy at the rate of underlying organic disease described. The useful pharmacotherapeutic approach in this case is discussed.

Conclusion The most recent research points in the direction of a more organic for mania late age-related substrate. The diverse etiology requires differential diagnosis for addressing the underlying causes [1]. The clinic does not dim with age, but increases the tendency to develop rapid cycling as age progresses. It is also more frequent occurrence of paranoid and aggressive traits, especially in situations of confrontation, along with increased dysphoria [2]. The therapeutic management by neuroleptics require very careful attention, because of the vulnerability of this group to develop adverse effects. Mood stabilizers use has been demonstrated as effective as in young [2].

Disclosure of interest The authors have not supplied their declaration of competing interest.

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EV0774

Just hypochondria or something else?

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Introduction In the older adult hypochondria is one of the most common somatoform disorders, and represents a particular challenge for approach, diagnosis and treatment, since in this age group, non-psychiatric medical comorbidity and concomitant presence of other psychiatric disorders very high. It is therefore very complex differentiate hypochondria disease with a real organic cause [1].

Methods Review of the relevant literature on the subject by searching PUBMED, limited to studies of greater scientific hierarchy.

Results Analysis of symptoms present in a hypochondriac patient with comorbid psychiatric disorders and organic pathology, valuing the importance it has in its clinical manifestations and the difficulty of differential diagnosis.

Conclusions In the elderly, the high frequency of somatic disease conditions the need for a deeper physical and mental examination to avoid subjecting patients to unnecessary scrutiny and risky complementary tests [1].

The evolution of hypochondriacs, dragging hypochondria from youth is not good, persisting in his complaint and his need to see a doctor for diagnostic examinations [2]. The therapeutic approach depends on the type of complaint, in which the treatment of the underlying disease as a psychotherapeutic and pharmacological mixed approach may be the right things [2].

Disclosure of interest The authors have not supplied their declaration of competing interest.

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EV0775

Behavioral and psychological symptoms: A contribution for their understanding based on the unmet needs model

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Introduction Behavioural and psychological symptoms (BPSD) are frequent in dementia and their contribution to poor health outcomes is well recognized. Four major frameworks attempt an explanation their aetiology: biological, behavioural, environmental vulnerability and unmet needs models. The latter states that BPSD are symptoms of needs that are not being met due to patients' decreased ability to communicate/fulfil them. This model also implies that if needs were met, BPSD would improve.

Aims To explore the relation between needs and BPSD, and describe which unmet needs were contributing to BPSD in an elderly sample.

Methods A cross-sectional study was conducted in three Portuguese nursing homes. All residents were considered eligible. However, those unwilling or unable to participate were excluded. For each elderly patient, needs were assessed with camberwell assessment of need for the elderly/cane and BPSD with European Portuguese neuropsychiatric inventory/NPI.

Results The final sample included 166 elderly with an average of 80.9(sd = 10.2) years. Significant correlations between NPI and unmet and global needs were found ($r_s = 0.181, P = 0.020$; $r_s = 0.254, P = 0.001$, respectively). Additionally, the unmet needs of daytime activities ($P = 0.019$), company ($P = 0.028$) and behaviour ($P = 0.001$), presented significant correlations with NPI.

Conclusion In this sample, a high number of unmet needs were found. The absence of daytime activities, company and behaviour contributed to the identified BPSD, which is in line with other studies also highlighting the importance of these needs in nursing homes. This not only provides a framework for understanding BPSD, but also points to the identification of unmet needs as pivotal in prevention and treatment of these symptoms.

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EV0776

Elderly diabetic patients: Depression and adherence to treatment

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Introduction Demographic changes with the aging of the worldwide population imply an increase in prevalence of chronic diseases, such as diabetes mellitus. Many studies have suggested that depression is higher in diabetic patients, and that this association often contributes to under-recognition of the illness, limiting adequate metabolic control.

Aims To study the association between depression and adherence to treatment in elderly diabetic patients.

Methods A cross-sectional study was conducted with elderly outpatients (≥ 65 years) from the Internal Medicine Department in São João Hospital (CHSJ, Porto). Patients unable to communicate were



excluded. Anxiety and depression were assessed with the Hospital Anxiety and Depression Scale/HADS, and adherence to treatment with a clinical interview and from medical records.

Results The final sample included 78 patients, with an average of 75.3 (sd=6.75) years. They were mostly female (80%), married (66.7%) and with low education level (62.8%). The mean number of comorbidities was 5.76 (sd=1.6) and 98.7% took ≥ 5 drugs. In this sample, 23.1% had cognitive impairment, 16.7% depression and 24.4% anxiety. Patients not adhering to treatment presented a higher depression score, when compared with adherents (median 6vs3), even without statistical significance ($P=0.56$).

Conclusions Diabetic patients not adhering to treatment tend to present more depression, in spite of the lack of statistical significance. These results suggest that depression can limit the adherence to treatment, which is in line with previous studies. In this context, the early diagnosis and treatment of depression seems to be an important target in the management of diabetes, particularly in elderly patients.

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EV0777

Review of association between delirium and dementia in elderly people

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Delirium is a neuropsychiatric syndrome, characterized by an acute change in mental status with a fluctuating course of symptoms, that affects almost 50% of people aged 65 years or older, admitted to hospital. Delirium is associated with negative outcomes, including increased risk of mortality, cognitive and functional decline. In 50% of the cases, the cause of delirium is multifactorial, resulting from a complex inter-relationship between several predisposing factors (e.g. advanced age, dementia) in highly vulnerable patients that are exposed to precipitating factors (e.g. infections). In this context, cognitive impairment and dementia are important risk factors for delirium, increasing its risk by two to five times, associated with worse outcomes. The underlying brain vulnerability of these patients with dementia may predispose to the development of delirium, as a consequence of insults related to the acute medical disease, medication or environmental factors. On the other hand, delirium may cause permanent neuronal damage, which may lead to the development or worsening of a pre-existing dementia. As a result, delirium and dementia frequently coexist and overlap, challenging differential diagnosis.

The identification of risk factors for delirium, specifically pre-existing cognitive impairment or dementia, in elderly people admitted to hospital is essential to the implementation of preventive strategies that may contribute to the decrease of delirium rates. The present literature review aims to highlight the association between delirium and dementia in elderly people, focusing on diagnosis, pathophysiology, prevention, and management.

Disclosure of interest The authors have not supplied their declaration of competing interest.

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EV0778

Portuguese version of delirium experience questionnaire (DEQ): Feasibility study

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Introduction Delirium is a frequent and serious acute neuropsychiatric syndrome, namely in elderly hospitalised patients, described as a psychologically traumatic experience by patients, family/caregivers and health professionals (HPs). In this context, the Delirium Experience Questionnaire (DEQ) was developed as a face-valid instrument assessing the delirium experience recall and the degree of distress related to delirium episodes in patients, family/caregivers, and HPs.

Aim To present the translation and cultural adaptation of the Portuguese version of DEQ (DEQ-PT).

Methods The translation process followed ISPOR guidelines. After preparation, forward translation, reconciliation, back translation, back translation review, harmonization and cognitive debriefing (involving experts' consensus), the DEQ-PT was tested (pre-test) in a group of elderly patients with delirium (≥ 65 years) in two Intermediate Care Units (Intensive Care Medicine Service-CHSJ, Porto). Exclusion criteria were: brain injury, blindness/deafness, unable to communicate, and Glasgow Coma Scale ≤ 11 . Their families were also assessed, as well as the HPs (physicians/nurse) in charge of patients during hospitalisation.

Results After obtaining permission to use the instrument, the DEQ was successfully translated into Portuguese, with harmonization of all new translations. Pre-test included a group of 5 patients, 5 families and 5 nurses. This version revealed good cognitive equivalence with the original English version and also a good level of comprehensibility.

Conclusion The DEQ-PT showed good feasibility, being suitable, quick and easy to use in the assessment of delirium experience in intermediate care units. These findings will be further developed by an ongoing validation study.

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EV0779

Attitudes and practices of general practitioners towards elderly patients with cognitive deficits

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Background Tunisia has experienced a considerable increase in degenerative diseases associated with aging including in particular dementia and Alzheimer's disease.

Objectives To evaluate the diagnostic procedures of cognitive impairments in general medicine and to identify obstacles concerning the early diagnosis of dementia in these patients.

Methods An email questionnaire was sent to a sample of general practitioners (GPs) working in the Sfax region, Tunisia.

Results We received 55 answers. When facing a mnemonic complaint, 20% of GPs perform a screening of cognitive disorders.

Among reasons leading to early identification, memory complaints (76.4%) was the most mentioned by GPs surveyed. The Mini Mental State was the most used (34.5%) by general practitioners. Twenty-nine point one percent (29.1%) of physicians conducted a comparative assessment 6 to 12 months later if the initial evaluation was normal and 83.6% send the patient to a specialist in case of a detected disorder. For GPs, in 58.2% of the cases, the major impediment is the lack of time, in 32.7% of the cases it is patient's and family's denial and in 23.6% of the cases it is the absence of effective medical treatment. A cross analysis shows that GPs who have had further training in geriatrics have a better approach.

Conclusion Our study shows a lack in the early identification of cognitive impairment in the elderly by GPs. Develop simple cognitive tests, reinforce training of doctors and promote research to develop new drugs would improve early diagnosis and management of dementia.

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EV0780

Cardiac issues raised by an examination of the antipsychotic prescribing practices in the elderly of St. James's hospital (SJH), Dublin



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Background Antipsychotic medication use may be associated with prolongation of the QTc interval, increasing the risk of potentially fatal arrhythmias [1]. This is particularly pertinent in the elderly due to comorbid cardiovascular disease and polypharmacy. Attention to the ECG and co-prescribed medications is essential to minimise cardiac risk when prescribing antipsychotics.

Methods On 23rd February 2016 all inpatients aged over 65 who were prescribed antipsychotic medications were identified as part of a hospital-wide survey. Data was collected from medical and electronic patient notes and medication kardexes.

Results Complete data was obtained for 36 patients aged over 65 who were newly-prescribed an antipsychotic or had their antipsychotic changed. Of these, 39%(n=13) had a cardiac history. One quarter did not have an ECG in the 12 months preceding antipsychotic initiation. Of the 28 patients with an ECG, 57% (n=16) had a QTc>450ms before starting antipsychotic treatment. Only 11% (n=4) had an ECG within 24 hours of starting the antipsychotic. The average change of the QTc interval in those with a repeat ECG was 30msecs. 42% (n=15) were co-prescribed another QTc-prolonging medication.

Conclusion Current monitoring of QTc interval in an elderly population newly prescribed antipsychotic medications is inadequate and a cause for significant safety concerns. Education and clear guidance is warranted to improve safety and minimise risk in this population.

Disclosure of interest The authors have not supplied their declaration of competing interest.

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EV0781

Acute catatonic syndrome associated with hyponatraemia



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Introduction A 71 year old gentleman presented with two discrete episodes of delirium with prominent psychotic features and catatonia, over a 3-year period. Symptomatically, he was suffering from fluctuating consciousness, paranoid ideation and both auditory and visual hallucinations. He went on to develop catatonia, demonstrating negativism and mutism and he also exhibited pseudo-seizures. His symptoms resolved entirely after three weeks. He re-presented 3 years later with profound psychosis and hyponatraemia. On this occasion, he exhibited catalepsy, negativism, echolalia and mutism, which resolved when his sodium was corrected.

Objectives/aims To illustrate 2 episodes of acute catatonia temporally associated with hyponatraemia in an otherwise healthy elderly gentleman.

Methods This is a case study. Consent was sought from the patient to write up his case and distribute it for educational purposes. His medical inpatient notes, psychiatric inpatient notes, correspondence and bloods pertaining to both admissions were reviewed and analysed. A literature review was carried out using Pubmed.

Results Low sodium levels were a common factor in his presentations and normal sodium levels were associated with a return to normal consciousness.

Conclusions While medical issues confounded his first presentation of hyponatraemia associated catatonia, his second presentation was directly related to hyponatraemia. Given the coincidence of hyponatraemia during his first admission, it would strongly suggest that low sodium levels were an important factor in this gentleman's presentation. Importantly, this is the first case in the literature to demonstrate catatonia related to hyponatraemia on two separate occasions in the same individual.

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EV0782

Psychological and physical problems in elderly people with problems of falls



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Introduction Falls of the elderly to a degree been associated with poor mental health, poor social support and poor physical health.

Objectives To investigate the falls of elderly people in relation to their mental and physical healthy.

Aims To compare the effects of falls in the elderly in the areas of mental and physical health.

Methods The current study used purposive sampling comprised from 48 people that visited the emergency department at the Patras University Hospital in 2016. The inclusion criterion for participation was age (>65 years). Data was collected using WHO's questionnaire, the WHOQUOL-BREF. Finally, data was analyzed using the test t test for independent samples.

Results The sample constituted by 39.6% of male and 61.4% of female. The average age of the sample was $M = 75.89$ years. In relation to mental health, the average of the elderly with a history of falls found $M = 57.26$ ($SD = \pm 22.87$), while the other was found $M = 74.45$ ($SD = \pm 15.81$). The difference between the two groups was statistically significant ($P < 0.05$), while physical health although again the first group found to have a smaller average ($M = 56.65$, $SD = \pm 22.13$) relative to the second group ($M = 63.78$, $SD = \pm 12.59$) no statistical difference was observed.

Discussions These results demonstrates that falls beyond the physical damage that are immediately visible can as well create significant issues in the psychological state of the elderly exacerbating anxiety, fear and social isolation, which has been associated with depression event.

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EV0783

Effects of the person-centered environment program (Belmont village's memory care) on behavioral and emotional problems in Mexican senior living residents, six week trial

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Behavioural and psychological symptoms of dementia include agitation, depression, apathy, repetitive questioning, psychosis, aggression, sleep problems, wandering, and a variety of inappropriate behaviors. One or more of these symptoms will affect nearly all people with dementia over the course of their illness. These symptoms are among the most complex, stressful, and costly aspects of care, and they lead to a myriad of poor patient health outcomes, healthcare problems, and income loss for family caregivers. The complexity of these symptoms means that there is no "one size fits all solution, and approaches tailored to the patient and the caregiver are needed". Non-pharmacologic approaches should be used first line, although several exceptions are discussed.

The current pilot study examined the effects of the Person-Centered Environment Program (Memory Care[®], developed by Belmont Village Senior Living) on agitation, cognition, stress, pain, sleep, and activities of daily living for Mexican senior living residents with dementia. Thirty individuals participated in the study. Memory Care[®] included sensitive, cognitive and affective stimulation, based on participants' preferences and needs. memory care sessions were held daily (7 days per week, 8 hours) and a total of 6 weeks were performed at the first Belmont Village Community in Mexico City. Findings showed that agitation and pain improved with the Memory Care[®] Program ($t = 2.91$, $P < 0.02$; $t = 4.51$, $P < 0.002$, respectively). Findings suggested that a better study design, repeated with a bigger sample size, must be considered, but promissory results are shown.

Disclosure of interest The author has not supplied his/her declaration of competing interest.

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EV0784

Evaluation of dependence among benzodiazepines in population of elderly subjects followed in psychiatric service in Sfax

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Introduction Benzodiazepines (BZD) are the most consumed psychotropic drugs by the elders. This prescription can lead to the dependence which is a major public health problem particularly in this population.

Objectives To study the prevalence of dependence of the (BZD) in elderly subjects followed as outpatients and to identify the factors associated with it.

Methods It was a cross-sectional study of 60 patients aged 65 years and older followed at the psychiatric consultation of the UH Hédi Chaker of Sfax; for 3 months. We used:

– Questionnaire containing demographic and clinical data.

– The cognitive scale of attachment to benzodiazepines (ECAB), a score ≥ 6 indicates dependence.

Results The average age of patients was 67.78 years, with a sex-ratio M/W = 0.46. They were smoking in 58.3% of cases. The most frequent psychiatric disorders were mood disorders (40%) followed by anxiety disorders (13.3%). The absence of diagnosis was observed in 23.3% of cases. A psychotropic drugs were associated with BZD in 86.7%. The most prescribed BZD was lorazépam (90%). Withdrawal signs were present in 90% of cases. The prevalence of BZD dependence has been estimated at 80%.

BZD dependence was significantly correlated with smoking ($P = 0.00$), with psychotropics association ($P = 0.04$) and with signs of withdrawal ($P = 0.001$).

Conclusion It appears from our study the importance of BZD dependence in the elderly what it is a source of withdrawal difficulty. So we need make more effort to comply with recommendations regarding the prescription of these molecules.

Disclosure of interest The authors have not supplied their declaration of competing interest.

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EV0785

Voltage gated potassium channel antibody (VGKC)-associated encephalopathy and psychiatric symptoms (case report)

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Introduction and Objectives The limbic system is primarily responsible for modulating behaviour, emotions and neuro-endocrine functions. Limbic encephalopathy involves this part of the brain and is characterised by the acute or sub-acute onset of seizures, recent memory loss, confusion and psychiatric symptoms. Here we describe an unusual presentation of a well-functioning elderly man, who presented with sudden onset of confusion, cognitive impairment, treatment resistant hyponatremia, seizures and psychiatric symptoms.

Methods (Presentation) This 79 year old gentleman, previously well and independent was admitted to the acute hospital with a 3 week history of sudden onset of confusion, odd behaviour and weight loss. On admission he was hyponatremic ($Na = 118$), developed treatment resistant seizures and progressive cognitive impairment. He was referred to the Liaison Psychiatry team with increasing paranoia, agitation and persecutory delusions.

Results MRI and CT brain remained normal. Lumbar puncture revealed a positive VGKC antibody and his blood titres for VGKC was more than 3000. His hyponatremia and seizures remained chronic, but improved with plasmapheresis, oral corticosteroids and cyclophosphamide. He was commenced on aripiprazole for psychiatric symptoms, but was transferred to the acute psychiatric unit after being detained under section 2 of the MHA due to risks of aggression and absconson.

Conclusions Psychiatric symptoms related to this form of encephalitis have not been emphasised in literature. His aggression

improved over time on aripiprazole, but was transferred to a residential care home setting due to persisting cognitive deficits and social care needs. This case highlights the importance of recognising multimorbidity, joint working and more research required in the area.

Disclosure of interest The authors have not supplied their declaration of competing interest.

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EV0786

Attitudes toward euthanasia: Contradictory views and ideas of Alzheimer patients' relatives



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Introduction Alzheimer's disease (AD) is one of the pressing social problems as the negative effects of the disease often manifest on patients' relatives. Relatives of AD patients experience physical and psychological burden during the care.

Objectives To clarify what kind of views on euthanasia are more common among relatives of patients with AD.

Methods The study involved 23 AD patients' relatives (mean age 60, SD = 2). There were 5 men (22%) and 18 women (78%). All participants were directly involved in caring for their relatives with AD. A 19-item structured questionnaire (E. Nikolaev, 2016) was used for measuring medical, legal, ethical, socio-cultural, spiritual and personal aspects of attitudes to euthanasia.

Results The respondents were less likely to see euthanasia as medical issue. They also referred it to kind of ethical and legal problems. Legal aspects were determined by greater consent to its legalization and by awareness of imperfections of legal basis for its immediate implementation. Ethical issues according to which euthanasia practice was related to the development of humanity complemented this vision. These settings were in conflict with socio-cultural perceptions of euthanasia. Respondents were convinced in possibility of various forms of abuse during euthanasia. Supporting the ideas of euthanasia in general, many respondents on a personal level were not ready to apply them to their relatives with AD in practice.

Conclusions Attitudes to euthanasia in AD patients' relatives was contradictory. It was determined by divergent ideas about euthanasia in field of legal, social, cultural, spiritual and personal issues of this interdisciplinary phenomenon.

Disclosure of interest The author has not supplied his/her declaration of competing interest.

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EV0787

Prescribing tricyclic antidepressants in the elderly



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Introduction Although not recommended as a first-line treatment for old patients with depressive, anxiety or somatic symptom disorders, we continue seeing tricyclic antidepressants being frequently prescribed.

Objectives To estimate the prevalence and to assess the implementation of safety measures related to the prescription of such molecules in the elderly. To explain their choice as a first-line treatment.

Methods We included all new patients aged 65 years or over between 1st January 2011 and 31st December 2015 whom, were

prescribed an antidepressant. Recommendations of the Canadian coalition for seniors' mental health, of the world federation of societies of biological psychiatry and of the national institute for health and care excellence were our evaluation tools. We compared tricyclic receivers to those having newer antidepressants to try to understand the choice of tricyclics as a first-line treatment.

Results Eighty patients were included. Mean age was of 75 years. 46% were prescribed a tricyclic as a first line treatment. Depressive disorders were the most diagnosed ones (79%) followed by anxiety disorders (14%) and somatic symptom disorders (7%). An electrocardiogram was not performed to all patients prior to the initiation of the tricyclic nor at anytime later. 11% continued being prescribed tricyclics in spite of contraindications. Only a low economic level was significantly related to their choice as a first-line treatment ($P=0.001$).

Conclusions Tricyclics' prescribing rate was high. Safety measures were not applied for all patients. Regular availability of newer antidepressants in public health structures and a better awareness of antidepressants prescribing guidelines in the elderly are mandatory.

Disclosure of interest The authors have not supplied their declaration of competing interest.

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EV0788

Study of the sensitivity of the organic psychosyndrome after one year of the disease



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Introduction The delirium of the elderly is defined as an acute confusional state, with variation during the day, characterized by impaired consciousness, orientation, memory, thinking, attention and behavior.

Purpose The purpose of this research is to investigate whether the organic psychosyndrome of the elderly is a valid indicator of mortality after one year.

Material It was used material from patients with organic psychosyndrome older than 60 years, who were hospitalized in pathological clinics of the Hospital of Corfu and was diagnosed by the linker portion of the psychiatric clinic.

Methodology The patients diagnosed with organic psychosyndrome neither suffered from a psychiatric disorder psychotic type in the past, nor previously preceded anaesthesia in the context of physical disease. For the recognition and the criteria of ICD-10 to the exclusion of another psychiatric condition, it was used the delirium rating scale method.

Results According to the analysis of the data, 8% of patients died during hospitalisation, in the first 3 months after diagnosis, the 28% of the initially hospitalised patients, in 6 months the 42%, while during the year the 48% of the initial total patients died and in the next 12 months only one death was reported.

Conclusions The analysis of the survey results shows that while the instrument psychosyndrome could be considered as a poor diagnostic marker for the first 12 months, 48% mortality, in the long run it seems to lose its prognostic value with the mortality approaching the mortality index of the hellenic statistical authority for 2015 at ages 60+ (1.2%).

Disclosure of interest The authors have not supplied their declaration of competing interest.

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EV0789

Parkinson psychosis: A complex interaction of disease and medication related factors



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Introduction Psychotic symptoms are the most important non-motoric symptoms of the Parkinson disease (PD). The quality of life of those patients can be significantly improved with an appropriate therapy. In this article we provide evidence about the etiology, differential diagnosis and therapeutic possibilities with a work-up for the clinics.

Objectives & aims To provide a case report of patient with PD who developed a paranoid psychosis after administration of levodopa/carbidopa, followed by a literature review on psychotic symptoms evoked by psychotropic medication by patients with PD. **Methods** An English-language literature search was conducted using Pubmed, EMBASE searching for case reports and observational studies reporting iatrogenic psychotic symptoms by patients with PD.

Results Ms. C. was a 65-year old woman with PD who was observed in a polyclinic setting and who used a levodopa/carbidopa combination. She developed paranoid psychosis with a following admission to the psychiatric ward. We have gradually lowered the dose of anti-Parkinson medication. Subsequently, treatment with clozapine was initiated and the psychotic symptoms resolved within five months.

Conclusion Parkinson psychosis is due to a complex interaction of neurodegenerative changes and pharmacological therapy. Therefore, the role of iatrogenic factors must be always carefully assessed. Psychosis inducing agents should be lowered or stopped before the treatment with antipsychotic medication.

Disclosure of interest The authors have not supplied their declaration of competing interest.

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EV0790

The strategy to combat dementia in Russia



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The 139th Executive Committee WHO was held in May 2016. The Russian delegation took part in its work. The main issue on the agenda was the report on “Dementia”. It was noted that each year dementia develops in 8 million people in the world. It is expected that this figure will increase to 145 million by 2050. In Russia the national plan to combat dementia is missing. In the resulting meeting, all the WHO country-members voted for immediate action on the adoption of the strategy for the fight against dementia by 2017. We developed a strategy for dementia, which includes the following tasks;

- The need of epidemiological research in the field of dementia;
- Research on etiology, prevention, early diagnosis and treatment of dementia;
- The expansion of the network of specialized stationary and non-stationary facilities for patients with dementia;

- Development of programs of psychological care to patients with dementia and to caregivers;
- Development of palliative care for patients with dementia;
- Cross-sectoral cooperation and multidisciplinary approach in assistance to patients with dementia;
- Training in the field of geriatric psychiatry, denomination of the specialty of geriatric psychiatrist;
- Fighting stigma of patients with dementia, protection of their rights, including in psychiatry and forensic psychiatry.

The solution of these objectives requires foundation of the Russian observatory on dementia, the WHO cooperating center. The tasks of such an Observatory will be: centralization and coordination of actions concerning strategic planning, implementation of mechanisms of a multispectral cooperation, assessment of services, monitoring and providing reports on dementia issues in Russia.

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EV0791

Evolutionism and involutionism in the ontogenesis of a late age



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Individual human development from birth to death is defined as the ontogenesis. The ability of the human psyche to development and to system acquisition of mental and social functions is called evolutionism. The psyche property, causing a gradual loss in the process of ontogenesis of biological, psychological and social functions is defined as involutionism.

Involutivitionism of higher mental functions manifests in their folding in the sequence reverse to the formation. Process of involution is uneven and abrupt. This is caused by their constant interaction with the evolution processes, that are struggling with age-related destruction and disruption and are responsible for the ongoing adaptation, although at a lower ontogenetical level.

In the event of critical psycho traumatic situations, which are related to the impact of jet-psychological, somatoneurological factors, there is a failure of adaptation mechanisms, decompensation develops, the action of the involutive mechanisms increases, which leads to a lower level of social functioning. In this interaction biological and social factors act in their unity and predetermine disadaptation options, while the latter, in their turn, determine intensification of involutive processes.

Because of the interaction of these processes mental aging unevenly affects higher mental functions with the advent of favorable (adamantix) and unfavorable forms, determined by the development of mental disorders and dementia. Favorable aging can manifest itself by specific quantitative somatoneurological and mental changes that do not lead to the loss of adaptation. Under favorable aging life experience, professional skills, biological, social, adaptive resources are preserved, evolutionary development of the older person continues.

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EV0792

Antipsychotics in dementia



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Behaviour disorders and psychosis may represent a greater challenge in patients with dementia. There are evidence-based

recommendations to assess psychological and behavioral symptoms of dementia and the practice guidelines of American psychiatric association (APA) reinforce general principles of good clinical care. However, when these patients initiate a psychotropic, the agents often continue to be prescribed for a long time, even after the symptoms disappeared. The recommendation of reduce/stop an antipsychotic medication within 4 months of initiation may seem counterintuitive when the patient is better, with remission of the original symptoms. However, the studies showed that a large amount of patients with dementia can discontinue antipsychotic medication without a return of agitation or psychosis. Older patients are a particularly susceptible population and the risk/benefit of any medication should be carefully considered. For most patients the risk of harm outweighs the profits of continuing treatment and we need a routine evaluation of this factor to identify these cases.

It's important to reduce unnecessary medications but agitation and psychosis associated with severe distress also carry serious risks; discontinuing these medications can be dangerous so we need to manage it with caution evaluating each case as an individual one.

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EV0793

Antipsychotic prescribing practices amongst the elderly of St. James's hospital (SJH), Dublin



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Introduction Psychotic symptoms arise commonly in the context of behavioural and psychological symptoms of dementia (BPSD) in the elderly. While non-pharmacological interventions are preferable to manage such symptoms, antipsychotic medications are frequently used. This is largely unlicensed and associated with significant risks, particularly in dementia (1).

Objectives To examine antipsychotic prescribing practices in SJH. *Methods* On 23rd February 2016 all inpatients aged over 65 who were prescribed antipsychotic medications were identified. Demographic and medical data were collected from medical and electronic notes and medication kardexes.

Results Complete data were available for 53 of 59 identified cases. The cohort had a mean age of 80 (range 65–99) and 62% were male. Seventy-four percent ($n=39$) had documented cognitive impairment or dementia. Fifty-eight percent ($n=31$) were newly prescribed an antipsychotic following admission. The commonest indications for antipsychotics were: delirium (53%) and BPSD (25%). Haloperidol (56%), quetiapine (19%) and risperidone (8%) were prescribed most frequently. Non-pharmacological interventions were documented in 50% however in many cases it is not clear what these interventions were. Antipsychotic use was discussed with patients and/or next of kin in less than 25% of cases. Adverse effects were noted in 6/36 (17%) with equal incidence of falls, EPSEs and ECG changes.

Conclusion Positive and negative aspects of current antipsychotic prescribing practices are highlighted. Antipsychotics were prescribed for a small number of patients for appropriate indications. However, there was poor consideration of non-pharmacological interventions and a lack of consultation with the patient/NOK. This may reflect, in part, inadequate medical documentation. A

guideline needs to specifically address these areas of concern to improve safety and promote best practice.

Disclosure of interest The authors have not supplied their declaration of competing interest.

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EV0794

The association of recurrent affective disorders with functional capabilities in the subjects over 60 yeras of age. a preliminary findings



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Introduction Major depressive disorder (MDD) in the older adults is correlated with a significant decline in daily physical activity, consequently resulting in chronically impaired quality of life and an increased exposure to falls-risk.

Objectives Establishing whether geriatric depression Scale (GDS) scores, found correlated with dual motor tasks (TUG_{MAN}), are also correlated under the cognitive test constraints (TUG_{COG}).

Aims The study aimed to analyse the relationship of MDD symptoms, the number of depressive episodes and hospitalisations, with the efficiency of gait in single and dual task conditions, motor and cognitive, functional capabilities.

Methods The study was conducted in the outpatient clinic, university hospital, department of psychiatry, Krakow, on 30 patients over 60 years of age presenting recurrent MDD. The assessment consisted of GDS, MMSE, TUGT, TUG_{MAN}, TUG_{COG}, 30sChS, SLS. Spearman rho rank correlation was applied to determine the relationship between the variables.

Results Statistical analysis showed a significant association between the intensity of depressive symptoms expressed in the GDS and the number of completed episodes and depression and TUGT. The number of hospitalisations was associated with gait under motor (TUG_{MAN}) and cognitive (TUG_{COG}) constraints.

Conclusion Duration of the disorder and the number of hospital admissions are related to the functional efficiency of the single and dual-task performance in the persons suffering from this disorder for at least 10 years. Aged persons should effectively be encouraged to undertake physical activities.

Disclosure of interest The authors have not supplied their declaration of competing interest.

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EV0795

Fronto-temporal Dementia with Early Onset



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Introduction Even though it is not the most common type of dementia, frontotemporal dementia (FTD) is a major health problem. It affects people younger than 65 with similar frequency as

Alzheimer's dementia (AD) and has a progressive course that leads to inevitable deterioration in functioning. Still, FTD is not a unique entity in ICD- 10 classification.

Objectives To investigate the diagnostic and treatment difficulties in FTD.

Aims To show very rapid and progressive deterioration in people with early onset FTD.

Methods We will present a series of cases showing progressive cognitive deterioration and prominent personality changes in patients with FTD hospitalised at University Psychiatric Hospital Vrapce since 2013 to 2015. Collected data included anamnestic and heteroanamnestic information, blood tests and neuroimaging.

Results Our findings showed a significance of early onset FTD, with subtle, atypical symptoms at the beginning, and galloping deterioration during the course of illness.

Conclusions Presented patients with FTD showed rapid and progressive nature of disease with infaust prognosis. Even though early onset patients make 20% of overall number of patients with FTD, we consider that it is necessary to separate them from late onset patients in future classification systems.

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EV0796

Characteristics of elder mistreatment's perpetrators in Tunisian community-dwelling elders

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Introduction While research is illuminating characteristics of elderly that are associated with mistreatment, far less research has investigated characteristics of the perpetrator that are involved in elder mistreatment cases.

Aim To address the characteristics of elder mistreatment's perpetrators in a population of community-dwelling elders.

Methods A cross-sectional study was conducted, including 80 subjects aged 65 years and older, with sufficient cognitive ability to complete the interview. Elderly were asked about several characteristics of mistreatment's perpetrators. Indicators of Abuse Screen (IOA) was used to evaluate abuse.

Results Findings show that 13.8% of the participants suffered from elder mistreatment, with a mean IOA's score of 8.35. According to subtypes, 10% reported psychological, 2.5% physical and 1.3% financial abuse. Abuse was recurrent and the victim's reactions were passive in all cases.

Perpetrators were family members in all cases, with being a partner in 63.6%, a child in 18.2%, a sibling in 9.1% and a stepdaughter in 9.1% of cases. They were men in 72.7% of cases and their mean-age was 64.09 years. Financial difficulties and psychological problems were reported in 54.5% and 36.4% of perpetrators, respectively. Perpetrators were most likely living with the victims ($P=0.009$). Partners were the perpetrators of half of the psychological abuse, and the totality of the physical and financial abuse. Abusive marital relationships were significantly associated with the perpetrator ($P=0.04$).

Conclusion Our findings suggest that the cause of elder abuse is rarely unique, and that this phenomenon is consequent to many pre-existing underlying problems affecting both elderly and perpetrators.

Disclosure of interest The authors have not supplied their declaration of competing interest.

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EV0797

A comparative study of elder mistreatment between community-dwelling elders and those residing in long-term care facilities

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Introduction Elderly who live in settings other than their own homes or those of relatives have received little attention from researchers in Tunisia.

Aims To compare sociodemographic and clinical factors associated with elder abuse between community-dwelling elders and those residing in nursing home.

Methods A comparative study was conducted, including 50 subjects aged 65 years and older living in the community and 20 age- and sex-matched subjects living in a nursing home. Cognitive status, depressive symptoms and autonomy were assessed using mini-mental state examination (MMSE), geriatric depression scale (GDS) and activities of daily living scale (ADL). Elder abuse was evaluated with Indicators of Abuse Screen (IOA).

Results Elder abuse was more prevalent in elderly residing in nursing home ($P=0.009$) with a prevalence of 35% and 8% and a mean IOA score of 12.75 and 7.74. Psychological, physical, financial abuse and neglect were reported by elderly residing in nursing home. Those living in community reported exclusively psychological abuse. The victim's reactions were passive in all cases.

Elders living in nursing home were more single or divorced (0.000) and financially independent (0.003). They had lower scores of MMSE (0.002) and ADL (0.014), and higher scores of GDS (0.022). A binary logistic regression confirmed that elder abuse was significantly more prevalent in nursing home after eliminating these confounding variables: age, gender, MMSE, GDS and ADL scores ($P=0.018$).

Conclusion Our results confirm that elderly who live in long-term care facilities are at particular risk for abuse and neglect.

Disclosure of interest The authors have not supplied their declaration of competing interest.

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EV0798

Medical Staff's Social representation on elderly with psychiatric disorder: Impacts about the life project

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Today, the questioning about the life project of elderly with mental disorders seems not to be a priority of research and politics. Many studies shows that social representation of this specific population are mostly negative. They impact the place of these subjects on their social and community integration into the society. The purpose of our research work is to identify the nature of health professional's social representation involved in the accompaniment of these subjects. In that case, the authors aim to identify it impact on their life project. Consequently, the authors interviewed 715 professionals (doctors, psychologists and nurses) with the free association method of Abric. A prototypical and categorical analysis was conducted with the help of IRAMUTEQ software. Then a factorial analysis was performed in order to identify which factors could be possibly linked with some dimensions of the social representation we isolated (age, sex, profession and study level). Results shows that social representation of health professionals



is really close to the social representation of the rest of population. To conclude, the authors will discuss about the influence and impact of this social representation on the decision process concerning the life project developed by the medical staff in psychiatry

Disclosure of interest The authors have not supplied their declaration of competing interest.

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EV0799

First neuropsychiatric symptoms and neurocognitive correlates of behavioral variant frontotemporal dementia



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Previous works highlight the neurocognitive differences between apathetic and disinhibited clinical presentations of the behavioral variant frontotemporal dementia (bvFTD). However, little is known regarding how the early presentation (i.e., first symptom) is associated to the neurocognitive correlates of the disease's clinical presentation at future stages of disease. We analyzed the neurocognitive correlates of patients with bvFTD who debuted with apathy or disinhibition as first symptom of disease. We evaluated the neuropsychological, clinical and neuroanatomical (3 T structural images) correlates in a group of healthy controls ($n = 30$) and two groups of bvFTD patients (presented with apathy [AbvFTD, $n = 18$] or disinhibition [DbvFTD, $n = 16$]). To differentiate groups according to first symptoms, we used multivariate analyses. The first symptom in patients described the evolution of the disease. AbvFTD and DbvFTD patients showed increased brain atrophy and increased levels of disinhibition and apathy, respectively. Whole brain analyzes in AbvFTD revealed atrophy in the frontal, insular and temporal areas. DbvFTD, in turn, presented atrophy in the prefrontal regions, temporoparietal junction, insula and temporoparietal region. Increased atrophy in DbvFTD patients (compared to AbvFTD) was observed in frontotemporal regions. Multivariate analyses confirmed that a set of brain areas including right orbitofrontal, right dorsolateral prefrontal and left caudate were enough to distinguish the patients' subgroups. First symptom in bvFTD patients described the neurocognitive impairments after around three years of disease, playing an important role in the early detection, disease tracking, and neuroanatomical specification of bvFTD, as well as in future research on potential disease-modifying treatments.

Disclosure of interest The authors have not supplied their declaration of competing interest.

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EV0800

Behavioral symptoms as predictor factor of disease progression across different neurocognitive disorders. A longitudinal study



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Background Previous works highlight the importance of neurocognitive symptoms over cognitive and functional dependency in neurocognitive disorders. However, little is known regarding to what extent presence of neuropsychiatric symptoms predicts disease progression, cognitive and functional impairments in behavioral variant frontotemporal dementia (bvFTD) and in Alzheimer dementia.

Methods We performed two different evaluations (T1 and T2) with 3 years of difference in a group of bvFTD ($n = 18$), AD ($n = 20$) and controls ($n = 22$). Neuropsychological, clinical and cognitive correlates were measured in each time T1 and T2. By using different multiple regression models, we explored if behavioral symptoms (measured by Columbia, Yesavage at T1) predict disease progression as measured by changes over T1 and T2 in cognitive (MoCA, IFS, and clock figure) and functional dependency (Lawton).

Results Behavioral symptoms, in particular depression, psychosis, apathy and disinhibition were factors able to predict cognitive and functional progression in bvFTD. By contrast, regression model revealed that depression and insomnia were behavioral factors able to predict progression in AD.

Conclusion Neuropsychiatric symptoms are crucial to predict disease progression in bvFTD and AD patients in differentiated ways. Our results suggest the tracking early behavioral symptoms in neurocognitive disorders playing an important role in the early detection, disease tracking, and neuroanatomical specification of bvFTD, as well as in future research on potential disease-modifying treatments.

Disclosure of interest The authors have not supplied their declaration of competing interest.

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EV0801

Mild cognitive impairments and whole-body cryotherapy – Placebo control study



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Introduction Cognitive impairment is considered to be a result of oxidative stress and disturbances in inflammatory status. Whole-body cryotherapy (WBC), which is a short exposure to extremely low temperatures, probably regulates the release of cytokines and nitric oxide. The hypothesis is that WBC may be useful in the therapy of mild cognitive impairments (MCI).

Aims The effect of the whole-body cryotherapy (WBC) on cognitive impairments was investigated.

Objectives In this study the observation of several biological factors and cognitive functions were conducted to analyse the WBC influence on cognitive deficits.

Methods People with MCI participated in 10 WBC sessions divided for experimental group (-110°C till -160°C) or control group (-10°C till -20°C). The MoCa test (scores 26 and lower) was used for inclusion criteria. Cognitive functions were measured with: TYM, DemTect and SLUMS at baseline and in follow-up. Biological factors (cytokines, BDNF, NO) were also assessed.

Results It was shown that memory domains in experimental group improved after WBC sessions. Also modulatory effect on inflammatory mediators in plasma was shown. The results of this

study consist of the comparison of experimental and control groups regarding to cognitive functions as well as biological factors.

Conclusions Whole-body cryotherapy may be supposed to improve cognitive functions in MCI patients. The modulatory effect of WBC on immunological response may be considered as one of possible mechanisms of its action. However, there is no confirmation how long the effects resist so further investigations are needed.

Disclosure of interest The authors have not supplied their declaration of competing interest.

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EV0802

Health-related quality of life in old age institutionalized patients with neurocognitive disorders

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Health-related quality of life (HRQOL) is an important indicator of how a patient perceives hi/her own physical and mental status. Evaluating this dimension in old age patients which are institutionalized for neurocognitive disorders is useful from several perspectives: (1) determination of an initial value for HRQOL parameters could help the case manager in structuring an individualized therapeutic intervention, adapted for psychological, somatic or psychosocial needs of each patient; (2) monitoring the evolution of HRQOL dimensions could help in improving through feedback the quality of therapeutic intervention(s), especially if the case manager is permanently in contact with the patient, as is usually the case of institutionalized subjects; (3) correlation between HRQOL and other important variables, like therapeutic adherence, regression of comorbidities, daily functioning etc. could modulate the therapeutic intervention. We suggest a plan for HRQOL evaluation in institutionalized patients diagnosed with neurocognitive disorder, consisting in monthly scoring of SF-36 or EuroQoL questionnaire, corroborated with MMSE and ADAS-Cog scoring. Psychotherapeutic interventions tailored to the needs identified through HRQOL periodic evaluations could be useful in this population, for example a perceived isolation could be compensated by increasing the rhythm of social interaction by group therapy under the direction of a counsellor, a reduced self-efficacy could be compensated by activation techniques, music or art-therapy, while dissatisfaction with own memory capacities could be mitigated using reminiscence therapy. Switching from a paternalistic way of perceiving the patient as the object of an intervention, to a more interactive style of communication, involves obtaining feed-back through HRQOL instruments.

Disclosure of interest COI: The presenting author was speaker for Bristol Myers Squibb and Servier, and participated in clinical research funded by Janssen Cilag, Astra Zeneca, Eli Lilly, Sanofi Aventis, Schering Plough, Organon, Bioline Rx, Forenap, Wyeth, Otsuka Pharmaceuticals, Dainippon Sumitomo.

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EV0803

Validation of a measure of positive and negative affect for use with cross-national older adults

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Introduction Positive Affect (PA) and Negative Affect (NA) have been used as general dimensions to describe affective experience, and they are the affective, emotional components of SWB.

Objectives Positive and negative affect is a relevant facet of well-being for community-dwelling older adults. This study aims to conduct a validation of the Positive and Negative Affect Scale (PANAS), by assessing the psychometric properties (distributional properties, construct, criterion and external-related validities, and reliability) of the PANAS in a cross-national sample of older adults.

Methods A cross-sectional survey design was used. A convenience sample of 1291 community-dwelling older adults aged 75 years old and older was recruited from community centers. Construct validity was estimated through confirmatory factor analysis and convergent validity. Criterion and external-related validities, reliability and distributional properties were also assessed.

Results The PANAS demonstrated satisfactory reliability, distributional properties, and construct, criterion and external-related validities in this sample of older adults.

Conclusions These results suggest that the PANAS can be used as a reliable and valid measure for examining positive and negative affect among cross-national community-dwelling older adults.

Keywords Older adults; Psychometric properties; Positive and negative affect; Positive and negative affect scale; Validation.

Disclosure of interest The authors have not supplied their declaration of competing interest.

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EV0804

Older adults' adjustment to aging: The impact of sense of coherence, subjective well-being and socio-demographic, lifestyle and health-related factors

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Introduction Literature lacks of studies assessing correlates of adjustment to aging (AtA) among older populations.

Objective The aim of this study was to build a structural model to explore the predictors of adjustment to aging (AtA) in a community-dwelling older population.

Methods A community-dwelling sample of 1270 older adults aged between 75 and 102 years answered a questionnaire to determine socio-demographic (sex, age, professional and marital status, education, household, adult children, family's annual income, living setting and self-reported spirituality), lifestyle and health-related characteristics (perceived health, recent disease, medication and leisure). Several instruments were used to assert psychological variables, namely AtA, sense of coherence and subjective well-being. Structural equation modeling was used to explore a structural model of the self-reported AtA, encompassing all variables.

Results Significant predictors are self-reported spirituality ($\beta = .816$; $P < .001$), perceived health ($\beta = .455$; $P < .001$), leisure ($\beta = .322$; $P < .001$), professional status ($\beta = .283$; $P < .001$), income ($\beta = .230$; $P = .035$), household ($\beta = -.208$; $P = .007$), sense of coherence ($\beta = -.202$; $P = .004$) and adult children ($\beta = .164$; $P = .011$). The variables explain 60.6% of the variability of AtA.

Conclusions Self-reported spirituality is the strongest predictor of AtA. This study emphasizes the need for deepening the variables that influence older adults' AtA, in particular perceived health and further lifestyle-related characteristics, as being relevant for promoting aging well in later life, within a salutogenic context for health care.

Keywords Adjustment to aging; Older adults.



Disclosure of interest The authors have not supplied their declaration of competing interest.

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EV0805

A study on the factors that contribute to older adults' sexual unwellness

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Introduction Older adults may remain sexually interested and capable into their 90s.

Objectives To analyze the contributors to sexual unwellness (SU) and to explore the latent constructs that can work as major determinants in SU for a cross-national older community-dwelling population, and to analyze the explanatory mechanisms of a SU model, in an older cross-national sample.

Methods A socio-demographic and health questionnaires were completed, assessing participants' background information. Interviews were completed, focused on the contributors to SU. Complete data were available for 109 English and Portuguese older adults, aged between 65–87 years ($M = 71.6$, $SD = 6.95$). Data was subjected to content analysis. Representation of the associations and latent constructs were analyzed by a Multiple Correspondence Analysis.

Results The most frequent response of these participants was 'lack of intimacy and affection' (25.1%) whereas 'poor sexual health' was the least referred indicator of SU (11.2%) A two-dimension model formed by 'poor affection, intimacy and sexual health', and 'poor general health and financial instability' was presented as a best-fit solution for English older adults. SU for Portuguese older adults were explained by a two-factor model: 'daily hassles and health issues', 'poor intimacy and financial instability'.

Conclusions These outcomes uncovered the perspective of older adults concerning SU and the need of including these factors when considering the sexual well-being of older samples.

Keywords Community-dwelling older adults; Content analysis; Multiple correspondence analysis; Sexual unwellness.

Disclosure of interest The authors have not supplied their declaration of competing interest.

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EV0806

A checklist for assessing dementia-friendly design: Architecture as non-pharmacological mean in assistance of patients with dementia

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Introduction Although there are recommendations regarding dementia-friendly architecture, studies on design features and their impact on quality of life of patients with dementia are quasi-nonexistent. The design of the environment is one of the non-pharmacological methods in the assistance of patients with dementia.

Objectives Setting a checklist of design principles in order to assess centers for elderly with dementia; identifying the types of centers where will be applied the checklist; implementation of the checklist and determining results of assessment.



Aims Our aim is to challenge the contemporary architecture of centers for elderly to be friendly with dementia patients.

Methods After studying literature we built a check-list of 8 principles: providing a comfortable space and also a therapeutically environment; functionality and efficiency; flexibility and accessibility; optimal design of circulation routes in order to avoid disorientation and to reduce agitation; security and safe; aesthetics; sanitation; sustainability. We then performed a case-study on two types of settings, day care centers and respite centers, and we applied the check list on three examples: two urban Day Care Centers for patients with Alzheimer Dementia (2006, Pontevedra, Spain and 2011, Alicante, Spain) and a Respite Center (2009, Dublin, Ireland).

Results In general, the centers are verifying the proposed check-list. Four architectural tools were identified: light, form, colour and texture. Form is more recognizable than colour and colour more recognizable than function.

Conclusions Architecture contributes to increase quality of life in people with dementia. The proposed checklist is a promising tool for assessing dementia-friendly design.

Disclosure of interest The authors have not supplied their declaration of competing interest.

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e-Poster Viewing: Oncology and psychiatry

EV0807

Suicide risk in cancer patients – Are we prepared?

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Introduction Individuals with cancer are at increased risk for suicidal ideation and behaviour when compared to the general population. Suicidal thoughts are sometimes minimized and considered by clinicians as a normal reaction to diagnosis of oncological disease. Less severe forms of suicidal ideation, such a fleeting wish to die may happen in all stages of the disease.

Objectives We aim to highlight the cases of cancer patients that present an imminent suicide risk and its related psychopathological aspects, psychosocial and physical risk factors that may increase the probability of suicidal attempt.

Methods Non systematic literature review through the Medline and Clinical Key databases, with time constraints.

Results Individuals with cancer have twice the risk of suicide compared to the general population. It was found that suicidal thoughts are more common in patients with advanced disease, in hospital or in palliative care settings or in those who are experiencing severe pain, depression, cognitive impairment or delirium. The first months following the diagnosis are the period of greatest risk and the highest suicide risk occurs in men with respiratory cancers. Death by suicide occurs more often in cancer patients in the advanced stages of disease.

Conclusions An appropriate therapeutic response should include empathy, active listening, management of realistic expectations and permission to discuss psychological distress. The first intervention should focus on determining imminent risk of suicidal behaviour and act for patient safety.

Disclosure of interest The authors have not supplied their declaration of competing interest.

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EV0808

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Introduction Chemotherapy is an essential component in the treatment and alleviation of oncological diseases. To your application are associated, as well as systemic effects, cognitive impairment in patients. These changes have received increasing attention due to the impact on quality of life of cancer survivors.

Objectives This study aims to evaluate the current evidence on the association between chemotherapy and cognitive impairment in cancer patients, especially in the areas affected cognitive function, possible mechanisms of action and consequences on the quality of life of these patients and the importance of identifying strategies intervention in order to minimize these effects.

Methods We conducted a literature review from literature articles addressing this topic with use of databases: Medline and Pubmed. The following keywords were used: “chemobrain”, “cognitive dysfunction”, “chemotherapy”.

Results Although some states have not found differences, several studies have shown that chemotherapy has implications cognitively. Underlying etiology remains unknown, and proposed several mechanisms to explain these changes: neurotoxicity, microvascular damage and inflammatory response. Cognitive impairment has significant implications in the daily life of patients both personally, socially and labour. The therapeutic approach focuses on the patient and family education, coping strategies, cognitive rehabilitation and cognitive behavioural therapy.

Conclusions It is vital to educate patients about the possibility of cognitive change as effect of chemotherapy as well as health professionals in the early identification of these changes. It is essential developing specific intervention strategies to improve the quality of life of the oncologic patient during and after treatment.

Disclosure of interest The authors have not supplied their declaration of competing interest.

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EV0809

The study and comparison of the severity of coping strategies and defense mechanisms in prostate cancer patients, healthy individuals and patients with similar localization oncologyJ. Gardanova*, I. Abdullin, A. Chernov, D. Khritinin
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This project deals with the problem of emotional response to their disease in prostate cancer patients compared with healthy people and patients with similar localization of oncology diseases. As a result, it was found that in patients with prostate cancer pronounced such defense mechanisms as repression, denial and reaction formation, which may lead to psychosomatic disease. The coping strategies of the system in patients with prostate cancer is most pronounced, such a mechanism as a “distancing”. The results may contribute to the creation of a

specific psychological rehabilitation for this group of patients the program.

Disclosure of interest The authors have not supplied their declaration of competing interest.

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EV0810

Bruxism as a consequence of chemotherapy?G. Da Ponte^{1,*}, J. Rato², C. Pinto², M. Lobo¹, S. Ouakinin³¹ *Centro Hospitalar Barreiro-Montijo, Psychiatry and Mental Health, Barreiro, Portugal*² *Centro Hospitalar Barreiro-Montijo, Oncology, Barreiro, Portugal*³ *Medical School of Lisbon University, University Clinic of Psychiatry and Medical Psychology, Lisbon, Portugal** *Corresponding author.*

Introduction Bruxism is a syndrome with uncertain etiology but with proposed factors: psychosocial, peripheral and central. Treatment is also controversial and one of the options focuses in GABA theory and regularization of ion channels. Xelox (capecitabine + oxaliplatin) and bevacizumab is indicated for metastatic colorectal cancer, being oxaliplatin the most neurotoxic agent (acute syndrome and/or a chronic sensory neuropathy). Acute neurotoxicity is very frequent and it is a sensory and/or a motor toxicity (as tongue tingling or jaw spasms). The proposed pathogenesis – neuronal hyperexcitability due to alterations of voltage-gated ion channels – is supported by mechanism of action of some treatments.

Objectives and Aims Review different causes of bruxism.

Methods Description of a clinical case.

Results This is a story of 76-years-old man in treatment for metastatic colon cancer that developed toxicity: nausea (treated with haloperidol), bruxism and gingival atrophy. He was referred to psycho-oncology by involuntary movements of mouth and trunk. The patient complained of sadness, anhedonia and insomnia since recurrence of cancer and related the movements with CT. At observation he was anxious, tearfulness and agitated. He was treated for a depressive episode, but the doubt remained about involuntary movements: haloperidol was a confounding factor for oxaliplatin acute neurotoxicity, also aggravated by psychic and peripheral factors.

Conclusions The authors believe that bruxism is linked to CT in a very complex relation that includes psychic, peripheral and central factors. Psychiatrists need to keep attention to the patient as a whole, not being seduced by easy answers like psychosocial factors.

Disclosure of interest The authors have not supplied their declaration of competing interest.

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EV0811

I was not soM.J. Gordillo Montaña^{1,*}, S. Ramos Perdigues¹,
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Introduction The frontal lobes are the brain structures of latest development and evolution in the human brain. It is considered that the frontal lobes represent the “executive center of the brain”. The frontal tumors represent 16% of all supratentorial tumors. Symptoms are easily confused as psychiatric rather than neurological.

Objectives Can see the alterations of the executive functions in a case of frontal affectation, for future cases know where to focus our attention and develop concepts associated with frontal lobe.

Method Thirty-year-old patient without relevant medical history. Go to the emergency department with major episode of agitation. After performing cranial CT abnormality, it is detected in the front area. Sign up study. It presents amnesia episode before admission, whereupon shown stunned and worried. The patient describes a change in your life 12 months ago, when it begins to be more nervous, increasing their impulsiveness, she has episodes of binge eating, purging behavior with subsequent occasional alcohol abuse. Jealousy. The patient is informed as much as your family of the possible impact of the injury on the behavioral sphere and impulse control when it is still unknown origin.

Conclusions From a neuropsychological point of view the frontal lobes represent a system of planning, regulation and control of psychological processes; coordination and allow selection of multiple processes and various behavioral options and strategies available to the human being. Tumour research is important as it provides enough information we cognitive impairment. These patients exhibit symptoms that are easily confused as psychiatric rather than neurological.

Disclosure of interest The authors have not supplied their declaration of competing interest.

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EV0812

Changes of emotional status and quality of life of early stomach cancer patients after endoscopic submucosal dissection (ESD)



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Introduction Cancer patients may encounter psychological distress, change of emotional status, and lowered quality of life. It is predicted that similar changes will be shown during the Endoscopic Submucosal Dissection (ESD) of early stomach cancer. The objective of this study is to evaluate changes of emotional status and quality of life over time depending on baseline level of psychological distress.

Method Ninety-seven patients indicated with ESD who visited National Health Insurance Service Ilsan Hospital in Korea between May 2015 and June 2016 were evaluated. Psychological distress, emotional status, and quality of life were evaluated at the day before ESD. Follow-up evaluations of them were done at the day after ESD, 2 and 10 weeks later.

Result The group with high psychological distress showed higher female ratio, more depressive and anxiety symptoms than those of the group with low psychological distress. Psychological distress was related to stress level and lowered quality of life. Repeated measures ANOVA analysis showed that significant differences of depression (MADRS), anxiety (HAM-A), level of stress (GARS), and quality of life (EORTC QLQ-C30) were sustained over time, but the decreasing tendency of the differences between the groups was also noticed.

Conclusion The study revealed that patients who feel more psychological distress may experience more depressive and anxiety symptoms, increased level of stress, and lowered quality of life. We recommend screening of patients with early stomach cancer for psychological distress before ESD, which may improve subjective life satisfaction of patients during ESD.

Disclosure of interest The authors have not supplied their declaration of competing interest.

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EV0813

Psychological effect of semi-permanent tattooing rehabilitation in patients with mastectomy in 12 months period



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Introduction Breast cancer is the most common cancer type in Greek women as more than 4000 new cases are diagnosed every year. Seventy percent of those patents performs a type mastectomy. The breast has a societal and social connotation of femininity, motherhood, and sexuality.

Background Several studies support the existence of the relationship between psychological problems and mastectomy surgery. Body image and feminine self-concept also seems to influence quality of life of those women, considering the breast association of femininity, motherhood, and sexuality. During this study, we try to investigate how a non-psychiatric intervention might influence the mental state and the quality of life of those women.

Material A clinical interview was performed in 53 women with partial or total mastectomy before 3 and 52 weeks after the rehabilitation with the method of semi-permanent tattooing.

Methods Data were collected during the personal interviews, using Hamilton anxiety rating scale (Ham-A), body image scale and sexual activity questionnaire.

Results Moderate levels of anxiety were identified before the rehabilitation, associated with poor body image scale scores and sexual difficulties. Both Ham-A and body image score ameliorated after 3 weeks with unchanged sexual behaviour. One year after rehabilitation, anxiety scale score raises close to initial values, body image remains unchanged, comparing with the 3rd week interview and significant improvement noticed in sexual activity.

Disclosure of interest The authors have not supplied their declaration of competing interest.

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EV0814

Pregabalin pain and anxiety treatment in oncological patient–Case report



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Severe side effects of chemotherapy during treatment of malignant disease significantly disrupt patient's mental and physical state. Seventy five-years-old female patient was treated for breast cancer by protocol (operation, radiotherapy, chemotherapy-paclitaxel (CHT-PX) every tree weeks) and for dysthymia and generalized anxiety disorder with escitalopram (ESC). Tramadol (TRA) and clonazepam (KLO) given by oncologist due to severe side effects of CHT-PX: muscle cramps, lower back pain, walking difficulties, had partial results, increased anxiety and drug abuse (TRA doses increase from 100 to 300 mg/day and KLO from 4 to 6 mg/day). Efficiency of pregabalin (PG) in pain and anxiety control during

CHT-PX application. The assessment was made by 100 mm visual analogue scale (VAS), which assessed physical symptom severity and Hamilton Anxiety Rating Scale (HAMA) on the first day after CHT-PX application, on the 7th, 14th and 21th day. Effective PG dose was 300 mg/day with EST, KLO and TRA previously taken. On the first day after CHT-PX, patient rated pain level as 9 according to VAS. During TRA and KLO treatment, pain level on VAS was 6 from the 7th till 14th day after CHT-PX, on 21th day deceased to 2. HAMA score was 49. After PG augmentation, according to VAS, pain level was 3 on the 7th day and 0 on 14th day. HAMA score was 20. Tapering off the dose of TRA and KLO started till discontinuation of both medications. Pregabalin efficiency in pain and anxiety control increase compliance of oncological patient and reduce harm of drug abuse.

Disclosure of interest The authors have not supplied their declaration of competing interest.

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EV0815

Severe mental illness and cancer – A program for psychiatric patients in a cancer center



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Introduction The prevalence of severe mental illness (SMI) is estimated to be 4%. There are increased risk factors for cancer in SMI patients. People with SMI have deficient access and referral to routine cancer screening and psychiatric illness is often associated to late oncological diagnosis.

Objectives Characterize the population of SMI patients that undergoes oncological treatment; establish a comparison with the general population in terms of stage at the time of diagnosis and the type of follow-up that ensued; characterize the psychiatric care available to these patients; propose the necessary changes to ensure adequate healthcare for SMI patients.

Aims To assess and improve the quality of oncological care for SMI patients in our hospital.

Methods We analyzed the data from SMI patients suffering from SMI observed by our group during a 12 month period.

Results Low percentage of SMI patients being treated in our center regarding general rates; surprisingly high referral time to psychiatry unity; good compliance with treatments and appointments; have mostly been submitted to the standard oncological protocols of treatment.

Conclusion In spite of serious psychiatric co-morbidity and psychosocial deficits, our SMI patients are able for standard cancer treatment and present sufficient compliance. We value the help of family members and social workers. We have to insist in educational sessions and psychiatric screening procedures for oncological teams. It is also fundamental to implement educational programs for mental health centers in Lisbon in order to sensitize for cancer risks among SMI and alert for the pivotal role of mental health staff, namely the psychiatrists.

Disclosure of interest The authors have not supplied their declaration of competing interest.

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EV0816

Clinical personality patterns in patients with acute lymphoblastic leukemia waiting for bone marrow transplantation



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Introduction Personality disorders are rather widespread in oncology settings demanding special attention of clinician. Serious illness threatening person's life as well as severe treatment and side effects lead to specific self-regulatory emotional and cognitive efforts. Personality could both play an important role in this process predicting adjustment and survival and change in line with illness pathogenesis.

Objectives The personality patterns could be important predictors of operation success and further adjustment for patients with acute lymphoblastic leukemia (ALL) waiting for bone marrow transplantation.

Aim To reveal personality patterns specific for patients with ALL. **Methods** Twenty-five patients with ALL (11 males, 37.4 ± 9.5 years old) filled Millon Clinical Multiaxial Inventory–III and Big Five Questionnaire–2. Comparison group included 180 people of the same age and gender without history of mental or severe somatic disorders.

Results Male patients comparing to healthy males were lower on emotional control and higher in negativistic personality pattern ($P < .05$). Female patients were higher on dynamism but lower in openness to culture and antisocial pattern ($P < .05$). They rarely expressed patterns of borderline disorder and drug dependence but reported more compulsive traits ($P < .05$).

Conclusions Severe illness could increase likelihood of emotion regulation difficulties and passive-aggressive coping in male patients while stimulate activity and compulsive behaviour in females. These patterns should be taken into account in psychological support of patents to bone marrow transplantation.

Disclosure of interest The authors have not supplied their declaration of competing interest.

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EV0817

Low income deteriorates quality of life in early breast cancer survivors



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Background Patients who have survived cancer and have lower socio-economic status, are more likely to leave the workforce. Financial problems are widespread among many of the breast cancer survivors, but their effect on the quality of life are not sufficiently explored. The aim of this study is to assess the effect of low income onto quality of life in early breast cancer survivors.

Methods In this study, 214 consecutive early female breast cancer patients, with mean age of 60 years (range 30–90), were interviewed for psycho-social aspects, depression (MINI) and quality of life (EORTC QLQ–Core 30 and BR–23). All patients were cancer free at the moment of interview and all initial oncological treatments were

completed. Monthly net family income distribution was: ≤ 150 euro 58 patients (27.1%); income between 150–500 euro 116 patients (54.2%); ≥ 500 euro 40 patients (18.7%).

Results Patients with income ≤ 150 euro, compared to patients with income ≥ 500 euro, had statistically significant worse global health status (60.2 ± 27.9 vs. 80.2 ± 19.2 ; $P=0.0007$); worse physical functioning (80.3 vs. 69.1 ; $P<0.001$); worse role functioning (92.9 vs. 78.7 ; $P=0.009$); worse sexual functioning ($P=0.019$); more severe fatigue (38 vs. 23 ; $P=0.01$), nausea/vomitus ($P=0.041$), appetite loss (18.4 ± 7.5). Major depression was diagnosed in 35 patients. Depressed patients have less income than not depressed patients (23.3% vs. 14.41%), but the difference did not reach statistical significance.

Conclusions Lower income negatively affects many aspects of quality of life. Specific interventions are needed for cancer survivors with lower socio-economic status to preserve and improve the quality of life.

Disclosure of interest The authors have not supplied their declaration of competing interest.

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EV0818

Mental disorders in patients breast cancer: Differentiated approach to the study Nozogeny



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Objective The problem of mental disorders in patients with breast cancer is relevant due to the high prevalence of pathological changes in the mental health patients, insufficient development of clinical typology of psychosomatic correlations of the contribution of constitutional features.

Methods Nozogeny disorders are clinically heterogeneous and are represented by two nosologic categories: reaction and nosogenic patho-characterological personal development. The basic method of work was a clinical follow-up and statistical research methods (method using contingency tables and Fechner coefficient method using the χ^2 – test).

Results The manifestation of a nozogeny reaction is closely correlated with his premorbid personality characteristics. Anxious-depressive nozogeny reaction was recorded in 17 patients of the first sample with high direct correlation (coefficient Fechner $F=0.76$, $P<0.01$) with respect to accentuation of personality in the alarm type, and the weak direct link to the personal characteristics of the affective (bipolar) range ($F=0.22$, $P<0.01$). Anxious-nozogeny dissociative response was detected in 9 patients with hysterical (55.5%) and expansive schizotypal (vershrobene) (44.4%) lung cancer with a significant ($F=0.65$, $P<0.01$) a direct correlation with constitutional hyperthymia, anxiety-hypomaniac nozogeny response was observed in patients c schizotypal RL ($n=4$) paired with symptoms of persistent hyperthymia ($F=0.39$, $P=0.012$).

Conclusion Patho-characterological development of personality are formed on the remote catamnestic stage breast cancer and show the clinical heterogeneity of differentiation into 4 types: (1) the type of hypochondriacal dysthymia, (2) the type of “paranoia struggle”, (3) in an “aberrant hypochondria” and (4) the type of “new life”.

Disclosure of interest The author has not supplied his/her declaration of competing interest.

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EV0819

Chemobrain and anxiety in a patient with Hodgkin's Lymphoma: Case report and literature discussion



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Impaired cognitive function is a common complaint among oncologic patients. Chemotherapy-induced cognitive impairment (CICI), also called “chemobrain” or “chemofog” is currently recognized as a relatively common adverse effect of chemotherapeutic agents and is defined as the impairment of patients' memory, learning, concentration, reasoning, executive function, attention, and visuospatial skills during and after discontinuation of chemotherapy. In particular, it is apparent that a subset of chemotherapy-treated haematological malignancy survivors experience cognitive impairment. On the other hand, the emotional distress associated with the disclosure of cancer diagnosis and/or the administration of chemotherapy represents a strong reason for psychosomatic manifestations in patients with cancer. The authors report a case of a patient with Hodgkin's lymphoma, cognitive impairment and symptoms of anxiety and they propose to discuss the controversies around the factors implicated on cognitive impairment in oncological patients.

Disclosure of interest The authors have not supplied their declaration of competing interest.

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EV0820

Carry on: Study of psychosocial needs of oncological patients of the Azores—Proposal for a support model



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The number of new cases of cancer in Azores and the transfer of oncological patients to mainland Portugal for specialized treatment raise concerns about psychological adaptation and suitable support care. Further studies regarding the lack of support interventions available to meet the needs of Azorean oncological patients and survivors are required. The main objectives of this study are: (1) to evaluate psychosocial needs and other psychological adaptation variables among adult oncological survivors from the Azores; and (2), ensuing from objective (1), to develop a pilot study to test a model of support with a group of oncological patients from the Azores. Two studies will be performed. The first deals with objective (1) as described. Based on results obtained, a randomized control trial assessment will be run to test a support model based on the patient advocacy movement with oncological patients. The assessment protocol will be administrated three times: before and after the model's implementation and, again, as a follow-up. Results should enhance knowledge of assessing psychological adaptation variables involved in disease trajectory while testing a support model addressing this study major concerns. These, as suggested, relate to lack of support interventions to meet the psychosocial needs of oncological patients and survivors from the Azores. Given the peculiar experience of Azorean oncological patients', while away from their homes, there is a need to ensure adequate health care services on their behalf. Hence, the importance of devising

ways to monitor their psychosocial needs in order to overcome some of these constraints.

Disclosure of interest The authors have not supplied their declaration of competing interest.

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EV0821

Clinical-qualitative study on emotional aspects of practices and learning, interviewing Brazilian nurses from a hemato-oncological unit who work with patients in risk or death process

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Introduction There is no clear limit between the personal and professional dimension, when the health worker cares for patients who have no prospect of cure. This shadowing of the personal dimension causes high emotional demands of the professional in the face of the experiences with the death.

Objectives In face of troubles which surround the nurse in the context of death, this article aimed to identify the learning and self-care practices experienced by nurses who work with patients in risk or in death process, in a haematology-oncology unit.

Method This is a clinical-qualitative study, conducted through individual interviews. The participants were 6 nurses from haematology-oncology unit of a university hospital, covering the sectors of chemotherapy clinic and children's unit.

Results The results highlight two phenomena built by the experiences of nurses: long learning experiences with the team work through the maturity arising over time or even with constant monitoring of the death situations; and self-care practices as self-preservation phenomenon through the development of pain by speaking and listening in groups, the motivation through professional achievement and the well-being caused by the charity care each other.

Conclusions Work towards the personal development of nurses as professional who deals with ethical conflicts should be focused on promoting opening spaces for speaking and listening of these nurses. This allows them to create ways of dealing with situations of death, which are professionally responsible.

Disclosure of interest The authors have not supplied their declaration of competing interest.

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EV0822

Relations of post-traumatic growth and resilience in cancer experience

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Introduction Each individual experience cancer in a different way. While some perceive cancer as a complex and traumatic experience by developing some psychosocial and additional physical problems, others overcome cancer-related difficulties by gaining benefits such as post-traumatic growth (PTG) owing to their resilience. Resilience and PTG that are very valuable concepts in human life to adapt positively to cancer process have relations which need to be better understood.

Objectives We aimed to provide a better understanding of relations between resilience and PTG and relations of these two concepts with cancer experience.

Methods Literature review.

Results Successful adjustment to life-threatening illnesses such as cancer, require resilience. On the other hand, resilience provides a barrier toward stressors by helping improvement of PTG and so, is an antecedent factor of PTG. PTG ensures a deeper perspective and strength to people after traumatic events. Hence, individuals having higher levels of PTG feel powerful enough to handle the problems in their life and can easily adapt to cancer process by focusing on the positive outcomes of trauma, having improved coping mechanisms and an improved psychological well-being.

Conclusions Resilience and PTG have strong mutual relations and this phenomenon should be considered for a qualified cancer care.

Disclosure of interest The authors have not supplied their declaration of competing interest.

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EV0823

Sources of meaning in family caregivers of terminally ill patients supported by a palliative nursing care team – A naturalistic three-month cohort study

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Objectives To identify possible change patterns or robustness in sources of meaning in family caregivers of pre-terminal patients after onset of support at home by an outreach palliative nursing team during a survey period of three months.

Methods One hundred caregivers of terminally ill patients were included in a prospective observational trial. The Sources of Meaning and Meaning in Life Questionnaire (SoMe) was administered at four points of measurement: T₀ (immediately before onset of palliative care); T₁ (one week after T₀); T₂ (one month after T₀); T₃ (three months after T₀). Descriptive statistics, random effects regression analyses; multivariate linear and quadratic regression models were performed for the full (n = 100) as well as for the reduced sample (n = 24).

Results Growth curve analyses reveal significant parabolic changes for the dimension "order" and for the subscales "social commitment", "tradition", "morality", and "fun". All other dimensions or subscales remained stable during the time of the study. Cross-sectional multivariate regression models (T₀) showed negative associations of some dimensions with patients' age and psychological burden of the family caregiver while psychological burden of patients was found to be positively associated with some dimensions. No significant effects of interaction variables with time (linear and quadratic).

Conclusions With few exceptions, family carers seem to keep a stable sense of meaning in life during the final stage of their relatives' terminal illness. Particular associations between sources of meaning and age of patients as well as psychological burden both of patients and carers have to be taken into consideration in support planning.

Disclosure of interest The authors have not supplied their declaration of competing interest.

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EV0824

The effect of a sleep-hygiene education and sleeping pill reduction program for hospitalized cancer patients at a general hospital



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Objectives Sleep disturbances are common among cancer patients. Especially during hospitalization, not only adverse medical conditions but also ward environments can affect sleep. We have developed a program of sleep-hygiene education and sleeping pill reduction for inpatients (the i-sleep program) and applied it to cancer patients. This study aimed to explore the effect of the program.

Methods In a general hospital with 2,715 beds, we estimated the proportion of inpatients prescribed hypnotics at admission to and discharge from the department of oncology before (2014) and after (2015) the program. In addition, we estimated the proportion of inpatients prescribed hypnotics among all inpatients in the department of oncology on the first day of each month of 2014 and 2015.

Results A total of 12,382 patients (2014, before) and 12,313 patients (2015, after) were admitted to oncology department of Asan Medical Center. The proportion of inpatients prescribed hypnotics as discharge medication among inpatients who had been prescribed them at the time of admission decreased significantly, from 76.0% (2014) to 69.8% (2015), after the program ($RR=0.92$, 95% CI: 0.87–0.98). The proportion of inpatients newly prescribed sleeping pills after admission to the hospital did not significantly decrease (4.03% to 3.98%; $RR=0.99$, 95% CI: 0.87–1.12). The mean prescription rate of sleeping pills per day was 10.02% in 2014 and 7.99% in 2015 ($P=0.03$).

Conclusions Although the i-sleep program did not reduce the prescription rate of sleeping pills per day, it effectively reduced the proportion of cancer patients who continued to take sleeping pills from admission until discharge.

Disclosure of interest The authors have not supplied their declaration of competing interest.

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e-Poster Viewing: Others

EV0825

Screening for cognitive disorders in elderly diabetics



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Introduction Old people with diabetes are more likely to develop cognitive impairment, Alzheimer's disease and vascular dementia. However, the determinants of the association between diabetes and cognitive impairments are only partially known.

Objectives To evaluate cognitive disorders in elderly diabetic patients and to identify risk factors of cognitive impairment in this population.

Methods It was a cross-sectional study. It involved outpatients aged 65 and older, who were followed for diabetes in the endocrinology department at the Hedi Chaker University Hospital in Sfax (Tunisia), from October 1 to December 31, 2015. For

each patient, we collected sociodemographic, clinical and therapeutic data. We used the Montreal Cognitive Assessment (MoCA) to identify mild cognitive decline (score < 26/30).

Results We identified 70 patients, all with type 2 diabetes. The average age was 66.8 years. The sex ratio (M: F) was 0.7. The mean duration of diabetes was 14.76 years. The average MoCA score was 20.68 ± 6 . Forty patients (57%) had cognitive decline. The cognitive impairment was statistically correlated with female sex ($P=0.02$), low level of education ($P=0.00$), high levels of glycated hemoglobin ($Hb A1c \geq 7\%$) ($P=0.00$), presence of hypoglycemic episodes ($P=0.05$) and presence of dyslipidemia ($P=0.00$).

Conclusion Our study confirmed the high rate of cognitive decline in older type 2 diabetes patients. The profile of subjects at risk was consistent with the literature: poorly controlled diabetes, severe recurrent hypoglycaemia and associated dyslipidemia. Acting on these risk factors would prevent cognitive decline and therefore progression to dementia.

Disclosure of interest The authors have not supplied their declaration of competing interest.

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EV0826

Girls spend more time to be generous in first offer



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Introduction Fairness is a fundamental factor for prosocial behaviors and have a crucial role in social interaction. Examining fairness during maturation can shed light on different questions and hypothesis about the development of prosociality across life span.

Objectives The purpose of this study was to investigate the development of strategic planning in children and adolescents.

Methods A total of 288 healthy students between ages 7 and 18 from four community schools participated in a one-shut run game which the participants were proposed and should set a package of offers concluded six suggestions.

Results Among 288 students, 128 (44.44%) participants were male and 160 (55.56%) participants were female. In first offer, 29.7% of boys suggested an unfair offer but girls with 23% were more generous. However, in last suggestion in comparison with girls (73% unfair), boys showed more generosity (64% unfair). Notably, girls in average, spent 135.78 seconds ($SD=86$) to set their offers while boys needed less time to prepare their suggestions (117.16s, $SD=119.7$)

Conclusion According to the findings it seems that both genders start more generous offers and end up with less generous offers. In comparison with boys, girls need more time in economic decision-making and interestingly more fair options at the start of game.

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EV0827

Neurocognitive profile among Omani who have sustained traumatic brain injury with post-concussion syndrome



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Background Neurocognitive disorders, previously not featured in the psychiatric nomenclature such as the Diagnostic and Statistical Manual of Mental Disorders (DSM), have now been included in the latest, fifth edition of the DSM. There is a dearth of studies on neurocognitive disorders among non-western population.

Aims The aim of this study is to compare neuropsychological functioning measured by tests of executive function and cognition among patients marked by apathy and impulsivity following a traumatic brain injury in a non-Western population, Oman.

Methods Comparing the performance of various neurocognitive indices including negativistic features and disinhibition, which were identified using the symptom checklists Apathy Evaluation Scale and Disinhibited Evaluation Scale. Comparative neurocognitive measures included tapping verbal reasoning ability (Raven's Standard Progressive Matrices), working memory (Digit Span–Digit Forward–Digit Backward); Buschke Reminding Test, planning/goal-directed (Controlled Oral Word Association Test–verbal fluency, Tower of London(–planning time–number solved), (Wisconsin Card Sorting Test–perseverative errors, and–number of categories solved), and affective ranges (Hospital Anxiety and Depression Scale).

Result Analysis showed that those participants who scored highly at Apathy Evaluation Scale and Disinhibited Evaluation Scale did not differ on indices measuring working memory/attention and affective ranges except for one measure: Digit span–Digit Forward. In the measures operationalized here to tap planning/goal-directed behaviour, the two cohorts differ on all indices except for Tower of London–Number Solved.

Conclusion This study lays ground for further scrutiny in delineating the different characteristics of what previously labelled as frontal dysexecutive phenotype. It indicates that apathetic and disinhibited temperaments marked with specific neuropsychological performance.

Disclosure of interest The author has not supplied his/her declaration of competing interest.

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EV0828

Neuronal potassium channel openers flupirtine (SNEPCO) in the treatment of the pharmacoresistant epilepsy

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Introduction Flupirtine is used in many European countries for the treatment of different pain states because of its analgesic attributes. It is a centrally acting, non-opioid analgesic.

Objective The aim of the study was to investigate an entire study the possibility of applying flupirtine (ktadolona) – selective neuronal potassium channel activators in the treatment of pharmacoresistant epilepsy and related non-psychotic depressive disorder in adults.

Material and methods A total of 20 patients with the diagnosis of primary – generalized idiopathic epilepsy (IGE) and “non-psychotic depressive disorder due to epilepsy (F06.362)”. Before applying katadolon forte, patients received standard antiepileptic and antidepressant drugs (Depakine-Chrono 1000 mg/day, 150 mg lamotrigine/day, levitiratsetam 3000 mg/day of citalopram 20 mg/day). Assigning a first katadolon fote 14 days 200 mg 2 times a day, followed by 200 mg three in day inside.

Results Of the 20 patients, 10 had no seizures, 8 marked decrease in the frequency of seizures in 2 patients therapy was not effective.

Conclusion Our data should be considered preliminary, because small sample of patients and duration of follow-up (18 months). The next phase of work will be carried out on a large sample of patients and a longer observation, placebo – controlled, double blind study.

Disclosure of interest The authors have not supplied their declaration of competing interest.

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EV0829

The theme of violence and the teaching strategies used by teachers of nursing undergraduate courses

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Introduction Understanding violence as a public health problem brings as required its inclusion in the curricula of undergraduate courses in health.

Objective To describe the approach to the topic of violence and the teaching strategies used by teachers of undergraduate courses in nursing of two public higher education institutions of the State of São Paulo, Brazil.

Aims Knowing the approach to the topic of violence in two nursing under graduation courses.

Method Descriptive, exploratory qualitative study. For data collection, semi-structured interview was used; were subject of the study, 15 teachers of the institutions studied that ministered courses whose programs contained the word “violence” or related. The data were subjected to analysis of the “collective subject discourse”.

Results The results referred to speeches about the importance of addressing violence in theory and practical course, the experience of violence in the everyday practice and pedagogical strategies in the theoretical and practical learning. Teachers recognize the importance of violence be crafted at graduation, describing that, although not always appear in the formal curriculum, the subject appears in an informal way in academic training. Recognize, however, that there is a fragmentation in the approach of the theme, because teachers are divided between theoretical and practical classes and not all of them study the subject.

Conclusion It is essential that there should be more discussions on violence among teachers as well as be designed strategies to better approach the theme at graduation.

Disclosure of interest The authors have not supplied their declaration of competing interest.

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EV0830

Risperidone induce recurrence of severe acute respiratory distress in a patient with psychotic disorders

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Mrs. R, 61-years-old was admitted into the department on July 2015 with a history of major paranoid psychosis. Notion of asthma



was indicated in the medical file without any specific treatment. At the admission she received risperidone 4 mg/day and duloxetine since one year. Between October 2015 and June 2016, the patient presented 19 episodes of respiratory decompensation, six of them required transfer in the emergency unit, and 3 in the intensive care unit (ICU) with the assistance of mechanical ventilation. During the last episode, transfer in the intensive care unit was refused by the ICU physician because of the high frequency of recurrence and the difficulty to extube the patient. “End of life” was therefore considered. Nevertheless, medical physician in charge of the patient decided to continue symptomatic treatment and to stop all anti-psychotic drugs susceptible to deteriorate respiratory disease. On the first day we observed a dramatic improvement and no recurrence occurred since now 3 months without any treatment. Between the admission and the occurrence of respiratory decompensation, hypereosinophilia (1610/mL) was observed with recovery in normal value after interruption of risperidone. We also noted an improvement of functional respiratory test. In conclusion, risperidone is an anti-psychotic drug largely used. Severe side effect may endanger life-threatening as described in this case. The recurrence of severe acute respiratory distress without induced factors founded needs to discuss the potential role of this drug.

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EV0831

Social phobia and co-morbid states-diagnosics and importance

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Introduction The roots of social phobia, lay in the social nature of human beings who fulfil their basic needs in social relations. By the definition, it is the fear of witnessing the negative judgement and the criticism of other people, which is so intense that, is followed by reactions of avoidance of phobic situations and doings, followed by intense vegetative symptoms.

Aim Introduce social phobia as an important social and medical problem with common co-morbidity and exceptional risk of suicide. At the same time it gives special accent to the diagnostic procedures and differential diagnosis.

Method Analysis of the information from literature and practice and coming to conclusions with the inductive method.

Results Social phobia is a chronicle illness, equally present in both sexes. The central position is taken by all-the-time present intense irrational fear. Alcoholism, misuse of sedatives, depression, and panic with agoraphobia, OCD are common followers of social phobia. Differential diagnosis witch eliminates panic with agoraphobia, or just the lack of social skills allows the right therapeutic approach.

Conclusion Social phobia, alone or combined with other disorders, has a huge medical and social value. Coming back to regular life tracks depends on the right diagnosis and the right time to go into the healing process.

Disclosure of interest The authors have not supplied their declaration of competing interest.

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EV0832

Postnatal depression: Can visual media and dramatisation of a young woman's experiences, enable student health care professionals develop knowledge to enhance clinical practice skills?

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Introduction Since the presentation of the symptoms of postnatal depression (PND) can vary; healthcare professionals must receive the appropriate level of training to develop the knowledge required for the effective assessment and referral of women. Yet, healthcare professionals may have limited knowledge in perinatal mental health and students may lack practice opportunities to develop the knowledge and clinical skills. For these reasons, the use of alternative learning resources within perinatal mental health education is vital.

Objectives To explore the use of visual media in perinatal mental health education.

Aims Against the background of increasing concerns about the ability of professionals to assess women with PND, this paper will consider how using dramatisation as a teaching approach can enable students to develop their knowledge and guide clinical skill development.

Methods Three separate groups of senior student midwives and health visitors were asked to evaluate a dramatisation developed from women's lived experience of PND. Pre and post verbal evaluation of the drama were undertaken with the use of focus groups guided by semi-structured questions. Ethical approval was granted by the university.

Results Following thematic analysis three issues were identified: –the role of the healthcare professional; –improvements needed in care; –issues of education and training.

Conclusions Against the background of limited placement experience and opportunity for assessment of PND, the use of visual media can improve student healthcare professionals' learning; with the use of structured facilitation, there is a great potential for multidisciplinary learning.

Disclosure of interest The authors have not supplied their declaration of competing interest.

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EV0833

Depression and anxiety among Tunisian medical students “binge viewers”

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Introduction Since the advent of online streaming television, a new behavioural phenomenon have emerged among millennial, named “binge watching” that is viewing more than two episodes of a TV show in the same sitting. Whether or not this behaviour reflects emotional difficulties has been poorly studied.

Aims Describe the phenomenon and search a possible link with depression and anxiety.

Methods Fifty medical students were recruited. A questionnaire exploring the circumstances, the purpose and the outcome of the binge viewing was fulfilled. The Beck depressive inventory and the



state-trait anxiety inventory were passed for the assessment of depression and anxiety.

Results Among the 50 students questioned, 68% met the criteria of binge viewers and 64.7% of them adopted this behaviour at least once a week with an overall average of screen exposure of 3.8 hours in one sitting. Before the binge watching, 35.3% reported excitement and 29.4% boredom and have used it mostly to pass time (47.1%) and for fun (44.1%). Participants have felt more relaxed and happier after the viewing. Mild depression was found in 10 cases and moderate depression in 5 cases. Anxiety scores averaged 35.38 for state anxiety and 40.32 for trait anxiety. An inverse relationship was found between depression and anxiety scores and the frequency of the binge watching and its exposure duration. The correlation was however non significant.

Conclusions Could it be that the binge watching is a means of fighting against anxiety and depression rather than an evidence of emotional difficulties? Further studies are needed.

Disclosure of interest The authors have not supplied their declaration of competing interest.

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EV0834

Emotional and personal development of preschool age children with speech disorders: Drawing test study



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Introduction Drawing tests provide good opportunity to research potential risks in emotional and personal development of a child with speech disorder, because drawing tests almost do not involve speech.

Aims and objects The research was aimed at detecting potential risks in emotional and personal development of children with speech disorders. The study involved 28 children (15 girls and 13 boys) with moderate speech disorders and 30 normally developing children. All the children attended kindergarten and were of age 5.5 years at the moment of the research.

Methods The following methods were used: non-participant and participant observation, expert assessment, structured interview with educators, individually conducted family drawing test.

Results Most children (86%) expressed willingness to perform a task, in some cases (14%) children failed to perform a task because of emotional numbing. The children's perception of a specialist was marked by increased anxiety and stress, in some cases it was expressed in a drawing by filled areas (38%) or by barely visible figures (62%). Most children (87%) tried to demonstrate their abilities and were diligent, but their drawings were generally poorer than that of normally developing children. This phenomenon reflects deficit of skills, imagination deficit and low level of aspiration. Quality of drawings and their visible from differ from the drawings of normally developing children that indicates low self-esteem and feeling of personal incapacity formed by speech disorder.

Conclusion Increased anxiety, constriction and imagination deficit characterize children with speech disorders. Their emotional attitude to speech behavior influences their graphical self-fulfilment.

Disclosure of interest The authors have not supplied their declaration of competing interest.

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EV0835

Mental health of roofless and squatter population in north Catalonia



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Introduction Homelessness is a phenomenon, which is hard to limit, as it contemplates different situations including roofless and squatters.

Objective To determine the presence of these homeless categories in the city of Girona and examine the prevalence of diagnosed mental pathology and its principal socio-demographic characteristics.

Methods Transversal, observational and analytic study of the population of roofless people and squatters. The registers of the outreach street work team, the local police and the public shelter were used in order to detect the cases and their basic socio-demographic characteristics. The clinical record of the mental health and addiction public network was accessed to determine their diagnosis.

Results During the 6 years of registers, 781 cases of people in situation of roofless and squatters were detected. In total, 83.2% ($n=630$) of the cases were men and 16.8% ($n=131$) women. The average age was 44.8 (ED=11.2) and no differences were found regarding gender (Men=45.3, ED=11.0 vs. Women=42.9, ED=12.2; $t=1.7$, $df=405$, $P=09$). However differences were found regarding origin (Immigrants= 42.2 years, ED=10.3 vs. Natives=46.8 years, ED=11.4; $t=-4.2$, $df=402$, $P<.001$). A total of, 52.9% of the cases ($n=412$) displayed diagnosed mental pathology and 15.8 ($n=123$), dual pathology.

Conclusion Mental pathology is more prevalent among this typology of homeless people than in general population, as other studies prove.

Disclosure of interest The authors have not supplied their declaration of competing interest.

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EV0836

What happened with the homeless during economical crisis? Evolution of the prevalence of homelessness in north-Catalonia (2006–2015)



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Introduction There exists a great number of empirical studies which refer as causes of homelessness not only individual factors such as mental disorders or addictions, but also structural factors such as poverty rates or unemployment.

Objective To describe the evolution of the prevalence of homelessness in Girona from 2006 to 2015, and compare it with the evolution of unemployment in the same region.

Methods The absolute number of homelessness is obtained from the official records in the city of Girona, which include the data of the open medium intervention team, the local police, and the specific municipal hostel. The rates are calculated on the annual totals of population. Correlations are used to compare quantitative variables.

Results The yearly homelessness rates increased progressively from 2006 to 2014, the year in which they began to decrease. Similarly, unemployment both in Spain and in the city of Girona in particular evolves in a similar way, with the burden of the world-

wide economic crisis. There exists a positive correlation between the evolution of homelessness in Girona and unemployment both in Spain ($r = 9.4, P < .001$) and in Girona ($r = 9.5, P < .001$).

Conclusion The effect of the economic crisis affects the people who are socially excluded in a direct way. These results prompt the investigation of the causes of homelessness, which in many cases are attributed to the responsibility of the individuals.

Disclosure of interest The authors have not supplied their declaration of competing interest.

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EV0837

“It is safer to sell marihuana than heroin or cocaine and you make more money” qualitative study about drug traffic and consumption in Girona (eastern sector)[☆]

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Introduction Font de la Pólvera is a neighbourhood located on Catalonia, which has been one of the most important points of sale of heroin and cocaine in the country. The sale of drugs was also affected by the economic crisis, changing the behaviour pattern of patients with drug dependence.

Objective To describe the changes in drug trafficking in this region and how these influence their consumption.

Methods The investigation is carried out by the harm reduction outreach team, who selected, with a non-probabilistic method, a sample of 6 drug users. An in-depth semi-structured interview was conducted.

Results From 2006 to 2012, there existed up to 19 points of drug sale of heroin and cocaine. There are currently 2. The reasons behind the decrease are:

- the demand for cocaine decreases;
- the sporadic consumption of heroin decreases;
- with the decrease in demand, drugs lose quality.

With the housing bubble in Spain and the rise in foreclosures on behalf of banks, empty flats proliferated in the area, which were eventually occupied illegally. This fact prompts the production of cannabis.

Conclusion Many of the strictly punitive actions in the control of narcotics lead to the dealers coming up with new ideas and new patterns of consumption which complicate the intervention of the teams working in the territory.

Disclosure of interest The authors have not supplied their declaration of competing interest.

[☆] The inverted commas refer to a sentence uttered by an interviewee during the investigation.

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EV0838

Characteristics of 23 cases of animal hoarding in Catalonia (Spain)

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Introduction Animal hoarding is considered an under-reported problem, which affects the welfare of both people and animals. Few reports on animal hoarding are available in scientific literature, particularly outside North America.

Objectives We designed a study to analyse cases of animal hoarding in Catalonia.

Aims We wanted to expose the presence and consequences of this disorder in our area and to check for cross-cultural similarities with previous studies in other countries.

Methods Data was obtained retrospectively from 23 case reports of animal hoarding in Catalonia collected by city councils and the Catalanian police from 1992 to 2015.

Results Thirty-three people (20 women and 13 men) and 1521 animals, mainly dogs and cats, were involved. Most cases ($n = 13$) involved a sole animal hoarder. Most cases ($n = 14$) were chronic (lasting longer than 5 years). Object hoarding co-morbidity was found in most cases ($n = 17$). All hoarders were over 40-years-old, with half of them aged over 65. Only in 4 cases was an intervention by the healthcare system reported. Most of the hoarders (9 out of 13) actively opposed animal removal. In more than 50% of cases, the hoarder's personal care, health and financial situation were precarious. No awareness of the impaired welfare of the animals was found in most cases.

Conclusions To the author's knowledge, this is the first study on animal hoarding in Catalonia and one of the few available in Europe. Our results are aligned with previous research, adding evidence of cross-cultural common elements of animal hoarding.

Disclosure of interest The authors have not supplied their declaration of competing interest.

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EV0839

Huntington disease, to have or not to have: That is the question – the importance of psychiatric symptoms

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Introduction Huntington's disease (HD) is an autosomal dominant inherited neurodegenerative disorder, beginning in adulthood. HD represents the majority of patients who present the triad of motor, cognitive and psychiatric symptoms. The last two may be early manifestations, but the clinical diagnosis is based on motor symptoms and a positive genetic test for CAG repeat extension. The remaining patients that are negative for the HD genetic mutation may have HD phenocopies.

Objectives Illustrate the role of psychiatric assessment, discuss the psychiatric and behavioural manifestations, and management.

Aims Illustrate the challenge of diagnosing HD in psychiatry.

Methods A literature search was performed on PubMed database. The patient clinical record was reviewed.

Results We report a case of a 49-year-old male with a family history of HD (mother, uncle, cousin). He was diagnosed with a psychotic disorder fifteen years ago, hospitalised twice and thereafter treated as an outpatient with fluphenazine long-acting injection. He was a symptomatic for ten years. During the last year, he started showing dysphoria, marked irritability, stammering, inappropriate behaviour, poorly structured paranoid delusions, mild cognitive impairment and lack of insight. This was correlated with the beginning of functional impairment, both professionally and socially. Further assessment was performed: neurological evaluation, head CT scan and the genetic test was negative. He is clinically stable under haloperidol long-acting injection.

Conclusions HD is a rare condition which is frequently under diagnosed, especially in early stages, due to lack of recognition of psychiatric symptoms. HD-like disorders should be considered if the clinical picture is obvious, but HD gene test result is negative.

Disclosure of interest The authors have not supplied their declaration of competing interest.

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EV0840

Frontal meningioma and bipolar disorder: Etiopathogenic link or co-morbidity? A case report

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Introduction Frontal meningiomas are benign brain tumours known for their late onset. They may be presented by only psychiatric symptoms. Thus, the diagnosis at early stages can be missed or overlooked until the tumour causes neurological deficit.

Case report We report the case of a 61-year-old man, receiving a treatment and a follow-up for bipolar disorder for 11 years. He has history of 3 major depressive episodes, 2 suicide attempts and a manic episode. The symptoms were initially well controlled by medication. Since 6 months, the patient started to experience atypical symptoms: he had presented disinhibited and aggressive behaviour, psychomotor instability, pyromania and self-neglect. The patient did not respond to treatment despite repeated adjustments. A frontal syndrome was suspected. Cerebral CT scan revealed an unexpected mass measuring 6.8 cm × 5.6 cm at the right frontal area, suggestive of a giant meningioma (Fig 1).

Conclusions Generally, once diagnosed, psychiatric disorders are rarely revised. Consequently, “silent” tumours such as frontal meningiomas can be overlooked. Neuroimaging should be considered in case of new-onset psychiatric symptoms, atypical or change in clinical presentation.

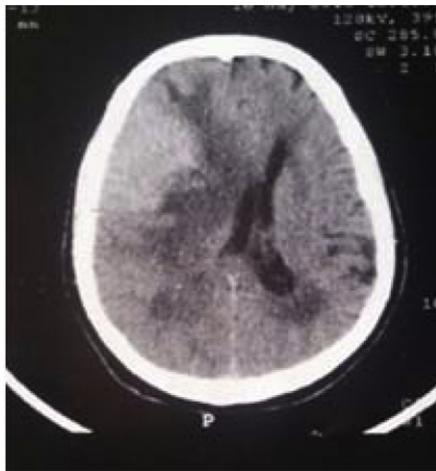


Fig. 1 The tumor was totally resected and the frontal syndrome disappeared. The mood disorder is again controlled by usual treatment

Disclosure of interest The authors have not supplied their declaration of competing interest.

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EV0841

Development of a preliminary tool to assess care-giving practices by family members with Schizophrenia: A report from India

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Introduction Care-giving practices by family members have inherent value and importance in the provision of care for patients

with schizophrenia. There is dearth of assessment tools that focus on practices followed by caregivers' while dealing with their relatives with schizophrenia, especially from India.

Objective To develop a tool for the assessment of 'care-giving practices' followed by family members while caring for their patients with schizophrenia.

Aims (a) To construct a reliable and valid tool on 'care-giving practices' followed by family members while caring for their patients with schizophrenia; (b) To determine the various 'good' and 'bad' practices within this tool.

Methods Initial detailed literature (Pubmed, Goggle search with input by the caregivers generated a list of 24 commonly used practices; which was shortened to 17 statements whose face validity was tested by 14 mental health professionals. Hindi translation with 'test-retest' reliability was conducted. Finally, 'Consensus based approach' was adopted by the mental health professionals to arrive at objective (b) i.e. statements reflecting 'good' or 'bad' practice.

Results Final questionnaire comprised 15 statements with adequate face and content validity and high test-retest reliability (Cronbach's alpha = 0.747). 6 items reflected 'good' and 9 reflected 'poor' practice respectively with maximum score of 15; and categorization from 'very poor' to 'very good' practices.

Conclusion This preliminary yet simple and easy to use tool will give better understanding about how family members provide 'care-giving' practices for patients with schizophrenia. However, this needs further validation, replicability, and possible modifications in a multi-cultural, multi-linguistic country like India.

Disclosure of interest The authors have not supplied their declaration of competing interest.

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EV0842

The effectiveness of emotion regulation and distress tolerance skills on improving coping strategies and reduce perceived stress in prisoners

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Objective The aim of this study was the effectiveness of emotion regulation and distress tolerance skills on improving coping strategies and reduce perceived stress in prisoners in Foman city in Iran.

Method The study population was consisted of 200 prisoners of Foman Penitentiary in 2016. Then, 30 prisoners were selected randomly in two groups (15 persons each group) were replaced. Emotion regulation and distress tolerance training was given to the experimental group for 12 sessions and the control group were in waiting list. Both groups at baseline and end of intervention phase filled coping responses inventory Bellinger and mouse and Cohen perceived stress questionnaire – version 14 questions (PSS-14). Data were analysed by using the software spss22.

Findings Emotion regulation and distress tolerance skills have been effective on Improving problem-focused coping strategies and reduce perceived stress in prisoners ($P < 0/001$).

Discussion and conclusion emotion regulation and distress tolerance skills can improve problem-focused coping strategies and reduce the use of emotion-focused coping strategies and perceived stress in prisoners.

Keywords Coping strategies; Distress tolerance; Emotion regulation; Perceived stress; Prisoners

Disclosure of interest The authors have not supplied their declaration of competing interest.

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EV0843

The compare of early maladaptive schemas, emotion regulation and general health in offender prisoner men and normal group men

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Object The aim of this study was to compare early maladaptive schemas, emotion regulation and general health in offender prisoner men and normal group men.

Methods The study method was causal – comparative (ex post facto). Participants included two groups: (1) all of offender prisoner men ($n=47$) in Fooman jail and (2) normal group men ($n=47$) in Fooman. Both groups were matched for age, occupation and education. All of the participants completed Young maladaptive schema questionnaire (Y MSQ), cognitive emotion regulation questionnaire (CERQ-P) and general health questionnaire (GHQ-12) individually. Data were analysed using independent t-test and multivariate analysis of variance (MANOVA).

Finding There was significant difference between two groups in total score of early maladaptive schema questionnaire and also in its subscales included abandonment, impaired autonomy/performance, impaired limits, other – directedness, over vigilance/inhibition, emotional inhibition ($P<0/01$). The general health was different between groups, too. In addition, while groups showed significant difference in total score of emotion regulation and one of the subscales (rumination), no significant difference was explored between groups in self-blame, acceptance, positive refocusing, planning refocusing, positive re-evaluation, perspective taking, catastrophizing and others blame.

Conclusion Significant differences between the two groups in terms of general health, schema dimensions and emotional regulation dimensions suggest that dysfunctional schemas, maladaptive emotional strategies and low general health could be involved in criminal behaviour.

Keywords Early maladaptive schemas; Emotion regulation; General health; Offender men

Disclosure of interest The authors have not supplied their declaration of competing interest.

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EV0844

CADASIL case report: Psychiatric symptoms as first manifestation of a neurological process

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Introduction CADASIL (Cerebral Autosomal-Dominant Arteriopathy with Subcortical Infarcts and Leukoencephalopathy), the most common form of hereditary stroke disorder, is characterized by headaches, transient ischemic attacks and psychiatric symptoms which include mood changes, behaviour disorders and variable levels of dementia.

Objectives and aims To emphasize the necessity of discarding somatic and neurological processes before a psychiatric diagnosis is reached.

Methods We present a case initially followed in psychiatry and derived to neurology, and compare it with articles no older than ten years, found in a bibliographic search in Medline (PubMed), fitting the next keywords: CADASIL, autosomal dominant encephalopathy, psychiatric symptoms.

Results The most frequent manifestation of CADASIL is the early age onset of cerebrovascular ischemic attacks, nonetheless, a fair percentage of patients debut with insidious psychiatric symptoms, especially mood changes, behavioural disorders and even mutism. Independently of the age of onset, these symptoms are present at some point of the illness in most cases.

Conclusions Psychiatric symptoms can be found in a vast number of somatic and neurological disorders, even being the first manifestation of such processes. This challenges diagnosis, and given than the line between brain and mind is blurred and not always clear, cooperation among different specialities is of utmost importance in order to correctly treat the illness as a whole, and not just the sum of the parts.

Disclosure of interest The authors have not supplied their declaration of competing interest.

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EV0845

Job satisfaction, burnout and coping strategies: Comparison between medical and surgical specialties



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Introduction Doctors have many constraints in their professional practice, which influence negatively the quality of their performance. This causes a psychological distress.

Aim To compare job satisfaction (JS), burnout (BT), anxiety, depression and coping strategies among doctors of medical (DMS) and surgical specialties (DSS).

Method Comparative and cross-sectional study conducted among 33 DMS and 63 DSS with different grades, in the university hospital Farhat Hached Sousse, Tunisia. We used job satisfaction scale (JSS) to determine the degree of JS, hospital anxiety and depression scale (HADS) to evaluate anxiety and depression, the Maslach burnout inventory to assess the BT and the brief cope to determine coping strategies.

Results DMS were older than the DSS ($P=0.005$). The MSC had more unsettled family life ($P=0.04$) and more monthly guard (5.87 vs. 4.96, $P=0.03$). DMS had more days of outpatient ($P=0.00$), were more satisfied with the work schedule ($P=0.00$), conditions of the guards ($P=0.02$). Relationships with colleagues were more satisfactory among DMS ($P=0.001$). DMS were less confronted to violent events ($P=0.03$). The average score of JSS was higher among DMS ($P=0.014$). The BT was more reported in the DSS ($P=0.049$). An average sub-score HADS-D (depression) was higher in the DSS ($P=0.00$). An avoidance-focused coping was more adopted by the DSS ($P=0.02$).

Conclusion DSS were generally less satisfied in their work than DMS with obvious psychological repercussions. This incites to intervene in factors that interfere with job satisfaction to improve the quality of physicians' performance.

Disclosure of interest The authors have not supplied their declaration of competing interest.

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EV0846

Factors associated with job satisfaction among physicians in a university hospital



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Introduction Several professional and personal factors determine the degree of job satisfaction (JS) which is a necessary condition to ensure good quality work, especially for physicians working in university hospitals (UH).

Aims To determine the degree of JS in a population of physicians working in UH and to determine the factors associated with the JS.
Method Cross-sectional, descriptive and analytical study involving 96 physicians with different grades in Farhat Hached University Hospital, Sousse, Tunisia. We used Job Satisfaction Scale (JSS) to assess the degree of JS, Hospital Anxiety And Depression Scale to assess anxiety and depression, Maslach Burnout Inventory to determine burnout (BT).

Results The average age was 28.15 ± 4.10 years. Doctors with medical specialty were the majority (65.6%). Most doctors were dissatisfied with their work (67.7%). The socio-demographic factor associated with ST was the young age ($P=0.00$). Occupational factors associated with JS were: shorter time worked in the department ($P=0.02$), lack of outpatient day ($P=0.01$), a lower number of outpatient day ($P=0.02$), dissatisfaction with the work schedule ($P=0.004$), lack of safety ($P=0.00$), salary ($P=0.00$), non-operating skills ($P=0.00$), the distribution of tasks ($P=0.00$), the conditions of the guards ($P=0.00$), ignorance of the laws governing the department ($P=0.00$), BT ($P=0.01$) and depression ($P=0.00$).

Conclusion The majority of our subjects were dissatisfied with their work. Several factors, especially the professional ones contribute to this state. It is necessary to take steps on these factors to improve the performance of doctors working in university hospitals to provide better care for patients.

Disclosure of interest The authors have not supplied their declaration of competing interest.

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EV0847

Oxytocine and early and current trauma: A systematic review and meta-analysis



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Introduction Oxytocin has been related to traumas and sociability.

Objective To do a systematic review on the relationship between oxytocin and early (ET), current trauma (CT) and PTSD.

Methods The Pubmed, Psycinfo, Web of Science, Lilacs and Scielo database were researched until to April 2016, using the keywords: oxytocin, early trauma, childhood maltreatment, emotional trauma, emotional stress, neglect, adversity, sexual abuse, emotional abuse, physical abuse and PTSD, and Boolean operators. We used a priori protocol based on PRISMA to select observational and quasi/experimental studies in both gender subjects, who suffer ET, CT, or PTSD. A full review was done, and meta-analysis was carried out when possible to estimate the strength of the

association. Strobe, trend and consort statements were used for qualitative assessment.

Results Twenty-eight studies were included: 15 observational, 3 quasi/experimental and 10 RCT. Quality assessment was 60–70%. Due heterogeneity between studies we analysed them in four groups. Meta-analysis of studies of oxytocin endogenous concentration showed a negative correlation with ET ($r=-0.35$; 95%CI = -0.46/-0.22). Association studies of genetic polymorphism of oxytocin gene receptor (rs53576) showed that subjects with ET, CT and GG genotype had higher vulnerability to develop later psychopathology ($P < 0.05$). Quasi/experimental studies measuring pre/post oxytocin concentration after a stress reactivity test in subject with ET, CT or PTSD showed any significant results. Finally, RCT studies showed that acute administration of oxytocin increased the levels of anxiety and flashback in subjects with CT; and decreased in PTSD or ET. These results were in parallel with brain and connectivity activation.

Disclosure of interest The authors have not supplied their declaration of competing interest.

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EV0848

Political abuse and forensic psychiatry in communist Romania



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Psychiatry was often used for political reasons in the second half of the 20th century, especially in the former communist countries. According to the global initiative on psychiatry, political abuse of psychiatry is defined as the incorrect usage of diagnoses, treatments, or psychiatry admissions in order to limit fundamental rights of persons or population groups in certain countries. Most studies regarding political abuse as a repressive measure analysed it in either USSR or China. Romania is one of the countries from the former communist block in which psychiatry was proven to be used as a form of repression against political dissidents. One of the psychiatry "tools" used against political dissidents was the widespread usage of mandatory, non-voluntary admissions. They were seen as preventive measures, whose purpose was to prevent an individual to act antisocially. The purpose of this article is to analyse the characteristics of the patients that were non-voluntarily admitted in psychiatry hospitals, based on studies published by the forensic psychiatry researchers in the communist period. The main conclusions of this study are: (1) the presence of a disproportionate number of patients admitted with schizophrenia, especially the paranoid type; (2) patients that performed acts against the state were more often diagnosed with schizophrenia; (3) patients that performed acts against the state were more often considered to have no judicial responsibility; (4) the non-voluntary admission/treatment were more often removed for crimes against persons, and less often in crimes against the state.

Disclosure of interest The authors have not supplied their declaration of competing interest.

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EV0849

Can psychopathy be treated?

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Introduction Psychopaths are incapable of feeling empathy and guilt, being responsible for most violent crimes. To date, confinement has been the option of choice to minimize the harm they inflict. However, a deeper understanding of the neurobiology of psychopathy may lead to new insight on possible treatment approaches.

Aims This work aims to review the current knowledge in psychopathy treatment.

Methods A literature search of MEDLINE (2000–present) was conducted using the search terms “psychopathy”+“treatment” and “drug therapy”.

Results Defects in the amygdala and the prefrontal cortex have been implicated in the pathological basis of psychopathy. The most affected areas are the ventromedial prefrontal cortex (VMPC) and the associated anterior cingulate cortex. Alterations in connectivity between the amygdala and the VMPC with other areas of the brain have been demonstrated and seem to be responsible for the non-empathetic, unemotional, and amoral features of psychopaths. Also, they present an increase in dopamine turnover and metabolism and a serotonin dysregulation.

As not all individuals with the biological substrate for psychopathy become violent, it seems that plasticity in forebrain circuits may allow the development of more prosocial responses, especially in youth. Some authors emphasize the need to address other behaviours that can be responsible for violent actions, namely, impulsive aggression. Some drugs have shown efficacy in controlling impulsive aggression.

Conclusions Pharmacological approaches to treating psychopathy have been disappointing. A more reasonable goal would be to focus on impulsive aggression, for which treatment effectiveness has been demonstrated. Additional research is needed if we hope to design rational therapeutic strategies for this disorder.

Disclosure of interest The authors have not supplied their declaration of competing interest.

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EV0850

Investigating misophonia: A review of the literature, clinical implications and research agenda reflecting current neuroscience and emotion research perspectivesM. Erfanian^{1,*}, J. Jo Brout², M. Edelstein³, S. Kumar⁴, M. Mannino⁵, L.J. Miller⁶, R. Rouw⁷, M.Z. Rosenthal⁸¹ Maastricht University, Neuroscience and Psychology, Maastricht, The Netherlands² International Misophonia Research Network, Misophonia, New York, USA³ University of California, Brain and Cognition, San Diego, USA⁴ Newcastle University, Neuroscience, Newcastle, United Kingdom⁵ Florida Atlantic University, Complex Systems and Brain Sciences, Boca Raton, USA⁶ STAR Institute for Sensory Processing Disorder, Sensory Processing Disorder, Greenwood Village, USA⁷ Amsterdam University, Brain and Cognition, Amsterdam, The Netherlands⁸ Duke University, Psychiatry and Behavioral Science, Durham, USA

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Misophonia is a complex neurobehavioral syndrome phenotypically characterized by heightened autonomic nervous system



arousal and negative emotional reactivity, in response to specific sounds [1–3]. Research from basic and applied fields are synthesized with studies explicitly designed to investigate misophonia in an effort to more specifically conceptualise this syndrome. The purpose of this study is to review the emerging misophonia research and to integrate cross-disciplinary research in order to inform conceptualisation of this recently defined syndrome. Recently published case studies, descriptive studies, and laboratory-based psycho-physiological and neurobiological research are reviewed within a transdiagnostic and multi-disciplinary perspective. Finally, a brief discussion of updated neuroscience paradigms of emotion, including defence/fear circuitry related to the amygdala, is included to help more clearly contextualise findings from previous research and inform future studies investigating misophonia. From this perspective misophonia may be considered a central nervous system dysfunction associated with threat cue responding. Clinical implications should first stress coping skills, as there is no evidence-based treatment for misophonia. Ideally, clinicians would work together in cross-disciplinary teams to assist in individualizing coping skills plans for patients. However, for each clinician understanding the neurophysiological, emotional and behaviour manifestations of misophonia is essential, as a practitioner cannot simply apply one specific known therapy at this point, or haphazardly integrate what is known without up-to-date in depth knowledge of the research in so far as it is currently understood, as well as the impact on individual's lives and that of their families.

Disclosure of interest The authors have not supplied their declaration of competing interest.

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[3] Møller, 2011.

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EV0851

Psychogenic polydipsia: A case report

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Introduction Psychogenic or primary polydipsia characterized by excessive thirst and compulsive water drinking is a common problem among psychiatric populations, affecting 6% to 20% of patients. It is frequent in chronic psychiatric diseases, particularly schizophrenia. We report a patient with excessive thirst and diagnosed as PIP syndrome.

Case A 54-year-old, married, female patient had normal vital signs. She has excessive water intake (10–12 L/day). She did not have edema, signs of dehydration or fever. The neurological examination, CT, MRI, and EEG was normal. The laboratory tests were normal. She had started using sertraline 100 mg, 7 months ago due to anxiety disorder. There is not any disease except the anxiety disorder, which is in remission due to the treatment. A total of, 2 µg desmopressin I.M. is applied in fluid restriction test. The urine density is determined as 1.008 mg/dL initially, 1.011 mg/dL one hour later, and 1.013 mg/dL two hours later in the urinary test. The diagnosis is psychogenic polydipsia (primary) according to patient history, the clinical examination, and the test results. The patient is recommended to continue the sertraline 100 mg treatment, and also assigned with fluid restriction behaviour.

Conclusion Since excess water intake periods are correlated with psychotic exacerbations; psychosis and polydipsia might have similar physiopathologic mechanisms. Polydipsia might be due to anti-cholinergic side effect of some psychiatric drugs. The physiopathology of the polydipsia and polyuria is not totally enlightened in the psychiatric disorders. In some cases, the fluid intake occurs completely voluntary. Therefore, we decided to present this case.

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EV0852

New method and new access to the grieving and clinical tool of the thanatology



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Introduction Educational advice for coping with loss and resolution of grief: VIVER[®], proposes new method of research and action in the field of thanatology and grief psychology through systematic meetings, group in which the intervention takes place under the simultaneous care professionals of thanatology and psychology.

Objective To present the principles that underlie the research typology and grief subject, its implications in the grieving process and the service to the mourning proposed by VIVER[®] assistance.

Methods Thanatological hermeneutics and literature review were used to develop this work.

Results The educational assistance VIVER[®] offers a useful tool in the care of the mourning by the method, created by Färber and Färber, composed of two pillars: the presentation of educational content about loss and grief, and artistic, playful and expressive experiences.

Conclusion The work on operational groups listening and intervention assists the development of losses and reinterpretation of the history of the participants.

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EV0853

Thanatology as a resource in the care of addicts and people with mental disorders



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Introduction The purpose of this research is to present multidisciplinary and relevance of Thanatology in coping of addictions and other mental disorders.

Objective The aim of this paper is to analyse the scientific connections that thanatology establishes with other knowledge. With this postulate we present the thanatology and its relations with other disciplines, especially psychiatry, considering that addictions and mental disorders often have as triggering events of loss, death and mourning.

Methods To develop this research we use the systematic literature review, following the process of research, cataloging, careful evaluation and synthesis of the documentation.

Results Thanatology is multidisciplinary shares and receives information from other sciences or sectors of knowledge without these modified or enriched. It is interdisciplinary because it originated disciplinary specialty of a mother discipline: Anthropology; and it is transdisciplinary, thence its relevance in research on the realities that revolve around mental disorders and addictions (Fig. 1).

Conclusion It is important to research on thanatology position in the scientific panorama, given the emergence of this reflection and the relevance of research for its interrelationship with other disciplines.



Fig. 1

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EV0854

Psychological and physical impact of violence in psychiatric nurses



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Introduction Violence in therapeutic centers, especially psychiatric wards is much higher than other units. In healthcare provider groups, nurses are at high risk of patient's aggression in the workplace.

Aims The aim of this study is to evaluate the effect of violence on the health of nurses in Razi Hospital in Tehran, Iran.

Method In this cross-sectional study a total of 312 nurses working in psychiatric hospitals completed a GHQ28 questionnaire.

Results The results demonstrated that there is a statistical significant correlation between violence of patients (including physical violence and disrespect) to physical symptoms, anxiety and sleep disorder in nurses ($P < 0.05$). Also, increased frequency of disrespect by family of patient correlated to higher physical symptoms, anxiety, and sleep disorder in nurses. However, there was not any significant correlation between symptoms of depression, social function with aggressive patients.

Conclusion Patients and their relative's violence affect the health of nurses. Therefore, it is necessary the therapeutic interventions for the prevention of physical and mental diseases in nurses and decreased desire to leave the organization.

Disclosure of interest The authors have not supplied their declaration of competing interest.

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EV0855

Protagonist-patient and servant-doctor: A medicine for the sick doctor-patient relationship

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The doctor-patient relationship (DPR) is very ill; it is in need of emergency assistance. Although there have been change in this relationship, no current model is satisfying. In 1972, Robert Veatch defined some models of DPR. Likewise, Pierloot, in 1983, and Balint, in 1975 and ultimately, Mead and Bower, 2000 with the model of Person-center-care (PCC) medicine.

Objective Evaluate the different kinds of DPR described in the literature and propose an abduction-based model of the Servant DPR, in which patients are protagonists in their treatment.

Methods Pubmed literature review of the last forty years with the keyword 'physician-patient relations'.

Discussion While nursing care advanced in its professional efficacy through Watson's human care and through the leader servant model, the DPR models demonstrated that the doctors are lost in their posture, even feeling as abused heroes. Models that include the patient in decision-making and that value the patient as a person (PCC) promise a revolution in the medical realm. Nevertheless, the PCC model is not enough to heal the DPR itself, because the role of the doctor must be changed to adapt to the relationship, otherwise, the PCC by itself can increase the burden upon the doctor. Doctors with a role of remunerated servant (not slave), like any other professional who delivers a service with excellence, focusing in the main actor, the patient, can heal the DPR.

Conclusion The Servant DPR gives a positive counter transference, increasing the doctor's motivation and giving him back the sense of purpose in medicine, increasing the health system's effectiveness.

Disclosure of interest The authors have not supplied their declaration of competing interest.

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EV0856

Asenapine in the treatment of trichotillomania with comorbid bipolar disorder: A case report

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Trichotillomania has been found to be associated with mood disorders, particularly bipolar disorder. Trichotillomania has shared similarities with bipolar disorder by virtue of phenomenology, co-morbidity, and psychopharmacologic observations. In the past, trichotillomania with comorbid bipolar disorder was treated with lithium and sodium valproate. There has been little, if any, literature on using asenapine to augment treatment in patients with trichotillomania with comorbid bipolar disorder. A patient presented with hair-pulling episodes for a year, resulting in bald scalp patches. She had no mood symptoms prior to this. She developed low mood, anhedonia, poor sleep and poor appetite subsequently as she could not stop pulling her hair. She was started on escitalopram 10 mg daily for her depressive symptoms. Three years later, she developed hypomanic symptoms such as irritability and spending sprees. Her hair pulling behaviour worsened at this time. At this point, a diagnosis of bipolar disorder type 2 was considered and she was started on lithium 300 mg daily. Her escitalopram was discontinued. As her mood was still labile 10 months later, asenapine was added to augment lithium in the treatment of the bipolar disorder. With asenapine, her hair pulling frequency started to decrease rapidly.

Asenapine was increased to 10 mg daily and her hair pulling ceased. Her mood also stabilized and she no longer had erratic periods of mood lability. In conclusion, asenapine augmentation of lithium has potential to be used in patients who have trichotillomania with comorbid bipolar disorder due to its unique receptor profile.

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EV0857

A case for considering differences between organic and psychogenic amnesia

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Introduction Medical record, general examination, laboratory findings, neuropsychological interview and multidisciplinary consideration are essential to establish differential diagnosis and correct approach in amnesic episodes.

Aim To describe differences between organic and psychogenic anterograde amnesia.

Methods Single case report and literature review.

Results A 51-year-old man with only diagnosis of DM I, single, a good relationship with his family, without any personal or familiar psychiatric or neurological history, came to the hospital emergency department brought by his sisters referring disorientation, acute memory loss and mood changes, prevailing indifference to the situation for the last three days. After general exploration, including psychopathological examination and higher brain functions study, we arrived to the conclusion that the patient suffered from anterograde short-term severe amnesia as the only symptom, with evident conservation of autobiographic memory. The family referred as a possible stressor factor his mother's recent transfer to a different city, which had caused constant repeated questions about her location. Given the questionable presentation and trigger we shared the case with the neurologist, who ordered an array of tests to rule out any organic cause (LP, CT, MRI...), obtaining as a final result a diagnosis of limbic encephalitis, treated and effectively solved in two weeks with high-dose glucocorticoids.

Conclusion Certain features of the symptoms exploration in amnesic episodes such as reiterative questioning about a specific topic, a non-modified autobiography or the absence of a clear traumatic precipitant factor, are essential for a correct approach and may lead the clinic to an organic evaluation.

Disclosure of interest The authors have not supplied their declaration of competing interest.

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EV0858

Mental flexibility and problem solving in adult patients who present non-suicidal self-injury

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Introduction Non-Suicidal Self-Injury (NSSI) is considered a dysfunctional way of dealing with problem situations.

Objective This study aimed to investigate the problem solving capacity in adults with NSSI compared to controls.

Methods Thirty-three patients who sought treatment for NSSI (NSSI group) were compared with 33 individuals without psychiatric disorder (control group). We also investigated Axis I disorders, executive functions and problem solving capacity.

Results In both groups, the majority were women (77.25%) with a mean age of 30 years, and the beginning of NSSI behavior of 16 years. The most common NSSI behaviour was skin cutting, and the most common reason given for engaging in that behaviour was “to stop negative feelings”. The most common psychiatric comorbidities were major depressive disorder (60.6%). Compared to controls, the group with NSSI showed lower results in relation to problem solving capacity ($P=0.000$) and mental flexibility ($P=0.007$). Deficits in problem solving capacity may be a reflection of low mental flexibility of adults with NSSI. This may be a risk factor for the beginning of NSSI and the persistence of it in adulthood.

Conclusion Early identification and treatment focused on problem solving capacity during the adolescence may prevent the chronicity of NSSI.

Disclosure of interest The authors have not supplied their declaration of competing interest.

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EV0859

Associations between gender and obesity among adults psychiatric outpatients in the town of Gabes (Tunisia)

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Background Patients with severe mental illness (SMI) suffer from two to three times higher rates of obesity, and this has translated into much higher rates of obesity-related morbidity and premature mortality in this population.

Aims Measuring the frequency of obesity and its associations with gender, and others socio-demographics factors among 115 adults psychiatric outpatients.

Methods A cross-sectional study, was conducted to assess frequency of obesity among 115 adults attending public mental health department in the regional hospital of Gabes (south of Tunisia). For the diagnosis of mental disorders, we used the diagnostic and statistical manual of mental disorders (DSM-V). Obesity was estimated by body mass index (BMI). This index is defined as the ratio of weight (kg) to squared size (m²). Overweight is defined as a BMI between 25 and 29.9 kg/m² and obesity by a BMI ≥ 30 kg/m². BMI was measured directly and other information was gathered by interview.

Results The mean BMI was 25. In our patients, 40.9% were overweight, 49.6% ($n=57$) were obese including 8.7% ($n=10$) who were morbidly obese. Obesity was significantly more frequent in women (63.8% vs 39.7%, $P=0.009$), living in a couple (60.9% vs 42%, $P=0.03$) and having a medium or high socioeconomic level (53.3% vs 30.4%, $P=0.03$). There were no differences between obese and non-obese regarding age, level of education and professional status.

Conclusion The high prevalence of obesity among women suggests that targeted approaches are needed to promote optimal physical health in this population.

Disclosure of interest The authors have not supplied their declaration of competing interest.

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EV0860

Does listening to Mozart’s music influence visuospatial short-term memory in young adults?

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Introduction Music is claimed to improve mental function and many researchers claim that this effect related to Mozart’s music is limited to enhancement of the spatial temporal reasoning and not to other cognitive functions.

Objectives To explore the influence of Mozart’s music on visuospatial memory.

Methods Sixty adults (37 women and 23 men), with $M_{age} = 21.83$, $SD_{age} = 2.38$, $M_{education} = 14.03$, $SD_{education} = .99$, and without any formal musical education were examined through an experimental process. Participants in groups of ten listened to Mozart’s sonata for two pianos in D major, K.448, to Mozart’s violin concerto No.3 in G major, K.216, and to a no sounds condition in varying order. The participants after listening to each 10-minute condition were presented with a series of randomly generated patterns made up of black squares on a chess-like surface. This was used in order to test the storage capacity of their visuospatial memory. After 3 seconds of presentation for each drawing, they were asked to reproduce by drawing these patterns that progressively got bigger.

Results Results revealed for all three conditions that the number of correct grid drawings made by the participants was not significantly statistically different ($P>05$), and therefore their visuospatial memory retention was not influenced by any kind of music.

Conclusions Future research could examine in more detail the retention and manipulation of visuospatial information not only in tasks similar to the visual patterns test, but also in different tests used for clinical and non-clinical populations.

Disclosure of interest The authors have not supplied their declaration of competing interest.

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EV0861

Profile lipid and obesity in patients with Tms to treatment with antipsychotics

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Introduction Psychiatric patients tend to have severe metabolic alterations of multifactorial causes, lifestyle, diet, drug use and psychopharmacological treatment, especially antipsychotic drugs which act as risk factors for cardiovascular disease, strokes, infections and complications of diseases basal negatively influencing its evolution and prognosis.



Objectives Rating the profile lipid and the prevalence of obesity in patients registered as disorder mental severe in treatment with antipsychotics.

Aims/methods A descriptive study was performed taking as variables to take into account levels of cholesterol, triglycerides, weight and size.

Results Of the 28 patients included in the study 7 refused to perform the corresponding measurements. Of the 21 remaining, 3 showed values higher than 150 mg/dl triglycerides and cholesterol figures higher than 200 mg/dl. Other 3 patients presented hypercholesterolemia without alteration of triglycerides and 2 hypertriglyceridemia without elevation of the cholesterol. Concerning the IMC, found that 7 patients presented overweight (BMI >25 and <30) and 5 patients obesity (BMI >30). Of the 8 patients with lipid disorders, 2 had prescribed treatment with risperidone (oral or injectable) more quetiapine, 2 oral risperidone as monotherapy, risperidone 1 more amisulpride, 1 quetiapine more aripiprazole, quetiapine 1 in monotherapy and 1 injection invega more oxcarbamacepina.

Conclusions We found lipid alterations in a 38.1% of patients and a BMI greater than 25 in a 57.14% of 21 patients who agreed to the study. The most prescribed antipsychotic among these patients were risperidone (5 patients) followed closely by quetiapine (4 patients).

Disclosure of interest The authors have not supplied their declaration of competing interest.

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EV0862

Waiting for the child cleft lip and/or palate surgery: Differences between mothers and fathers' experiences



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Introduction Literature on parents of children affected from cleft lip and/or palate has described the risk of higher levels of stress and anxiety during the pre-surgery period. To the best of our knowledge, just one study has empirically investigated the differences in the psychosocial adjustment of both mothers and fathers, but information on the pre-surgery period were not given. Given that, the aim of the current study is to evaluate the psychological functioning of both parents waiting for the child operation.

Method Data from 34 Italian parents (F=18; M=16; Mean age = 36.62, SD = 6.07) of children affected by cleft lip and/or palate (Mean age = 12 months; SD = 13.75 months) were collected during the pre-hospitalization visits. The following questionnaires were administered, respectively to mothers and fathers: PSI-SF, MSPSS, PACQ, DAS and FACES-IV.

Results Data shows no significant differences between fathers and mothers on the total score of each variable taken into account. Differently, significant differences emerge on the "Self Blame" PACQ subscales.

Conclusions Mothers and fathers seem to share the same psychological experience during their child pre-surgery period. To note, our preliminary data highlight the maternal perception as featured by a greater sense of guilty for the child's disease. The feeling of guilt may be a risk factor for the parental ability to cope with the experiences of the child's illness, influencing parental care giving and parent-child relationship.

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EV0863

Couple satisfaction and parenting stress in parents of children with ASD



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Introduction Literature on parents' adjustment in families with autism spectrum disorder (ASD) children highlights on one hand that raising a child with ASD represent a higher stressful experience comparing to families of children with other disabilities and families of children with typical development. On the other hand, a recent systematic review on relationship satisfaction of these parents stressed the very lower levels of couple satisfaction in parents raising a child with ASD. Given that, the aim of this study is to investigate the association between relationship satisfaction and parental stress in a sample of parents of ASD children.

Method 70 parents were recruited (34 = M and 36 = F) to sign the following self-reports: Parenting stress index-short-form (PSI-SF), to assess stress relative to parental role, and dyadic adjustment scale (DAS), to assess couple satisfaction.

Results The analysis showed no differences between mothers and fathers respect to investigated variables. Negative correlations between almost all subscales of the PSI-SF and the subscales of DAS emerged. Moreover, from the regression analysis performed, it can be concluded that the values of the total score of the DAS predicts the PSI-SF total score.

Conclusions In accordance with and building on the achievements of previous studies, these data illustrate a positive influence of couple adjustment on parental stress in parents of ASD children, supporting the hypothesis that relationship satisfaction emerge as a protective variables in the process of parental adaptation.

Disclosure of interest The authors have not supplied their declaration of competing interest.

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EV0864

Justinus Kerner and mesmerism



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Introduction The German physician and poet Justinus Kerner (1786–1862), Swabian public health officer in Weinsberg, is well known as an allround, even an epoch-making personality in his time and a natural scientist typical for late romanticism. His greatest merit is not due to his poetic scripts, but to his scientific work. This begins with his medical dissertation "Observata de functione singularum partium auris", a mine of experimental behaviourism.

Objectives The aim of this study is to evaluate the influence of Franz Anton Mesmer (1734–1815) on Kerner's way of treating patients.

Methods A literature research was done on Kerner and mesmerism.

Results Kerner's first contact with animal magnetism was in 1797, when he was magnetized and healed by Dr. Eberhard Gmelin, one of the first mesmerian doctors in Germany, because of his nervous stomach. With the "Seeress of Prevorst" the author ventured to advance into deep layers of the soul unknown so far. During the years 1826–1829 Justinus Kerner treated Friederike Hauffe (1801–1829), the "Seeress of Prevorst", at his Weinsberg domicile. In the year 1829 he published the description of her life and disease with the title "The Seeress of Prevorst, being revelations concerning the inner-life of man, and the interdiffusion of a world of spirits in the one we inhabit".

Conclusions Kerner was very much influenced by Mesmer and left volumes of psycho-pathological case histories that helped to prepare a way for a medicine more psychotherapeutically founded.
Disclosure of interest The author has not supplied his/her declaration of competing interest.

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EV0865

Anxiety and depression in patients with gastroesophageal reflux disorder



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Introduction Evidence shows an influence relationship between described symptoms of gastroesophageal reflux disorder (GERD) and emotional state.

Objectives/aims The current study aimed to evaluate the relationship between anxiety and depression with GERD in the patients referred to the endoscopy unit of Bouali-Sina hospital of Qazvin.

Methods Two hundred individuals (100 patients with GERD and 100 healthy individuals as control group) were enrolled into the current study. All subjects completed the hospital anxiety and depression questionnaire. GERD was diagnosed based on Los Angeles classification system. Demographic and socioeconomic characteristics in addition to clinical history of subjects were collected and analyzed using proper statistical methods.

Results Among the recruited patients, 50 subjects had erosive esophagitis (ERD) and 50 had non-erosive esophagitis (NERD). The anxiety score was significantly higher in the NERD group than ERD and control groups ($P < 0.001$; $P = 0.017$). In addition, the anxiety score was significantly higher in the ERD group than the control group ($P = 0.014$). The score of depression was higher in NERD group than ERD and the control groups, but not significant regarding the ERD group ($P < 0.001$). There was no significant difference among the groups regarding age, gender and body mass index (BMI). The number of smokers was significantly higher in the ERD group than the ERD and control groups ($X^2 = 39.59$, $DF = 6$, $P < 0.001$).

Conclusion The current study showed that mental factors (anxiety and depression) play important roles in the development of GERD, especially NERD; therefore, it is recommended to consider these factors to select suitable treatment plan.

Disclosure of interest The author has not supplied his/her declaration of competing interest.

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EV0866

Psychiatric causes of unfitness for military service



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Introduction The national service is a duty for every Tunisian citizen. The knowledge of psychiatric causes of unfitness for military service would enable developing standardized procedures for selecting and psychiatric assessment of young candidates.

Objectives Determination of the diagnostic categories, frequency and factors associated with psychiatric causes of unfitness for military service.

Method This was a retrospective, descriptive study, performed on medical files of candidates examined between the 1st of January and the 31st of December 2015 at the military hospital of Tunis.

Results Eight hundred and seventy-two subjects were examined as a part of an assessment for mental fitness for military service. They were male, single, with an average age of 23.73 ± 3.5 years. Alcohol was consumed by 17.9% of subjects, cannabis by 12.8% and psychotropic by 4.7%. Fourteen percent had self-mutilation, 8.5% had criminal record and 5.3% had tattoos. Military unfitness was found in 80.8% of cases. The main causes of unfitness were anti-social personality disorder (40.6%), hysterical neurosis (14.9%), adjustment disorders (14.5%) and limited intellectual level (7.5%). The average length of service before found unfit was 9.14 months for anti-social personality, 5.94 months for adjustment disorders and 1.78 months for psychotic disorders. This period was significantly longer for the personality disorders (8.62 months) compared to psychotic disorders ($P = 0.013$) or to non-psychotic disorders (5.05 months, $P < 0.001$).

Conclusion The evaluation on the mental ability of military personnel must be performed at an early date, given the financial, material and human consequences that would result from a delayed diagnosis.

Disclosure of interest The authors have not supplied their declaration of competing interest.

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EV0867

Assessing the risk of venous thromboembolism in psychiatric in-patients



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Introduction Venous thromboembolism (VTE) is a potentially fatal condition. Hospital-associated VTE leads to more than 25,000 deaths per year in the UK. Therefore identification of at-risk patients is crucial. Psychiatric in-patients have unique factors which may affect their risk of VTE (antipsychotic prescription, restraint) however there are currently no UK guidelines which specifically address VTE risk in this population.

Objectives We assessed VTE risk among psychiatric inpatients in Cardiff and Vale university health board, Wales, UK, and whether proformas currently provided for VTE risk assessment were being completed.

Methods All acute adult in-patient and old age psychiatric wards were assessed by a team of medical students and a junior doctor over three days. We used the UK department of health VTE risk assessment tool which was adapted to include factors specific for psychiatric patients. We also assessed if there were concerns about prescribing VTE prophylaxis (compression stockings or anticoagulants), because of a history of self-harm or ligature use.

Results Of the 145 patients included, 0% had a completed VTE risk assessment form. We found 38.6% to be at an increased risk of VTE and there were concerns about prescribing VTE prophylaxis in 31% of patients.

Conclusions Our findings suggest that VTE risk assessment is not being carried out on psychiatric wards. Staff education is needed to improve awareness of VTE. Specific guidance for this population is needed due to the presence of unique risk factors in psychiatric in-patients and concerns regarding VTE prophylaxis.

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EV0868

Sensation seeking and religious orientation: Correlation study

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Introduction Religious orientation is a tendency to religious thoughts and performances, which contain the attitudes, beliefs and religious practices. Sensation seeking is a personality trait whereby seeking new feelings and experiences, innovative, complex and intense desire for taking physical and social risks.

Aim The purpose of the study is to predict the religious orientation based on emotional intelligence.

Method The current study utilized Alport's religious orientation questionnaire and Zukerman's sensation seeking questionnaire and applied the correlation method that provides an illustration of anticipating religious orientation. Of all the population of one university in IRAN, 116 participations were selected by using a multistage random sampling method.

Result The finding indicates that based on the emotional intelligence and its components, religious orientation is predictable.

Conclusion It is found that a significant positive correlation holds for emotional intelligence with external religious orientation. In addition, it is showed that a significant negative correlation holds for emotional intelligence with internal religious orientation.

Disclosure of interest The authors have not supplied their declaration of competing interest.

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EV0869

The relationship between parent perfectionism and childhood anxiety of their children in female Refah bank employees in Tehran



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Although many studies have investigated the relationship between perfectionism and anxiety among the adults, little is known about the manifestations of the effects of parent perfectionism on anxiety of children in Iran. This study was conducted to examine the relationship between positive and negative perfectionism of mothers whist anxiety of their children in an Iranian sample. Besides the study of effects of mother's perfectionism and how can make serious problems for their children is another aim of this research. The study was consisted of 150 women of Refah Bank employees and their 8–15 years old children, which were selected by a multi-stage random cluster sampling. In order to evaluation, the positive and negative perfectionism scale and the revised children's manifest anxiety were assessed. After data collection, Pearson correlation and stepwise regression, using SPSS were conducted. Results showed that positive perfectionism of mothers was not correlated significantly with their child's anxiety. However, mothers' negative perfectionism was associated positively with children anxiety which was significant at 0.01 probability level. Analysis of stepwise regression showed that mothers' perfectionism predicted anxiety of their child. It can be concluded that negative perfectionism of mothers can directly and indirectly have negative effects on children and provide serious problems for them. Our findings indicate that although we must take care of unhealthy and neurotic consequences of negative perfectionism but positive striving for perfection can help us to improve in some aspects.

Disclosure of interest The author has not supplied his/her declaration of competing interest.

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EV0870

“Dangerous relationships”: Family dynamics among members with severe mental illness. about a case

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A 51-year-old woman from a Mediterranean location with a history of a brother diagnosed with schizophrenia, moved thirty years ago, away from her family of origin, when marrying a man suffering from severe untreated OCD, who in turn, has two brothers, both with OCD, and a nephew with OCD. She says that her husband is very unsociable, spends most of the day at work and comes home at night to clean for a long time until he does not see lint on the floor or a crumb on the table literally. They have a fifteen-year-old son, with needy materials, very attached to the mother and very little to the father. The patient consults, motivated by a former sister-in-law and a friend, because they have noticed deterioration in their self-care and tendency to isolation, which the patient explains because in the last year she has noticed exacerbation of the comments by her neighbours and even unknown people that tell her “look how dirty, your husband has to come after work to clean your house, and makes noise.” The companions are also concerned that the child has had school and social problems and admits hearing the same as his mother. Now, What possible diagnoses do we propose in this patient: Folie a deux, delusional disorder, paraphrenia, other? (Figure 1)

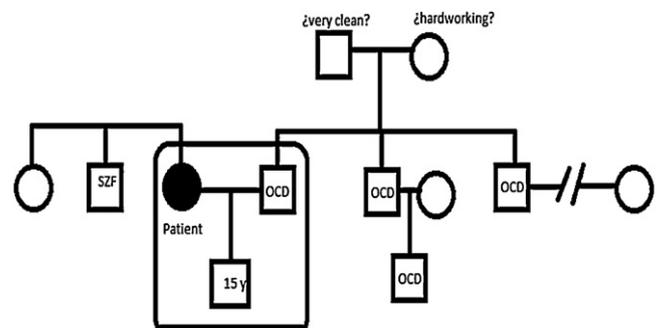


Figure 1

Disclosure of interest The authors have not supplied their declaration of competing interest.

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EV0871

Needs assessment of people with severe mental illnesses and their families in Azerbaijan



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Needs assessment of people with severe mental health problems and their family members provides important information necessary for developing effective interventions at both population and individual level. The study aimed to determine various

needs perceived by patients with SMI and their family members, as well as to find out possible relations between the needs and socio-demographic and clinical variables. Similarly the study was intended to evaluate family burden and users' satisfaction with services.

Fifty dyads of a patient and family members applying for outpatient services were participated in the study. Sociodemographic questionnaire, Brief Psychiatric Rating Scale, Camberwell assessment of needs, involvement evaluation questionnaire and verona service satisfaction scale were used as assessment tools.

The most unmet needs reported by people with SMI and their relatives were psychological distress, social activities and welfare benefits. The study showed significant burden in families caring for people with SMI, which correlated with their views about patients' needs and had a negative impact on the psychological well-being. Evaluation of satisfaction with services pointed out the gap between provided and desired services reported by patients and their relatives. Most of study participants wished to have sheltered work, or receive help in finding employment.

The study results suggest that in order to achieve better outcomes, services for persons with SMI should be developed in accordance with patients' most prominent needs. With this regard needs assessment should become an integral part of routine clinical practice. The results may be used for mental health service planning, development and evaluation.

Disclosure of interest The author has not supplied his/her declaration of competing interest.

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EV0872

Work memory and inhibition in abused children

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Introduction It has been shown that children with a history of abuse tend to have a deficit in both their academic and cognitive abilities. Mesa-Gresa, P., & Moya-Albiol, L. (2011) [1]. This study aimed to identify the relationship between abuse (psychological, neglect, custody and abandonment) and the performance of executive functions of memory of verbal work and inhibition.

Method The Executive Function battery (Gonzalez, M., & Ostrosky, F., 2012) [2] was applied to 38 preschoolers 4–5 year olds who have experience abuse and to 36 preschoolers who have not. Data was analysed using the test t for independent samples and the Chi-cuadrado from Pearson.

Results Inhibition was affected in children with psychological abuse and negligence. It means that children presented difficulty in controlling their behaviour. Children victim of abandonment showed lower performance of executive functions of memory of verbal work. Such function allows them to carry on daily activities efficiently. Conversely, children without previous history of abuse showed higher performance in both tests especially in inhibition.

Conclusion Findings suggest that child abuse in preschoolers can influence the performance in their executive functions without difference in gender.

Keywords Executive functions; Child abuse; Preschoolers; Inhibition; Memory of verbal work

Disclosure of interest The author has not supplied his/her declaration of competing interest.

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EV0873

What about the hidden face of Akathisia?



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Introduction Akathisia is commonly known for its objective components such as rocking while standing or sitting and lifting feet. However, little is known about its psychiatric impact that can even lead to suicidal attempts.

Objectives The aim of this study is to investigate the main psychiatric symptoms associated with akathisia in a Tunisian sample of patients under treatment for Schizophrenia, Schizoaffective or Bipolar Disorder.

Methods Fifteen patients were diagnosed with akathisia using the Barnes Akathisia Scale. Psychiatric symptoms related to akathisia such as mood lability, sadness, anxiety, aggressivity, suicidal ideation, insomnia and social and professional impairment were assessed.

Results The average age of the sample was 47 years. The average antipsychotic chlorpromazine-equivalent total dosage was 1756mg. All patients reported at least one psychiatric symptom imputed to akathisia. These were: mood lability ($n = 11$), inner restlessness ($n = 10$), anxiety ($n = 10$), sadness ($n = 10$), aggressivity ($n = 6$), and insomnia ($n = 12$). Eight patients described suicidal ideation and five confessed having committed a suicide attempt. Four and ten said akathisia had professional and social impact respectively. The prevalence of psychiatric symptoms did not differ according to sex, age, diagnosis, illness duration, presence of a comorbid anxiety disorder, the number and types of antipsychotics used, the antipsychotic chlorpromazine-equivalent total dosage or the reported drug compliance.

Conclusions Psychiatric symptoms resulting from Akathisia remain frequently undetected. Special interest by the clinician is required to elicit these symptoms.

Disclosure of interest The authors have not supplied their declaration of competing interest.

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EV0874

Self-esteem links with anxiety and depression at one community adolescent sample



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Introduction Anxiety and depression is becoming an increasingly important public health issue. The adolescents' population is among affected seriously.

Objectives The objectives of the study was to investigate the level of anxiety, depression and self-esteem among adolescents and explore links between.

Methodology Participants were 99 adolescents randomly selected in school, aged between 12 to 19 years ($M=14.88$; $SD=2.09$); in terms of gender composition, there were girls 41.1% and boys 58.9%. The measures used included the Albanian versions of depression self-rating scale for children, the revised children's manifest anxiety scale, and the rosenberg self-esteem scale. All data has been analysed by SPSS 21 and Excel 2007.

Results Results showed that clinical significant levels reported 10.3% of participants for anxiety and 22.4% for depression. With low self-esteem scored 16.3% of participants. Self-esteem is significantly negatively correlated only with depression ($r = -.433$, $P < .00$). Mann-Whitney Test didn't found significant differences in anxiety based on self-esteem levels. Mann-Whitney Test found significant differences in depression levels based on levels of self-esteem ($Md_{low\ self-esteem} = 15$; $n = 16$; $Md_{normal\ self-esteem} = 10$; $n = 81$) as adolescents with low self-esteem had significantly higher depression as compared to adolescents with normal self-esteem ($z = -2.876$, $P < .004$).

Conclusions Findings suggested that self-esteem and depression links are present but not links self-esteem and anxiety. It is important to investigate these relationships in future research aimed identification/interventions programs.

Disclosure of interest The authors have not supplied their declaration of competing interest.

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EV0875

Diagnoses among students, patients of psychiatric outpatient ambulatory in student health centre of Ljubljana university



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Introduction Health care for students in Slovenia was organized immediately after the WWII. It slowly developed and in late 1960's extended with specialist ambulatories, including psychiatric.

Objectives Survey of primary psychiatric diagnoses in one school year.

Method Research of patient's primary psychiatric diagnoses of the school year 2015/2016.

Results During 1.9.2015–31.8.2016, there were 1126 patients diagnosed in the age group younger than 29 years, while number of diagnoses was 90 (see Table 1).

Conclusions Most patients were diagnosed with one among anxiety disorders, followed by one of the mood [affective] disorders while the third most common diagnosis was one of schizophrenic spectre. The findings are at least approximately consistent with data elsewhere.

Table 1

Blocks of diagnostic classifications	No. of diagnoses in certain blocks	No. of patients	% of patients
Mental disorders due to PAS use (F10-F19)	1	1	0.1
Schizophrenia, schizotypal and delusional disorders (F20-F29)	16	111	9.9
Mood [affective] disorders (F30-F39)	24	273	24.3
Neurotic, stress-related and somatoform disorders (F40-F48)	21	543	48.3
Behavioural syndromes . . . (F50-F59)	7	31	2.6
Disorders of adult personality and behaviour (F60-F69)	11	96	8.5
Disorders of psychological development (F80-F89)	2	2	0.2
Behavioural and emotional disorders . . . (F90-F98)	2	60	5.3
Other non-mental disorders	2	2	0.2
Z71.x (Counselling and medical advice)	4	7	0.6
	90 diagnoses	1126 patients	100

Disclosure of interest The author has not supplied his/her declaration of competing interest.

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EV0876

Malingering and medicalization in Israeli higher education: A critical inquiry of students feigning learning disorders



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This lecture stimulates new thinking about learning-disorders. Previous research in Israel regarding students with learning-disorders did not analyze the social processes through which students acquire the disability label. Therefore, the scenario of some students seeking the learning-disorder label in order to gain academic advantage has not been discussed in the professional literature within this context. The lecture is based on forty in-depth interviews conducted with self-testified malingering students who, nonetheless, were diagnosed as learning-disordered. Using sociological and naratological frameworks, the lecture discusses the strategies used by the students prior to, and during, their formal diagnoses, in order

to influence the diagnosis outcome and convince the diagnosticians that they were genuinely “learning-disordered”. The strategies are divided into three clusters corresponding to the pre-diagnostic, diagnostic, and diagnostic-interview stages. The students’ stories challenge a number of assumptions that are embedded in the educational–academic and medical discourses regarding students with learning-disorders. Moreover, the lecture maps the reasons used by the interviewees in order to justify pretending to be learning-disordered. Prominent among these rationalizations are claims of “equal opportunity”, “objective science”, “lack of choice”, “everybody does it” and “it’s a unique situation”, as well as minimizing statements. Finally, the clinical cases described are placed within the current Israeli educational and cultural context characterized by medicalization trends as well as the negative images of “effort” on the one hand, and the meritocratic ethos of “success” on the other. It is suggested that these may shed some light on the ever-growing number Israeli learning-disordered students.

Disclosure of interest The author has not supplied his/her declaration of competing interest.

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EV0877

Perfectionism is related with academic stress in medical student



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Objective Especially medical students set high academic standard, and try hard to achieve because they are requested to studying medicine perfectly. Multidimensional perfectionism scale (MPS) is used to measure perfectionism in medical student. The purpose of the present study was to investigate the relationships between stress and various factors including perfectionism.

Methods We enrolled 159 medical students from University of Ulsan college of Medicine. We used the Medical Stress scale (MSS), the Multidimensional Perfectionism Scale (MPS), the patient health questionnaire-9 (PHQ-9), the academic motivation scale (AMS), the insomnia severity scale (ISS), and The revised neo personality inventory.

Result To analyze data, we used Pearson’s correlation and logistic regression analysis. In the first step- Pearson’s correlation analysis, a motivation, PHQ-9, ISI, perfectionism and neuroticism traits of NEO-PI significantly correlated with stress level ($P < 0.001$). In the second step, logistic regression analysis indicated that students who feel high level of academic stress (MSS score ≥ 28) are also related to a motivation, insomnia, perfectionism and neuroticism traits of NEO-PI ($R^2 = 0.389$, $P < 0.05$).

Conclusion Student who tend to be perfect feel more academic stress. The high level of stress related to insomnia and a motivation in medical student. Moreover, personality trait also can influences their psychological stress level.

Disclosure of interest The authors have not supplied their declaration of competing interest.

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EV0878

Internet addiction in adolescents and staying at a dormitory: A controlled study



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Introduction Internet addiction can have important consequences in adolescents. Many adolescents have to live apart from their families for their education during high school. Some of these students stay in dormitories. Despite the many studies on Internet addiction, none of them clarify the Internet addiction status and quality of life of dormitory residents.

Aims Our aim in this study was to determine the internet addiction scores of dormitory residents and evaluate whether a difference was present with students who lived at home.

Methods The subject group consisted of randomly chosen dormitory students. The control group consisted of another randomly chosen student at the same class who was staying at home. The sociodemographic data forms the pediatric quality of life inventory (PedsQL), children’s depression inventory (CDI) and internet addiction test (IAT) were administered.

Results We found lower Internet addiction scores and total psychosocial scores in dormitory students compared to students who lived at home. There was no difference between the groups regarding depression score, physical health total score and quality of life total score.

Conclusions Our results indicate that dormitory students suffer less from Internet addiction than those staying at home while the quality of life is similar. Staying at a dormitory may be protective against and therapeutic for Internet addiction without decreasing the quality of life and missing school for internet addict adolescents as it makes it more difficult for them to access the internet.

Disclosure of interest The authors have not supplied their declaration of competing interest.

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EV0879

The phenomenon of psychological adaptation to the professional activities of doctors



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Disorders of adaptation of young doctors and students to their the professional activities.

The study was designed to develop a system of psychological adjustment and psychoprophylactic support during professional training based on a systematic approach to the study of the mechanisms of formation of psychological adaptation to the professional activities of doctors.

It was conducted comprehensive examination of 405 interns and of 615 last year’s students of medical universities in Ukraine. 211 interns had adaptation disorders. The data demonstrated individual and personal, social and psychological factors, mechanisms and conditions of psychological adaptation to medical work.

The necessary components of psychological readiness for independent productive activities on the basis of high value professional identity, a positive attitude to the profession, perception of the patient as a personality in a certain psychological state, choice of interpersonal relationships and the use of ethical and deontological knowledge and skills at different stages of treatment process.

The results showed that females have a higher level of disorders of adaptation to professional activity, compared with males. High level of disadaptation, which requires using of emergency measures was founded at 9.2% of men and 12.5% women; moderate level of desadaptation, which requires mandatory intervention of psychologists, conducting rehabilitation programs - 10.3% men, 14.0% women; mild level of desadaptation, in which the useful work of advisory experts - 36.2% and 42.1% respectively.

Disclosure of interest The authors have not supplied their declaration of competing interest.

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EV0880

Relationship between the risk of relapse and via of administration of treatment antipsychotic



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Introduction The income hospital represents a rupture in the continuity of life of the patient. It would be advisable to determine those variables that help to reduce them. Some studies are running to a paper protector of the treatment injection in the relapses and number of hospitalizations.

Objectives Compare the risk of decompensation, measured in terms of income hospital or consultations to emergency, between patients to treatment injection versus oral.

Aims/methods He is a descriptive study which assesses the number of hospital admissions and consultations to emergency departments in the period of one year (between September 2015 and September 2016) of a sample of 28 patients registered as TMS and the results are compared with the type used for antipsicótico treatment via.

Results We start from a sample of 28 patients, of which 17 are still a treatment intramuscular and 11 have all your guideline prescribed in oral. Patients injection treatment group needed to be admitted to a psychiatric inpatient unit at least on one occasion in the past year, 7 patients and 11 patients to oral treatment, only 2 patients were admitted and other 2 came once to your referral hospital emergency department.

Conclusions Of the 17 patients to treatment with injectable ingestion or needed care urgently a 41.18%, facing the 36.36% of those patients to treatment by via oral. These results do not have a protective role of injectable treatment compared with decompensation measures according to need hospitalization or urgent attention.

Disclosure of interest The authors have not supplied their declaration of competing interest.

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EV0881

Academic burnout and personality traits in Korean medical students



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Objectives Personality was shown to play an important role for well being under academic stress. The purpose of the present study was to evaluate how temperament and character traits predict academic burnout in Korean medical students.

Methods One hundred and seventy-eight Korean medical students completed the Cloninger's temperament and character inventory (TCI) at the beginning of semester and Maslach burnout inventory-student survey (MBI-SS) was also measured around the final exam when academic stress and burnout is at the highest. The correlation between TCI and MBI-SS was examined and stepwise regression analysis was performed to measure how well personality traits predict academic burnout level.

Results The MBI-SS total burnout score was correlated positively with harm-avoidance ($r = 0.247, P < 0.05$) and negatively with self-

directedness ($r = -0.296, P < 0.001$) and Cooperativeness ($r = -0.169, P < 0.05$) scores. The regression analysis showed that the harm-avoidance ($\beta = 0.269, P < 0.001$) accounted for exhaustion score and the self-directedness explained the Total burnout score ($\beta = -0.296, P < 0.001$) and Inefficacy score ($\beta = -0.284, P < 0.001$). The Cynicism score was accounted for high Novelty-Seeking ($\beta = 0.150, P < 0.05$) and low Cooperativeness ($\beta = -0.182, P < 0.05$).

Conclusion This study showed that the Cloninger's temperament and character might explain the burnout level from the stressful medical education. The temperament of novelty-seeking and harm-avoidance could provide the susceptibility to the academic burnout and the character of self-directedness and cooperativeness might determine the resilience to the negative influence of academic stress.

Disclosure of interest The authors have not supplied their declaration of competing interest.

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EV0882

Community behavioral health care linkages for youth



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Introduction and objective behavioral health (BH) agencies have care linkages for youth including juvenile justice (JJ). However, there are few studies on youth care linkages. This study focuses on six sites with the objective of examining BH and JJ staff perceptions about information exchange on screening, assessment and treatment.

Methods We developed an index to quantify BH and JJ staff perceptions of information exchange on youth screening, assessment and treatment. After Informed Consent, staff rated past year interactions from agree to disagree on a 7-point Likert scale. Chi-squares and T-tests were used.

Results All 64 staff consented 17 (26.5%) BH staff and 47 (73.5%) JJ staff. Significant differences included BH staff were more likely to be licensed ($P < .001$) and had a masters degree or higher ($P = < .01$). Professional experience ranged from 9.8 to 15.8 years. However, there were no statistically significant differences. BH staff was somewhat higher from 5.7 for "shared assessment results" to 6.8 for "been easy to talk to" while JJ staff were from 5.1 for "shared screening results" to 6.1 for "treated youth with respect".

Conclusions This pilot study found high rates of staffs agreement including ease of talking and listening, sharing screenings and assessments information, and helping begin, continue, and complete treatment. This high agreement was not expected with confidentiality restrictions and traditions. Future studies should target care linkages including letters of agreement, case conferences, and guidelines.

The study is supported by the National Institutes of Health.

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EV0883

The reality of domestic violence in the US



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According to the United States department of justice, domestic violence is defined as “a pattern of abusive behaviours in any relationship that are used by one partner to gain or maintain power and control over another intimate partner”. It involves a pattern of coercive behaviour in intimate relationships whereby the behaviour is controlled through humiliation, intimidation, fear, and often intentional physical, emotional or sexual injury. Domestic violence crosses all ethnic, socioeconomic and age groups, and is also prevalent in same sex relationships.

Over six million children are severely assaulted by family members every year in the United States; a man beats a woman every twelve seconds; women who leave their batterer are at 75% greater risk of being killed by their batterer than those who stay; and one third of police time is spending on answering domestic violence calls.

In domestic violence situations the intervention is frequently in crisis, where the victims “fight” for survival, and it is necessary to give proper answers according to the victim’s needs. The professionals that work directly with domestic violence assume that there is a strong bond connecting the domestic violence with mental health. In the United States 90% of domestic violence survivors report extreme emotional distress; 47.5% report having been diagnosed with post-traumatic stress disorder; 14.7% report anxiety; 20% depression. Mental illnesses are frequently observed in domestic violence survivors.

Disclosure of interest The authors have not supplied their declaration of competing interest.

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EV0884

Psychiatric picture of encephalitis: Stigmatisation of psychiatric patient

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Background Psychiatric symptoms/disorders in brain diseases are not specific and may have the same clinical presentations as functional psychiatric disorders, so they can compromise early diagnosing of disease.

Objective This paper’s objective is to show (negative) influence of stigma in a diagnostic process of patients with predominantly psychiatric symptoms in their clinical pictures.

Materials and methods The subject is a 46 year-old female patient with no history of psychiatric disease. Her symptoms includes: confusion, disorientation, perseveration, visual and auditory hallucination, lack of motivation, inability to understand questions, developed following a 10-day long period of febricity. During the outpatient care, she has been examined by a neurologist, a specialist of urgent and internal medicine, and a psychiatrist. As the CT scan made in that stage was interpreted as normal, the patient was hospitalised in a psychiatric hospital. She was treated both with typical and atypical antipsychotics but no therapeutic effects have been reached. Thinking of organic etiology, advanced diagnostics have been made (MR, LP). MR scan showed lesion that is a characteristic for herpetic meningitis, which is also confirmed with positive serological tests.

Conclusion In patients with a sudden onset of psychiatric symptoms, patients with unexpected changes in mental status or suddenly developed headaches, as in the therapy-resistant psychiatric disorders, it is important to keep in mind the possibility of the coexistence of brain disease. Removing the stigma from psychiatric patients is important in order to be able to give every patient the chance of getting the correct diagnose on time.



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EV0885

Women’s personal and political identities in selected Middle East countries

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Introduction Women’s personal and political identities are significant in defining their roles and eventual contribution to society in contemporary society both in the private and public spheres.

Objectives This research study focuses on the effect of Islam on women’s personal and political identities.

Aims This research aims to highlight the existing ideology relating to women’s treatment in regards their identities and public roles, and hence to contribute to women’s emancipation.

Methods This study utilizes quantitative and qualitative methods in analysing women in eight Muslim-majority countries, namely, Iran, Turkey, Egypt, Saudi Arabia, Jordan, Yemen, Cyprus and Kuwait, in the Middle East. For the quantitative data, statistical dataset was culled from Inter-university consortium for political and social research of the university of Michigan.

Results The overall results show that historical constructions of gender spheres are still palpable in the Islamic landscape. Woman’s question is identified as a complex personal and social problem, and cannot be rejected as a valid search for gender sameness or equality. This study also shows the interpolation of Islam with other factors such as patriarchy, modernization, and state formations. Some Muslim scholars argue that Quran’s fundamental mooring is geared towards equality between men and women, and women’s enhanced status, and it is patriarchy that has confined women to the domestic sphere.

Conclusion Gender is embedded within culture, and structures of power in families, communities, and states, which have gender in itself, as an organizing principle.

Keywords Women’s identities; Middle East; Patriarchy; Gender; Culture

Disclosure of interest The author has not supplied his/her declaration of competing interest.

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EV0886

The investigation of nurses’ burnout levels in the context of emotional habitus

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Introduction The concept of Bourdieu’s habitus effects nurses’ approach to patients. Habitus is the site of nurses’ internalizations of the rules in the field of care work, where nurses acquire emotional habitus that corresponds to ethical values and feeling rules of care work. If nurses do not manage their emotions in accordance with the moral disposition, social suffering will be occur. Determining social suffering helps to understand how a tension between the field of care work and emotional habitus can violate nurses’ well-being and cause burnout.

Objectives To determine the emotional habitus of nurses’ with the high level of burnout.



Methods Clinic nurses of Hacettepe university hospitals constituted the population of this study. Firstly, Nursing Information Form, Maslach Burnout Scale were applied to participating 350 nurses. Secondly, semi-structured thorough individual interviews were made with 39 nurses of 201 with the high level of burnout.

Results With content analysis emotional habitus, problem areas for emotional habitus, results of these problem areas, optimal behavior in expressing feelings of nurses and related to suggestions to gain these statements total twenty themes were reached. Nurses suggested proposals to gain optimal behavior in expressing feelings. These are individual development, obtaining professional knowledge, role modeling, experiencing. Also, nurses wanted to see value by patients and hospital administration and respect patients.

Conclusions To prevent and cope with burnout; it has been proposed that awareness training programmes and course contents about emotional habitus, management emotions should be arranged.

Keywords Nurse; Emotional habitus; The field of care work; Burnout

Disclosure of interest The authors have not supplied their declaration of competing interest.

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EV0887

The evaluation of emotional labor and emotional self-efficacy on burnout among nurses



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Introduction Nurses are required to manage their emotions, like being empathetic. Emotion management requires emotional self-efficacy and emotion labour, because learning how to it takes effort. If emotional labor is not managed effectively by nurses, burnout will occur among nurses.

Objectives To evaluate the emotional labor, emotional self-efficacy and burnout levels of nurses.

Methods Clinic nurses of Hacettepe university hospitals constituted the population of this study. Nursing information form, emotional self-efficacy scale, emotional labour Scale and Maslach Burnout Scale were applied to participating 350 nurses.

Results It was found out that nurses went through high level “emotional exhaustion”, medium level “depersonalization”, low level “personal accomplishment” and had medium level emotional self-efficacy sense. It was determined that there was a positively relationship between emotional labor and its sub-dimensions surface acting and emotional effort and depersonalization levels, also there was same relationship between surface acting and emotional exhaustion. There was a negative relationship between emotional self-efficacy sense and emotional exhaustion and depersonalization but there was a positive relationship in personal accomplishments. There was a positive relationship between emotional self-efficacy sense between deep acting, emotional effort and suppression of real emotions. Additionally, discrepancies were found in burnout levels of nurses according to sociodemographic, their working and choice of profession characteristics ($P < .05$).

Conclusions To prevent and cope with burnout; it has been proposed that awareness training programmes and course contents about emotional management, emotional self-efficacy and emotional labour should be arranged.

Keywords Nurse; Emotional labour; Emotional self-efficacy; Burnout

Disclosure of interest The authors have not supplied their declaration of competing interest.

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EV0888

Comparison of noise effects to state anxiety levels of patients and nurses



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Introduction An quiet environment is comfortable and peaceful. Also, healthy and safety environment is a human right. But, exposure to noise may cause negative effects on psychology and performance. Also, it is a problem in public hospitals, because, noise is an important issue for both nurses and patients.

Objectives The study was designed to determine decibel levels on the hospital's four unified clinics and compare noise effects to state anxiety levels of patients and nurses.

Methods Information Form, Spielberger State-Trait Anxiety Inventory (STAI) were applied to participating 40 patients and 14 nurses. A measurement of the sound level of unified clinics was performed for two days in the morning and after lunch for two days.

Results The range of minimum to maximum decibel levels was significantly greater in nurses' station (38.66 dB versus 82.48 dB) than patient rooms (24.61 dB versus 74.2 dB) ($P < .05$). 25 patients and 14 nurses stated that there was noise in the clinic. 19 patients and 10 nurses expressed that it caused a headache. The state anxiety levels were 39.29 ± 5.61 for nurses and 45.4 ± 4.86 for patients. The state anxiety level of patients were 44.83 ± 3.86 in 1. Clinic, 48.8 ± 4.37 in 2. Clinic, 43.82 ± 4.9 in 3. clinic, 44 ± 5.57 in 4. Clinic.

Conclusions We should reduce the noise level to reduce the level of state anxiety. This study describes one reason to reduce peak noise levels on unified clinics. Standards applied across studies to measure and characterize acoustic environments are urgently needed.

Keywords Noise; Anxiety; Patients; Nurses; Nursing

Disclosure of interest The authors have not supplied their declaration of competing interest.

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EV0889

The investigation of nurses' sociotropic-autonomic personality features levels in the context of emotional habitus



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Introduction Researchers who plan to debate the nursing practice habits and nurses' professional-individual self and identity can study out nurse habitus. Habitus affects how the nurses understand care needs of patients. Also, sociotropy-autonomy is important for both the personal and professional development of nurses. According to researchers, professional criteria are autonomy, commitment to the profession and unity consciousness.

Objectives The study was designed to investigate of nurses' sociotropic-autonomic personality features levels in the context of emotional habitus.

Methods Information form, sociotropy-autonomy scale were applied to 10 nurses. Also, semi-structured thorough individual interviews were made with them.

Results Seven nurses have voluntarily chosen their profession and the others are not. Nurses' sociotropy levels were 59.2 ± 22 . Sixteen and autonomy levels were 83.9 ± 22.41 . According to the results of the MWU test ($U = .0 P < .05$), anxiety about disapproval of eight undergraduate nurse ($MR = 4.5$) is lower than two graduated from health school nurse ($MR = 9.5$). Five nurses stated that nursing is appropriate for their personal character. Six nurses stated that nursing influenced the positive development of personal character. With content analysis, similarities and differences between nursing identity and social identity, optimal behaviour in expressing feelings of nurses and emotional habitus themes were reached.

Conclusions Nurse habitus is developed by both of individual and structural factors which are complex and diversity. So, it affects nurses' career and motivation to provide services. That the researcher assesses them from this aspect affects positively the quality of care.

Keywords Nurse; Nursing; Emotional habitus; Sociotropy-autonomy; Personality feature

Disclosure of interest The author has not supplied his/her declaration of competing interest.

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EV0890

Further validation of the driver behaviour questionnaire – confirmatory factor analysis in a Portuguese sample

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Introduction The drivers are a central component of traffic system, and their limitations, constraints, needs, motivation, level of alertness, and personality define their behaviours on the road. Understanding the determinants of the driver's behaviour is crucial to find solutions for the serious problem of road accidents.

Objective This study aims to investigate the reliability and the construct validity of the Portuguese version of the driver behaviour questionnaire (DBQ; Reason et al., 1990; Portuguese version: Correia, 2014), using exploratory and confirmatory factor analysis (EFA and CFA) in a sample of Portuguese population.

Methods Participants answered an online survey including socio-demographic questions and the DBQ. Inclusion criteria were: driving license and regular driving for at least three years and age lower than 75-years-old. The sample is composed of 747 participants [417 (55.8%) women; mean age = 42.13 ± 12.349 years; mean driving license years = 21.30 ± 11.338 ; mean years of regular driving = 20.33 ± 11.328]. The total sample was randomly divided in two sub-samples. Sample A ($n = 373$) was used to EFA and sample B ($n = 374$) was used to CFA.

Results The most acceptable model was the three-factor model found with EFA, excluding items 1 and 24 ($\chi^2/df = 2.01$; TLI = .86; CFI = .88; RMSEA = .05, $P = .315$). The internal consistency analysis resulted in: infractions and aggressive driving, $\alpha = .77$; non-intentional errors, $\alpha = .73$; lapses, $\alpha = .71$; total DBQ score, $\alpha = .84$.

Conclusions These results suggest that the Portuguese version of the DBQ is a valid and reliable measure to assess self-reported driver behaviour in the Portuguese population.

Disclosure of interest The authors have not supplied their declaration of competing interest.

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EV0891

Steroid-induced psychiatric syndromes: A case report and a review of the literature



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Introduction Glucocorticoids are widely prescribed for a variety of diseases and are known to cause neuropsychiatric as well as somatic side effects.

Objective To review the incidence, clinical characteristics, course and treatment of neuropsychiatric effects of glucocorticoids.

Aim We have described the case of a 86-year-old woman. She had no personal and no psychiatric medical history in her family. She presented wrist arthritis requiring high doses of an oral corticoid treatment (prednisona 20 mg/d). After a week, she started with symptoms characterised by persecutory and surveillance delusions. Organicity was ruled out. The patient got a progressive recovery after starting anti-psychotic medication and progressive reduction of the steroid drugs.

Methods We have performed a literature review of the neuropsychiatric complications of glucocorticoids using the PubMed database.

Results Neuropsychiatric effects of glucocorticoids involve affective, behavioural, and cognitive manifestations. The incidence is variable, between 2 and 60% of patients who receive steroids. Although the effects of glucocorticoids are unpredictable, the administered dose is the most significant risk factor for the development of neuropsychiatric symptoms. Dosage reduction typically results in clinical recovery. Although the limited data on this subject, it is a problem that clinicians face on their regular basis. The administration of anti-psychotics or mood stabilizers may be beneficial in the prevention and treatment of this syndrome.

Conclusion The neuropsychiatric effects of glucocorticoids are unpredictable and non-specific. More controlled trials are needed in order to perform evidence-based clinical guidelines for the treatment with glucocorticoids and for the prevention of neuropsychiatric manifestations.

Disclosure of interest The authors have not supplied their declaration of competing interest.

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EV0892

Quality of life related to the health and socio-economic resources of the elderly



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Introduction Aging is a very heterogeneous and dissimilar process, full of asymmetries. There is evidence that socio-economic differences determine disadvantages and inequalities in old ages. Older people face particular inequalities in healthiness especially with more complex and vulnerable long-term conditions, being more likely to need support from social care services.

Aim To evaluate the quality of life (well-being) related to the health of the elderly according to socio-economic indicators.

Method Cross-sectional quantitative study was performed. A total of 316 elderly people ($M = 74.78$; $SD = 9.78$ years of age) was interviewed with the Portuguese version of the EQ-5D-3L scale for health-related quality of life.

Results The interaction between income and the type of residential follow-up (alone vs. accompanied) was not statistically significant [$F(2,310) = .910$, $P < .407$; $\eta^2 = .006$]. Differences in health status index were statistically significant for income [$F(2,310) = 5.518$, $P < .004$; $\eta^2 = .034$]. Post-hoc comparisons indicated that the mean score for those with insufficient income for their expenses ($M = .39$, $SD = .27$) was significantly different from those with income reaching their expenses ($M = .50$, $SD = .25$) as well as those with income covering their expenses sufficiently ($M = .60$, $SD = .21$). The main effect for the type of follow-up (alone vs. accompanied) did not reach statistical significance [$F(2,310) = .224$, $P < .636$, $\eta^2 = .672$].

Conclusions Income has an impact on health-related quality of life. Health in aging as a social phenomenon is not neutral to economic differences and is exposed to these structural disadvantages.

Keywords Quality of life; Well-being; Health; Aging

Disclosure of interest The authors have not supplied their declaration of competing interest.

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EV0893

Alexithymia and coping strategies among medical students



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Introduction University life is stressful for the student, which is characterized by disturbed emotional regulation or alexithymia. To face these stressful events he must use certain coping strategies.

Objectives Studying the prevalence of alexithymia and exploring coping strategies among medical students, and establish the relationship between these parameters.

Methods It was a cross-sectional study of 97 students in Sfax university medicine (Tunisia). We used:

- a questionnaire containing demographic and clinical data;
- Toronto alexithymia Scale (TAS-20): a score ≥ 61 indicates alexithymia;

- WCC (Ways of Coping Checklist-r Folkman) with 3 factors: problem-focused, emotion-focused and social support coping.

Results The average age of participants was 24.07 years (± 2.71); the sex ratio (M/W) was 0.4. They were smoking in 36.1% and sedentary in 43.3% of case. They had a nibbling activity in 57.7%. The average score of TAS-20 was 50.92 10.46 and alexithymia was found in 16.5% of students. Alexithymia was significantly correlated with smoking ($P = 0.003$) and physical inactivity ($P = 0.025$). Most students (72.2%) opted for problem-focused ways of coping with a highest score at WCC = 29.21. A significant correlation was found between alexithymia and coping strategy with emotion-focused ($P = 0.02$). The TAS score was significantly higher among students who resort to this ways of coping = 26.11. ($P = 0.002$).

Conclusion This study explored the role of alexithymia in stress management ubiquitous in university life. A high level of alexithymia could be a detrimental factor in stress management. Psychological support aimed specifically alexithymic dimension is indispensable.

Disclosure of interest The authors have not supplied their declaration of competing interest.

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EV0894

Association between child asthma control and maternal mental health in Alagoas, Brazil



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Introduction Maternal mental health is very important to manage children with chronic health problems.

Objective To evaluate the role of maternal common mental disorders (CMD) in the control of asthma in children by taking the maternal stressful life events (SLE) into account.

Aims To improve the management of childhood asthma by using a psychosocial approach.

Methods Cross-sectional study involving mother-asthmatic child dyads assisted in paediatric pulmonology outpatient clinics. To characterize maternal CMD, the Self-report questionnaire (SRQ-20) with cut-off 7/8 was used. The global initiative for asthma control (GINA) questionnaire was used to define controlled and uncontrolled patients. The SLE questionnaire was also used.

Results Table 1 suggests association between uncontrolled asthma with asthma severity and SLE, and a borderline association between uncontrolled asthma and maternal CMD. Table 2 indicates that, considering all independent variables simultaneously, asthma severity is the only variable statistically significant. It is also possible that with a larger sample size, maternal CMD and SLE would also become statistically significant.

Conclusions The frequency of uncontrolled asthma is associated with asthma severity and tended to be higher in children whose mothers had CMD and were exposed to SLE.

Table 1 Crude odd ratios (OR) for the association between asthma control in children, and selected variables ($n = 272$).

VARIABLES		Uncontrolled	Controlled	CRUDE	CI 95%
		asthma	asthma		
		N	N	OR	
Asthma Severity	Moderate and severe	49	36	1.98	1.15–3.41
	Mild	59	86		
Maternal schooling	Low	99	113	0.93	0.52–1.70
	High	26	32		
Social Class	Low	60	70	0.97	0.60–1.57
	High	66	75		
Maternal CMD	Yes	72	65	1.61	1.00–2.60
	No	55	80		
Maternal SLE	1 or more	105	107	2.14	1.13–4.03
	None	17	37		

Table 2 Simultaneous effect of maternal CMD and selected risk factors on asthma control through logistic regression ($n = 272$).

Variáveis	B	S.E.	Wald	p	Exp(θ)	IC 95% Exp(θ)	
						LL	UL
Constant	-1.33	0.40	10.98	0.001	0.26		
Maternal Schooling	-0.39	0.35	1.22	0.268	0.67	0.34	1.34
Social Class	0.27	0.28	0.89	0.346	1.31	0.74	2.30
Asthma Severity	0.82	0.29	7.55	0.006	2.27	1.26	4.07
Maternal CMD	0.54	0.28	3.58	0.058	1.72	0.98	3.04
Stressful Life Events	0.62	0.37	2.75	0.097	1.86	0.89	3.89
(Cox & Snell) $r^2 = 0.07$							
(Nagelkerke) $r^2 = 0.09$							
$\chi^2(5) = 15.99, p = 0.007$							

Disclosure of interest The authors have not supplied their declaration of competing interest.

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EV0895

How much does love really hurt? Psychopathology and romantic relationships: A meta-analysis

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Introduction Romantic relationship quality (RRQ) and break-ups (RRB) among young adults have been associated with the onset of a first major depressive episode or suicide attempts. However, the size of these associations varies across studies and the relative weight of RRB versus RRQ needs to be understood.

Objectives To investigate (1) the size of the association between adolescent RRQ/RRB and psychopathology (i.e., depression, suicide ideation, deliberate self-harm, and suicide attempt); and (2) the role of potential moderators (e.g., gender, age, and nationality).

Methods A meta-analysis of 20 manuscripts reporting on 21 studies ($n = 19623$) was conducted, focusing specifically on adolescents and young adults. Studies focused on physically abusive relationships were excluded.

Results A model combining relationship quality and break-up yielded a highly significant association between relationship measures and depression/self-harm but the strength of this relationship was modest ($r = .229$). The strength of the association between depression/self-harm and RRQ ($r = .279$) was statistically different from RRB ($r = .145$) ($P = .006$). Location (US vs. Non-US) had no effect. Age was not significant, $B = -0.005$, 95% CI [-0.026, 0.016], $P = .647$. Gender was a weak moderator ($B = .160$, 95% CI [-0.021, 0.340], $P = .083$).

Conclusions The association between psychopathology and RRQ/RRB was statistically significant but relatively small. RRQ was a stronger predictor of depression compared to RRB. This association was slightly stronger for women than for men. Implications for practice and future research will be discussed.

Disclosure of interest The authors have not supplied their declaration of competing interest.

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EV0896

Interventions for reducing fear of childbirth: A systematic review and meta-analysis of clinical trials

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Introduction Fear of childbirth (FOC) is a problematic mental health issue during pregnancy and postpartum period. It is essential to identify the most effective approaches to reduce the problem.

Objective Using meta-analyses, we aimed to examine the most effective intervention for reduction of FOC.

Method We searched the Cochran central register of controlled trials, PubMed, Embase and PsycINFO databases since inception till January 2016 without any language restriction. The reference lists of all included studies were checked for additional published reports and citations of unpublished research. We included randomised control trials and quasi-randomised control trials comparing interventions for treatment of FOC. Two review authors independently assessed trial quality and extracted data. The standardized mean differences (SMD) were pooled using random and fixed effect model. The heterogeneity was determined using the Cochran's test and I^2 index and was further explored in meta-regression model and subgroup analyses. Egger's regression and funnel plot were used for assessing publication bias.

Results Ten studies totalling 3984 participants were included from two quasi-experimental and eight randomised clinical trials. Eight studies investigated education and two studies investigated hypnosis-based intervention. The pooled SMD of FOC for the education intervention and hypnosis group in comparison with control group were -0.46 (95% CI -0.73 to -0.19) and -0.22 (95% CI -0.34 to -0.10), respectively.

Conclusion Interventions were effective on reducing FOC; however educational interventions reduced FOC twice as high as hypnosis. This result highlights the roll of antenatal education in enhancing childbirth expectations and experiences to enhance maternal and neonatal well-being.

Disclosure of interest The authors have not supplied their declaration of competing interest.

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EV0897

Migration, women and education: Iran case study

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Short description migration of villagers to cities can be damaging the women's status in social affairs and promotion of family. Long description, one of the most controversial problems of rural dwellers' migration to big cities, is the occupation of women in low-level jobs. The villagers mostly have little skills and women are deprived of knowledge and skills to cope with the new situation so that they cannot find good jobs to meet the family needs. The low-level jobs and income by men in black market after having migrated to the cities force women to adopt to work in dirty jobs or work as maid at homes to increase the financial capacities of the family and provide educational facilities for children. This can bring about many dangers for the family. First, children are deprived of



family interaction most part of the day and most of them become trapped with illegal gangs of drug distribution. Second, women can be exploited with the burglary and shoplifting groups who use low educated and poor women. The destiny of most of these women is prison and being away from the family, which in turn worsens the situation. Vocational skills provided by NGOs have helped women to sustain their life but they are not enough. The factors involving with the situation of these women are the main focus of this paper.

Keywords Migration; Women; Education

Disclosure of interest The author has not supplied his declaration of competing interest.

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EV0898

Socio-demographic and clinic characterization in youth psychiatric outpatients: An observational study



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Introduction Most mental disorders begin during adolescence and early adulthood (18–24-years-old), highlighting the importance of understanding the onset and progression of mental disorders among youths. Although progress has been made, namely by creating youth mental health transition services, gaps continue to exist. Locally, our recently constituted young adults unit aimed to minimize discontinuities in care.

Objectives/aims To characterize a population of young adult psychiatric outpatients, regarding socio-demographic and clinic variables.

Methods Socio-demographic and clinic characterization of young adult psychiatric outpatients observed during 1st January 2015–30th July 2016.

Results Two hundred and fifty-five outpatients were observed: 64.3% females and 35.7% males, average age 20.56-years-old (median 20). Most lived in urban areas (59.4%), with their parents (27.8%), were students (80.4%), attending secondary school (36.1%). A total of, 27.5% were referenced by an emergency department, and adjustment disorders (ICD-10 F43.2) were the most frequent diagnosis (21.6%). Regarding suicidal behaviours and self-harm, 9.8% did self-cutting. A vast majority did not have previous psychiatric hospitalizations—only 5.9% outpatients had at least one. In total, 39.8% were medicated with antidepressants (1/3 of which in association with other drugs), and about 38.8% received cognitive-behavioural interventions. About 2/3 of patients (66.3%) remained in care and only about 1/6 (15.7%) were discharged.

Conclusions Our typical youth psychiatric outpatient was of female gender, student, living with its parents. Adjustment disorders were the most frequent diagnosis, and antidepressants were the main psychopharmacologic option, often combined with other psychotropic drugs. In the future, psychotherapy interventions should be more widely available, namely group psychotherapy.

Disclosure of interest The authors have not supplied their declaration of competing interest.

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EV0899

Effectiveness of the structural approach components on the marital quality, and problem solving of couples



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The aim of this research is investigating the effect of training structural-systematic approach components on marital quality and problem solving of couples. General plan of research is a quasi-experimental with pre-post test and control group. Statistic population includes all clients of psychology and counselling clinic of Ferdowsi Mashhad University couples with marital conflicts and issue in problem solving in 2014. Sample size includes 10 couples in each control and examination group. Examination group has received 10 couple-therapy structural-systematic group meetings. Research tools were two questionnaires; revised marital quality scale and family problem solving (2010). To analyse data ANCOVA method has been used. For analysing data SPSS software has been used. Results have indicated that structural-systematic approach results in significance increment of marital quality and couple problem solving in comparison to control group. It can be said that structural-systematic approach may has a significant effect on family structure having a systematic and comprehensive approach and tries to solve happened problems and defects changing family structure. It is hoped that can progress in couple-therapy and family therapy using this approach.

Disclosure of interest The authors have not supplied their declaration of competing interest.

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EV0900

Neuropsychiatric adverse effects of HIV antiviral medication



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Introduction HIV (human immunodeficiency virus) infection is related to several neuropsychiatric complications, such as dementia, encephalopathy, psychosis, as well as, opportunistic infections of the central nervous system (CNS). The discovery of antiretroviral therapy (ART) has limited these conditions and extended the life span of infected patients into a chronic illness, but it is also associated with neuropsychiatric adverse effects.

Objectives To review the literature on the most common neuropsychiatric complications of the ART, since it can be difficult to distinguish drugs toxicity, the effects of the virus, immune system and psycho-social events.

Methods The authors have conducted an online search in PubMed with the terms: “Psychiatry”, “HIV”, “adverse effects” and “antiretroviral drugs” from 2011 until 2016. From the outcome were collected, analyzed and summarized the articles considered to be relevant.

Results The antiretroviral therapy (ART) are associated with a numerous adverse effects on the central and peripheral nervous systems, as well as, metabolic, gastrointestinal, cardiac, and other toxicities. The neuropsychiatric effects are common and highly variable, including depression, cognitive impairment and sleep disturbance. The nucleoside reverse transcriptase inhibitors and the

non-nucleoside reverse transcriptase inhibitors are one of the two classes of antiviral drugs most frequently associated with neuropsychiatric complications.

Conclusions The occurrence of new-onset conditions related to ART makes it difficult to determine the association between psychiatric disorders and ART adverse effects, and given the fact that patients commit to lifelong therapy, as well as, they can diminish quality of life; it makes these assessment important in treating these conditions.

Disclosure of interest The authors have not supplied their declaration of competing interest.

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EV0901

Sex differences in psychiatric inpatients: Demographics, psychiatric diagnoses and medical co-morbidities

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Objectives There are few published studies on the relationship between gender and psychiatric disorders. We assessed sex differences in a sample of first-admission psychiatric inpatients to identify possible risk factors and targets for sex-tailored treatment interventions.

Methods A retrospective study of admissions to the psychiatry department, Coimbra hospital University Centre, Portugal, in 2015 was accomplished ($n=924$). The two groups were compared for demographic features, psychiatric diagnoses and medical co-morbidities.

Results Male patients were significantly younger (age average = 47.7 vs. 53.3). Differences in employment, educational, and marital statuses were found between male and female psychiatric patients. Having a degree was a protective factor for males, whereas it was a risk factor for females. Being divorced and single were both risk factors for medical co-morbidity in females. A higher proportion of men among patients hospitalized for schizophrenia (14.9 vs. 5.5%) or substance use disorder (10.3 vs. 2.1%) and a higher proportion of women among those admitted for affective disorders (43.3 vs. 25.9%), including bipolar disorder (13.4 vs. 9.0%), were found. No significant differences in duration of hospitalization between the two groups (22.8 in male vs. 22.2 days in female)

Conclusions The differences between the two groups of inpatients were very pronounced. A better understanding of these differences may help to establish more effective treatment strategies.

Disclosure of interest The authors have not supplied their declaration of competing interest.

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EV0902

Who are the Europeans admitted to psychiatric hospital in Tunisia?

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Introduction A large number of foreign travellers and expatriates visits or lives in Tunisia.

Objectives To explore socio-demographic, clinical and therapeutic characteristics of European patients admitted to psychiatric care in Tunisia.

Methods This is a retrospective, descriptive study on all European patients admitted to Razi psychiatric university hospital, which is

situated at the outskirts of the capital Tunis, between 2000 and 2015.

Results A total of 44 Europeans was admitted. Most frequent nationalities were: French and Germans (19 and 16 patients). The stay in Tunisia was mainly due to pathologic travel (17 subjects) and tourism (13 subjects). In total, 25 patients travelled without being accompanied. Average age was 51.3 years with extremes from 16 to 78 years. A history of psychiatric disorder was found in 15 patients, of whom almost all had stopped treatment. A majority (19 patients) was diagnosed with bipolar I disorder, and 8 patients suffered from schizophrenia. Average duration of hospitalization was 19 days. A total of, 22 patients were repatriated for medical reasons. Major difficulties during hospitalization were the language barrier, difficulties to contact family members or former treating psychiatrists for further information on the patient and his medical history, and the lack of insurance covering repatriation for medical reasons.

Conclusion Psycho-education and early action on the precipitating factors could help to prevent psychiatric illness or relapse in these patients. Furthermore, attention of public authorities should be drawn to incomplete insurance coverage in many psychiatric patients.

Disclosure of interest The authors have not supplied their declaration of competing interest.

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EV0903

New psychiatric service – fresh nurses experiences

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The year 2015 started a new assistance in the cycle of mental health care ending the gap that existed in the district of Beja in the last twenty years, in this area. The aim of this presentation is to give the data of nursing activity in the first six months inpatient psychiatric service. The population studied was 98 inpatients, 53% male and 47% females aged between 16 and 87-years-old, diagnosed with depression, schizophrenia, personality disorders, bipolar disorders, dementias and others. Descriptive statistic of collected data. We rated the gender, marital status, aged and main disorders as well as the nursing therapeutic activities performed with the patients. Six different kinds of activities were done. The total of interventions were 148: relaxation, ludic activities, physical activity, art therapy, health education and music therapy. Nursing intervention in the treatment of people with mental disorders improves the compliance to the treatment (adherence, self-care, useful occupation, stress career and insight of the illness) during the hospitalization time, aiming to avoid the worsening situation and the social isolation of the patient, and promote the recovery and quality of life. These objectives begin on hospital stay during the acute crisis. We are aware of the fact that this is just the beginning of this approach and for more and better results we have to have a bigger sample and a longer time of intervention as well as better methodology, namely the use of scales to measure some parameters that can provide more consistent and objective findings.

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EV0904

Psychosis and/or Lyme disease: There is more than meets the eye

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Introduction Lyme disease (LD) caused by the spirochete *Borrelia burgdorferi* (Bb) results from human contact with rural environments and is transmitted by infected ticks (*Ixodes* spp.)

Objectives/aims To report a case with LD and to highlight the importance of differential diagnosis in a first psychotic episode.

Methods Case report and systematic review of the literature.

Results We report a case of a 19-year-old man that was admitted because of strange behaviour with alienation, perplexity and persecutory delusions. He had one previous admission to an inpatient unit two years prior and was diagnosed with psychosis not otherwise specified. After being admitted to the psychiatric ward a medical work up was completed. The patient had had a long stay in a rural environment; so anti-body specific to Bb was ordered and came positive. LD was diagnosed based on cerebral magnetic resonance imaging (MRI) findings and the presence of Bb in the cerebrospinal fluid. During treatment with anti-psychotic and antibiotic there was a noticeable clinical amelioration correlated with improvement of MRI's perfusion patterns.

Conclusions LD is relatively rare, but physicians need to be aware of typical neuropsychiatric symptoms, given that they may occur months to years after the initial infection. Prompt diagnosis and effective treatment are crucial to avoid the possibly irreversible mental illness. In the evaluation of a first psychotic episode LD should be considered and excluded, principally if there's an epidemiological context and no psychiatric family history. MRI may be another useful asset in the diagnostic evaluation of this condition.

Disclosure of interest The authors have not supplied their declaration of competing interest.

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EV0905

The relevance of Paraphrenia: Case report

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Introduction Paraphrenia is a chronic psychotic disorder with a better-preserved affect and minimal disturbances of emotion and volition and a much less cognitive deterioration and personality changes.

Objectives/aims To report a case with probable Paraphrenia and to highlight the importance of the differential diagnosis in a first psychotic episode.

Methods Case report and systematic review of the literature.

Results We report a case of a 41-year-old man without a past psychiatry history that was led to the psychiatry emergency department (PED), by officers, because of strange behaviour and aggressiveness towards his family. In the PED the patient said that his real father was his father-in-law and that his ex-wife was his sister. His mental exam revealed disinhibition, disorganized speech with slightly mood elation, persecutory, mystic

and influential delusions with various delusional interpretations. After being admitted to the psychiatric ward, in compulsory care, he began treatment and a medical work up was completed. According to the family the patient had begun this strange behaviour four years prior. During the hospitalization it became clear that the patient was experiencing imaginative-confabulatory multi-thematic delusions, sometimes interviewer guided, without showing cognitive deterioration and retaining his personality.

Conclusions The diagnosis of atypical psychosis or psychosis not otherwise specified is not satisfactory since it agglutinates different conditions together. Paraphrenia is a well-established concept and should be used in order to define a group of psychotic patients who exhibited characteristic symptoms of schizophrenia, minus personality impairment and slower cognitive decline.

Disclosure of interest The authors have not supplied their declaration of competing interest.

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EV0906

A systematic report review of Ganser syndrome: 118 years of case studies

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Introduction Ganser syndrome was first described by a German psychiatrist Ganser in 1898, in a patient who showed a peculiar twilight state. Ganser syndrome is defined as the presence of approximate answers, somatic conversion symptoms, clouding of consciousness, and pseudo-hallucinations. The etiology of this disease remains a subject of debate. While the DSM-IV-TR classifies Ganser syndrome under the heading of dissociative disorder, it is not listed as a diagnosis in the DSM-V.

Objectives and aims The purpose of this paper is to review available literature on Ganser syndrome, published in Dutch, English, German, and French for examining the etiological debate, in order to gain insight into the etiology of this disorder.

Methods The study design was a retrospective case series of all published cases since 1898. For this purpose we used the electronic databases PubMed and Embase.

Results Over a period of 118 years, we found 79 papers, describing 117 case reports on Ganser syndrome. It generally occurs in patients who are exposed to somatic disorders or to psychological stress, however, often in absence of a psychiatric disorder.

Conclusions Ganser syndrome remains a controversial disorder in terms of its etiology. Ganser syndrome has been associated with organic disorders, as well as with stressful and intolerable life events. Based on this report, it is noteworthy that this syndrome predominantly occurs in the absence of co-morbid psychiatric disorders and is often associated with stress factors and underlying somatic diseases.

Disclosure of interest The authors have not supplied their declaration of competing interest.

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EV0907

Serotonin syndrome with SSRIs augmentation of amisulpride: Two case report and literature review

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Introduction Serotonin syndrome is a potential adverse reaction to drugs increasing serotonergic activity in the nervous system, some of them being frequently prescribed, such as antidepressant drugs. The association of myoclonus, diarrhea, confusion, hypomania, agitation, hyperreflexia, shivering, in-coordination, fever and diaphoresis, when patients are treated with serotonergic agents, could constitute a “serotonin syndrome”. The purpose of this report is to review the clinical evidence of serotonin syndrome with SSRIs augmentation of amisulpride. We propose two case report and literature review.

Method We conducted a systematic review of the literature with the principal database (PubMed, Enbase, PsychInfo) and we present two case report [1,2].

Results We describe two different case report with SSRIs augmentation of amisulpride.

Discussion and conclusion To our knowledge this is no report about the emergence of serotonin syndrome due to the use of SSRIs augmentation of amisulpride. Serotonin syndrome symptoms include high body temperature, agitation, increased reflexes, tremor, sweating, fever, dilated pupils, and diarrhea. Further research is warranted to replicate our clinical and qualitative observations and, in general, quantitative studies in large samples followed up over time are needed. Methodological limitations, clinical implications and suggestions for future research directions are considered.

Disclosure of interest The authors have not supplied their declaration of competing interest.

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[2] Gury, et al., 1999.

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EV0908

Descriptive study of the first consultations in a mental health unit

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The profile of patients cared for in a mental health unit is diverse. However, there are recurring features. In this study, a total of 100 patients were evaluated for 2 months. This study describes the socio-demographic aspects, the reason for the consultation, the psychiatric history, the diagnoses, the previous treatments and the presence of previous admissions in a psychiatric hospitalization unit. Knowledge of the patient profile will improve service delivery.

Disclosure of interest The authors have not supplied their declaration of competing interest.

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EV0909

Health screening audit – south Barnet PCMH pilot

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Physical health monitoring is an integral part of caring for patients with mental health problems. It is proven that serious physical health problems are more common among patients with severe mental health illness (SMI), this monitoring can be challenging and there is a need for improvement.

Aims The aim of this project was to improve the physical health monitoring for patients with mental health illness. The patients group was under the care of south Barnet primary care mental health pilot (SB PCMH Pilot). SB PCMH pilot is a multidisciplinary team that includes: consultant psychiatrist mental health nurse and psychologist.

Results Between November to December 2014, 60 patients were discharged from SB PCMH and the electronic case notes of 38 of them who had an assessment/intervention by the service were reviewed. Results showed that 82% of the records verified that discussion and screening of physical health, smoking, drugs and alcohol had been completed. The data was discussed in team meetings with all team members. After thorough team discussions and brainstorming; the team agreed that an improvement in the process of monitoring was needed to work towards ensuring these matters are discussed with 100% patients and that this is accurately recorded. It was agreed to re-audit in 3 months.

Re-audit A re-audit completed between January to April 2015 confirmed an improvement as 98% of patients seen for an assessment by SB PCMH pilot have had their annual health checks and appropriate health screenings discussed and recorded routinely.

Disclosure of interest The authors have not supplied their declaration of competing interest.

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EV0910

Personality traits and emotion recognition abilities in two samples of Romanian medical students

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Introduction Personality traits and social cognition are important predictors for the future performance, success, adjustment and mental health of medical students.

Objectives The purpose of the study was to assess and compare personality traits and emotion recognition abilities of two medical student samples: general medicine (GM) and general nursing (GN) students.

Methods The study was conducted between 2015–2016 on 173 Romanian medical undergraduates from the Timisoara “Victor Babes” university of medicine and pharmacy: sixth-year GM students ($n=96$) and fourth-year GN students ($n=83$). Personality traits were evaluated with the 60-item NEO five-factor inventory (NEO-FFI). Emotion recognition abilities were assessed with the revised version of the “reading the mind in the eyes” test.

Results The GM sample consisted of 31 (32.3%) males and 65 (67.7%) females, with a mean age of 24.65 years ($SD=1.81$). The GN sample was comprised of 13 (15.7%) males and 70 (84.3%) females, with a mean age of 23.84 years ($SD=2.12$). Overall, compared with female students, males gave considerably less correct answers in the “eyes test” ($P=0.002$) and had lower mean scores in “agreeableness” ($P=0.005$). GM students scored significantly higher than GN students in “neuroticism” ($P=0.01$), obtained lower mean scores in “agreeableness” ($P=0.015$) and had poorer emotion recognition abilities ($P=0.03$) than their GN colleagues.

Conclusions GN students appear to be more emotionally stable and with better emotion recognition abilities than GM students. Results of the present study represent a starting point for other studies that may use larger and diverse student samples.



Disclosure of interest The authors have not supplied their declaration of competing interest.

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EV0911

A Study of empathy in Romanian general nursing students

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Introduction Empathy is of most importance in the medical field. The ability to comprehend and connect with the emotional state of another person is essential for establishing a successful interaction between patients and health care professionals.

Objectives The aim of this study was to assess empathic response in general nursing (GN) students.

Methods The study was conducted between 2015–2016 on 75, sixth-year Romanian GN undergraduates from the Timisoara “Victor Babes” university of medicine and pharmacy. To evaluate the level of empathy, we used the empathy quotient (EQ), a 60-item self-report inventory with 40 questions empathy-related and 20 filler questions.

Results We included in this study 12 (16%) males and 63 (84%) females, with a mean age of 23.48 years (SD = 2.17). Female GN students had significantly higher EQ mean scores than the general female population. Compared to female students, males obtained significantly lower EQ mean scores. There were no significant differences between male and female students regarding age distribution.

Conclusions Female GN students showed greater empathy than their male colleagues, as well as than the general female population. These results support the theory on women’s understanding of others mental states, vital to the provision of a worthy nursing care.

Disclosure of interest The authors have not supplied their declaration of competing interest.

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EV0912

Cognitive emotional regulation in Romanian general medicine students

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Introduction During medical school, students experience significant amounts of stress. Since certain emotion regulatory strategies are known to be maladaptive, the way in which students are capable to regulate their emotions becomes very important, because it can affect their physical and mental welfare.

Objectives The purpose of this study was to assess cognitive emotion regulation strategies in Romanian general medicine (GM) students.

Methods The study was conducted between 2015–2016 on 86 sixth-year Romanian GM undergraduates from the Timisoara “Victor Babes” university of medicine and pharmacy. In order to identify the cognitive emotion regulation strategies (or cognitive coping strategies) that students use after experiencing negative situations or life events we used the Romanian version of the cognitive emotion regulation questionnaire (CERQ).

Results The sample consisted of 30 (34.9%) males and 56 (65.1%) females, with ages ranging between 24 and 31 years (mean age = 24.97 years, SD = 1.74). Compared to female students, males obtained significantly lower mean scores in “umination” ($t = -2.84$,

$P = 0.005$, 95% CI = -1.64; -0.29), “positive refocusing” ($t = -2.09$, $P = 0.037$, 95% CI = -1.42; -0.04) and “catastrophizing” ($t = -3.17$, $P = 0.002$, 95% CI = -1.31; -0.3). Both male and female GM students had significantly higher mean scores in “blaming others” than their respectively gender-related general population.

Conclusions Results of this study suggest that GM students, when facing stressful or negative events, are more inclined in using “blaming others” as a coping strategy. Female students seem to be more inclined than males to use “rumination”, “catastrophizing” and “positive refocusing” as cognitive coping mechanisms.

Disclosure of interest The authors have not supplied their declaration of competing interest.

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EV0913

Antipsychotic-induced hyperprolactinemia

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Introduction As antipsychotic agents are increasingly used, many patients are at risk for antipsychotic-induced hyperprolactinemia.

Aims of the study Estimate the prevalence of hyperprolactinemia in patients treated by a single antipsychotic and identify the risk factors for its occurrence.

Methods This is a prospective study carried out at the psychiatric department of psychiatry of university hospital of Mahdia during 24 months. We have included all patients with a follow up and treated by single antipsychotic for at least 12 weeks. A pituitary MRI has been requested for patients with a prolactin level higher than 100 ng/ml.

Results We have collected 92 patients. Hyperprolactinemia was found in 34.8% of patients among which 7.6% have had prolactin level greater than 150 ng/ml. Pituitary MRI have revealed 2 cases of macro-adenoma. The decrease of the antipsychotic doses has significantly improved prolactin levels. The switch of antipsychotic with another less inducing hyperprolactinemia has significantly decreased prolactin levels. 7 factors were correlated significantly to hyperprolactinemia: sex (female), substance use, presence of side effects, combination of psychotropic drugs, atypical antipsychotics, type of antipsychotic: Haloperidol and amisulpride, antipsychotic dose greater than 1000 mg Chlorpromazine equivalent.

Conclusion Hyperprolactinemia must be carefully identified, through a pre-therapeutic assessment and monitoring of patients.

Disclosure of interest The authors have not supplied their declaration of competing interest.

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EV0914

Hyperinsulinism as evidence of munchausen syndrome by proxy: A case report

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Introduction Hyperinsulinism is one of the most important causes of hypoglycemia. Rarely, drug toxicity can be a reason. In the context of Munchausen syndrome by proxy (MSBP), toxicity usually occurs in children due to drug administration by a parent or caregiver.

Methods we report a case of a 2-year-old girl with hyperinsulinemic hypoglycaemia due to insulin injections by her mother.

Case report Mrs. W. is a 28-year-old mother of three children. In her medical history, she was diagnosed with gestational diabetes and treated briefly with insulin. She was hospitalized several times for hypoglycemia and she was diagnosed with factitious disorder. Lately, her youngest daughter aged 2 years old was hospitalized in the pediatric department for repeated unexplained loss of consciousness. The hospitalization lasted 2 months with recurrence of severe hypoglycemia. A full metabolic screen revealed no abnormalities. The mood of the mother appeared quite discordant with the situation. Strict monitoring of maternal behavior showed that the mother gives insulin injections to her daughter. She denied deliberately injecting insulin, and then she accused the health workers. She was referred to our psychiatric department and we diagnosed the MSBP.

Conclusion MSBP should be considered particularly in patients who have been evaluated by more than one hospital and have discordant test results.

Disclosure of interest The authors have not supplied their declaration of competing interest.

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EV0915

Which one is the best anaesthetic agent for Ect?



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Introduction The most frequently used anesthesiologic agents are methohexital, thiopental, etomidate, propofol, ketamine, and sevoflurane. The objective is to clarify the differences on recovery, cardiovascular variables, cognitive functions, and response to treatment showed by these drugs.

Methods A review was conducted aiming to clarify the differences between anaesthetic agents used in ECT. The literature search was conducted in PubMed data reviewing articles dating between 2015 and 2016.

Results – Propofol seems to have better hemodynamic effects in comparison with etomidate in patients with schizophrenia and depression;

– The seizure duration was significantly shorter with propofol, but this did not cause a difference regarding clinical improvement;

– The seizure duration was longer with etomidate in many studies. It did not decrease in a dose-dependent fashion with etomidate in a study comparing methohexital, etomidate, and propofol;

– The most frequently observed adverse effects were arrhythmias and nausea and they occurred more frequently in patients who were given thiopental. The pain at the injection site was more frequent in patients who were given propofol;

– Etomidate seems to have better clinical improvement than thiopental. Thiopental seems to have better results than propofol, which has an anticonvulsant feature effects.

Conclusions In order to figure out which anaesthetic agent was the most indicated for undergoing ECT, we found that both EEG-based seizure duration and motor seizure duration showed the sequence etomidate>methohexital>thiopental>propofol. These items are directly related with clinical improvement. When a drug is chosen, it is important to individualize the treatment according to the patients' comorbidity.

Disclosure of interest The authors have not supplied their declaration of competing interest.

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EV0916

Neuroacanthocytosis syndromes and neuropsychiatry symptoms associated



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Introduction Neuroacanthocytosis is an infrequent cause of both neurological and psychiatric manifestations, and acanthocytes, which are a special form of spiculated red blood cells. Clinically significant psychopathology, ranging from behavioural disturbance to frank psychiatric illness, has been reported to occur in up to 60% of ChAc patients.

Methods A review was conducted aiming to clarify the physiopathology of this illness and its clinical features in order to distinguish neuroacanthocytosis from other neurological or psychiatric diseases. The literature search was conducted in PubMed data reviewing articles dating between 2010 and 2016.

Results – Neuroacanthocytosis autosomal recessive disorder associated with mutations or deletions in the VPS13A gene on chromosome 9q, which codes for the membrane protein chorein. Chorein is strongly expressed in the brain. Chorein loss particularly affects the basal ganglia, especially the caudate nucleus and putamen;

– Dysexecutive syndromes, OCD, depression and possibly psychosis, which may precede the frank motor and cognitive impairment;

– The most recently developed treatment for neuroacanthocytoses is the use of deep-brain stimulation (DBS), with stimulation of the globus pallidus internus.

Conclusions While conducting a neurological exam, secondary causes of psychosis have to be included in the differential diagnosis. It is important to notice the possible confusion between tardive dyskinesia and a primary movement disorder. It should be necessary to investigate all de novo movement disorders in psychotic patients in order to eliminate etiologies other than iatrogenic ones.

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EV0917

A review about comorbidity between obsessive-compulsive symptoms and huntington disease and a case report



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Introduction The concept of obsessive-compulsive disorder (OCD) as a disorder that affects the basal ganglia arising to the phenomenological similarities found between idiopathic OCD and other conditions associated with basal ganglia disease such as Huntington's disease (HD) and Sydenham's chorea. Huntingtong's disease is characterized by cognitive, motor and neuropsychiatric symptoms.

Aims A review of articles published from 1989 to 2016 in PubMed and UpToDate about relationship between HD and obsessive-compulsive symptoms.

Methods Case report of a 56-year-old male who was admitted at the acute unit of psychiatry with obsessive-compulsive symptoms marked by hypochondriac obsessive thoughts. He also had cleaning rituals in relation with meals and we observed an important functional impairment and depressive mood. No previous history except family chorea without cognitive impairment in study by neurology department.

Results Affective disorders are the most common psychiatric disorders in HD. Less frequently it can be found other psychiatric symptoms as obsessive-compulsive behaviour with prevalences between 10% to 52%. Psychiatric symptoms do not correlate with duration of disease or presence of dementia or motor symptoms.

Conclusions It is necessary to complete the study of the patient to provide a more appropriate therapeutic option. The neurological signs of basal ganglia disorder should be evaluated when considering OCD diagnosis, especially in atypical presentation ages. Longitudinal studies are needed to determine the pathogenesis, disease progression and future therapeutic options.

Disclosure of interest The authors have not supplied their declaration of competing interest.

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EV0918

Violence as object of interdisciplinary research: Characterization of a Brazilian group of studies



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Introduction The interdisciplinary group of studies on violence (GREIVI), created in 2006, develops teaching, research and community extension activities related to violence and its impact on individuals' mental health (victims or perpetrators).

Objective To describe the subjects studied, the participants and the activities developed in the GREIVI in the period of 8 years.

Aims Knowing the GREIVI's activities.

Method Qualitative exploratory documentary study. Analysed 90 group monitoring reports from 2009 to 2016. The records were subjected to content analysis.

Results Production: completed 11 research projects of undergraduate and postgraduate students; 7 in progress; presented 9 works in international scientific events; published 9 articles; 1 extension project in elementary school (2009 to 2016). Established partnership with international research and education institution to articulate and implement new projects. Topics discussed: definition, types and nature of violence; ecological model of violence; violence against women; and school violence. Activities: directed reading; discussions and exchange of experiences between the participants; presentation, discussion and advice on research and community extension projects; production and dissemination of scientific papers; technical visits and activities' structuring and planning. Participants: professionals and undergraduate and graduate students from different areas (nursing, psychiatry, psychology, social work, education, biology and political advisor who works with the theme of violence).

Conclusion The GREIVI have provided interdisciplinary space for discussion of different aspects of violence and the construction of research and extension projects to the community.

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EV0919

Issues of self-regulation of children with mental retardation



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Matured self-regulation system is considered to be one of the crucial factors for the success in life and that explains the interest to this issue from researchers, belonging to varied psychological disciplines.

According to the Nikolaeva's (1991) model, self-regulation system consists of three levels: the level of self-regulation of mental states, the level of activity self-regulation and the motivational level.

The research aim was to describe maturing of self-regulation of children with mental retardation comparing with their normally developing peers.

The sample consisted of 39 children with the slightest degree of mental retardation in the age from 7 to 10 years, attending public school, and of 59 their normally developing peers.

The research methods included the Luria's neuropsychological test battery, adapted by Semenovitch (2008) for the first level of self-regulation, analysis of school results for the second level and Guinsburg's and Louskanova's tests of learning motivation for the third one.

According to the test results all the subjects were referred as having high, medium and low degree of self-regulation. All the children with mental retardation had the low degree.

The research shown that for normally developing children the defects of the first self-regulation level were compensated by maturing of the third one. As for the children with mental retardation, they had more severe defects in the first level, and maturing of the third level also delayed, so there was no compensation of their problems. That fact should be considered when working out intervention program for those children.

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EV0920

Magnitude of resource and reputational concern impact generosity and deception in children



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Introduction In a bargaining process, there are factors impacting the outcome (i.e. gain versus loss). Of the important factors is the informational asymmetries between bargainers which could provide a more powerful position for whom has information that the other partner has not as well as magnitude of resource.

Objectives Thus, in a modified two-round, 4 trials (different magnitudes) bargaining paradigm, we investigated deception in children when there is no chance of deception revelation (first round) and when there is a chance of deception revelation (second round).

Methods One hundred and forty one healthy schoolchildren (90 boys and 51 girls) between age of 7 and 12 participated in the current study. We designed a modified version of the bargain-

ing paradigm based on the experimental design by members of the junior faculty workshop in the conflict management division at the 1995 academy of management meetings in Vancouver, BC. Variables included earning amount, deception frequency, real generosity and pretend generosity.

Results Using paired-samples T-test we showed that there were significant differences between two rounds in earning amount, deception frequency and real generosity. We administered separate one-way ANOVA with repeated measure on 4 different conditions (bank amounts). We found that, the main effect of condition was significant for real generosity (in both round), for pretend generosity (in first round) and for deception amount (in both round).

Conclusions We found that revelation (reputation concerns) decreases deception and increases generosity. Moreover, lesser magnitudes increase generosity and decrease deception and vice versa.

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EV0921

Clinical profile of patients hospitalized for delirium

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Introduction Delirium is a common clinical syndrome characterized by acute disruption of all cognitive and behavioural functions.

Objectives – Draw up an epidemiological and clinical profile of patients hospitalised for delirium;

– Assess different pathologies involved.

Methods We conducted a retrospective and descriptive study, in the neurology department at Habib Bourguiba university hospital, Sfax, Tunisia, at the period from 2009 to 2013. We included 52 patients hospitalised for delirium. Socio-demographic and clinical data were collected from patient files.

Results The mean age was 66.5 years. The majority (73.1%) were elderly patients (>=60 years). Sex-ratio (M/F) was 1.73. It was the first episode in 96.2%.

Medical histories were cardiovascular in 55.8%, endocrinal in 25%, neurological in 11.5% and psychiatric in 13.5%. The beginning of the signs was brutal in 55.8% of cases. The reported symptoms were: disorientation in time and space (76.9%) and behaviour disturbance (63.5%), memory disorder (23.1%), headaches (26.9%) and hallucinations (17.3%). Organic etiologies were noted in 75% of cases: vascular 42.30%, metabolic 11.50%, infectious 11.5%, tumoral 3.9% and iatrogenic 3.8%. Delirium grafted on dementia was retained in 5.8% of cases.

Conclusion Delirium is associated with increased mortality. Its prevention is essential and requires recognition of risk situations.

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EV0922

Hydrocephalus and psychiatric disorders: About a clinical case

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Introduction Hydrocephalus is a neurological disease caused by excessive accumulation of cerebrospinal fluid following an abnormal secretion, circulation and absorption. It is considered the most common reversible cause of dementia but still an underestimated cause of psychiatric disorders.

Objectives Highlighting the possible association of hydrocephalus in some psychiatric disorders and know how to adapt the management of this co-morbidity.

Clinical Vignette He is Mr O.Y, aged 27, unmarried, his parents divorced, lives with his mother. He had surgery in 2012 to the orthopedic service for disabling scoliosis. No significant psychiatric family history. Discovery of a tri ventricular hydrocephalus in 2011 requiring regular monitoring neurology.

Indeed Mr O.Y followed the CMP for a mood disorder requiring antidepressant treatment based. The evolution of disorder was marked by the installation of a hallucinatory and delusional syndrome motivating several hospitalizations and relapses iterative partial response to various therapies.

Mr O.Y was received a ventricular shunt within the sound hydrocephalus.

The postoperative course was marked a progressive amendment acoustic verbal hallucinations and delusions of persecution.

The conduct was to gradually reduce the dose of antipsychotic (Risperdal) to the stop. No recurrence pathological productions.

Conclusions Psychiatric disorders may mark the evolution of hydrocephalus. Share against the indications and side effects of some psychotropic drugs, the management of this co-morbidity may be difficult. Further studies are needed to better elucidate causality for this association and to develop appropriate therapeutic consensus.

Disclosure of interest The author has not supplied his/her declaration of competing interest.

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EV0923

Alcohol consumption, smoking and substance use in first and final year of nursing school

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Aims To describe the use and abuse of alcohol, cigarettes and street drugs in nursing degree students of Alfredo Pinto nursing school at federal university of state of Rio de Janeiro.

Methods cross-sectional and descriptive data of first and final year students enrolled in a nursing degree course. One hundred and seventeen students took part in a questionnaire, providing sociodemographic information and completed the alcohol smoking and substance screening test (ASSIST). A double variant and chi-squared analysis and Fisher's exact test was performed.

Results One hundred and seventeen students participated. Of the first year students 82% (n=73) were woman; 61% (n=54); 18–20 years old; 43% (n=38) were white and 40% (n=36) had parents that identified as Roman-Catholic. The students in their last year: 89% (n=25) woman; 54% (n=15) aged between 21–23 years old; 70% (n=20) are white and 71% (n=20) have roman-catholic parents. That is a high prevalence of alcohol use: 84% (n=75) in the first year and 78% in the last year had used alcohol. 24% (n=21) had smoked during their first year and 18% (n=5) during the last year. It was found that the consumption of street drugs during early years of university is correlated to the age (P=0.033) and the religious orientation by parents (P=0.047).

Conclusion Universities responsibility towards their students, and students involvement with their learning process are factors that lead to changes in attitudes, beliefs and knowledge that are so



important in maintaining healthy habits and lifestyle in line with what is taught in a nursing degree.

Disclosure of interest The authors have not supplied their declaration of competing interest.

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EV0924

Integrated identification of new substantial gadget addiction: With selfie-mania phenomenon model

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Introduction Modern selfie-infatuation extent went far beyond fashion and subculture causing distinct tendency to non-chemical addiction state transformation requiring evidential scientific identification.

Aims and objectives To develop clinical-psychological and classification basis for new type of gadget addiction (selfie-mania), prevention and approaches to mental correction and rehabilitation.

Method Selfie attitude testing of 157 respondents-students, and internet resources topical data analysis were done.

Results Behaviour models were rubricated, design and content, causes, clinical-psychological description, selfie-phenomenon prevalence were clarified. It allows to state selfie-addiction specific key symptoms, conforming to ICD-10 diagnostic criteria for addiction states:

- psychological and emotional supercomfort feeling during realizing selfie-interventions (substantial analogue of euphoria phenomenon caused by psychoactive substances in narcology);
- desire for permanent updating and layouting in social networks selfie-portraits, selfie-positions (impulse control disorder analogue);
- selfie-modifying need causing adrenaline extreme and life threat (analogues: compulsive craving, megadoses, overdosages, amnesias);
- obsessive craving to increase daily number of selfie-shots (tolerance syndrome analogue);
- constant foreshortening change of selfie-interventions (analogue: experimentation with different psychoactive substances, searching behaviour);
- selfie-destruction psychopathological consequences (neurotism, mental and behavioural disorders, group pattern of behavioural selfie-deviations);
- formation of associated comorbid chemical and other substantial addiction forms;
- selfie-deprivation syndrome (analogue: alcohol or drug withdrawal syndrome);
- interdisciplinary range of problems (professional sphere of study for sociologists, psychologists, neurologists, psychiatrists, narcologists, psychotherapists, sexopathologists, lawyers).

Conclusions Selfie-addiction problem recognition is necessary on the level of inclusion to ICD, that will allow to develop scientific, legal and clinical base for integrated prevention, rehabilitation and treatment.

Disclosure of interest The authors have not supplied their declaration of competing interest.

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EV0925

Selfie as a method of perception of the virtual environment

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Nowadays selfie is one of the significant communication methods in the conditions of the developing internet space.

Goal The study of psychological mechanisms motivating perception of internet space via selfie.

Objectives The identification of:

- The personal-social necessity in selfie, as a method of the virtual world perception;
- The factors of personal-social necessity of the virtual communication via selfie;
- The personal features, which contribute to self-presentation in virtual space via selfie.

Research methods One hundred and thirty-four respondents aging between 16–28 (1st group: 68 respondents fond of selfie (50.8%), 2nd group: 66 respondents not fond of selfie (49.2%)) were studied using standardized scales of anxiety (Spielberger-Hanin), depression (Zung), ego-defense mechanisms (EGMs) (Plutchik-Kellerman-Konte), and life quality (WHO, 1991).

Results Desire of high evaluation dominates in 47.8% of respondents ($r = 0.3$; $P < 0.01$). Fifty point seven percent of the 1st group and 13.4% in 2nd group have heightened anxiety ($r = 0.3$; $P < 0.01$). Forty-three point two percent in 1st group and 23.9% in 2nd group don't have depression.

Subdepressive level dominates in 19.4% of 2nd group ($r = 0.36$; $P < 0.01$), against 11.9% of 1st group.

In 1st group dominate: denial (17.9%), projection (16.4%), regression (7.5%); in 2nd group: denial (17.9%), intellectualization (13.4%), projection (7.5%) ($P < 0.05$). Forty-four point eight percent in 1st group and 40.3% in 2nd group have a high level of EGM stress ($P < 0.05$). Forty-six point eight percent in 1st group have high level of subjective life quality, 0% had low one; in 2nd group: 26.9% have high level, 13.4% low one.

Conclusions Personal-social necessity of virtual space perception via selfie reflects the severity of narcissistic tendencies. Selfie in conditions of illusory reality increases the subjective level of life quality. Isolation of narcissistic personality from communication through selfie suggests subjective decrease of life quality. Effects of the selfie should be considered in the development of rational methods of use of internet-technologies and in the psycho-correction of people with low life quality.

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EV0926

Cross-national trainee collaboration-The EFPT research experience in psychiatry

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Introduction The interest for academic background and investigational activities are essential in psychiatry. Several European-wide, early career psychiatrists-driven studies have been carried out completely independently, leading to high quality publications, where all the co-authors are junior researchers.

Objectives To further elaborate the European federation of psychiatric trainees (EFPT) platform of promoting the experience of collaborative work and research lead by psychiatric trainees in different countries all over Europe.

Methods A review of EFPT collaborative trainee-led research initiatives since the beginning with the focus on published articles and their impact on psychiatric community in Europe.

Results Main topics of trainee research are related to postgraduate psychiatric training schemes in Europe raising awareness on enhancing and harmonizing standards of psychiatric education and training across Europe. Other research topics are related to treatment strategies while being a psychiatric in Europe, to migration and "brain drain" phenomenon of psychiatric trainees in Europe, to access to information in psychiatric training.

Conclusions International cooperation's in research should be promoted since the training. Joining professional associations provides opportunities for participating in research activities and establishing networks with other colleagues. Collaboration between psychiatric trainees ensures a more effective use of individual talents and a quick way of accessing and transferring new knowledge and research expertise. Moreover it provides a supportive framework for multi-center research.

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EV0927

The influence of the emotional burnout on the relational maintenance strategies

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The syndrome of emotional burnout is developed in people whose profession requires a lot of communication, and the effectiveness of their work depends on its quality. The aim of our study was to determine the influence of burnout on relational maintenance strategies. 8 professors of università della Svizzera italiana, Lugano, Switzerland participated in this research. We used Maslach Burnout Inventory and The relational maintenance strategies scale. Moderate level of emotional exhaustion was detected in the majority of the participants. This condition is characterized by the urge towards finding a place to stay alone and get some rest from everything and everybody. It is accompanied by the feeling of emptiness, depression, and apathy. These indicate pronounced

tiredness, disappointment, and unwillingness to work among our participants. The high level of Lack of personal accomplishments phase is being developed in all the participants. It indicates the pronounced doubts in the necessity to keep performing the work and in the fact that the work is needed and recognized by other people. We demonstrated that among the professors with burnout such strategies as conflict management, openness, assurances and positivism are the most widespread. Our data indicate that the readiness to work together on certain project or scientific problem (Openness), the willingness to support a student (Advice Giving) and the help to find necessary support outside of current academic environment (Social Networks) decreases with the development of emotional burnout. Understating the level of one's self-appraisal, observed during the development of burnout, ruins effective collaboration between professors and their PhD students, and formalizes their relationships. Thus, burnout is an important mediating variable between interpersonal aspects of work environment.

Disclosure of interest The authors have not supplied their declaration of competing interest.

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EV0928

Adjustment of the German prospective payment system for psychiatric and psychosomatic facilities: Does PEPP provides a suitable basis? Results of a descriptive comparative study

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Introduction In Germany a consistent, performance-oriented, flat-rate remuneration system based on per-day payments for inpatient and day patient hospital services for psychiatric and psychosomatic facilities (PEPP) is developed. The Klinikum Chemnitz gGmbH decided in 2013 to participate in the optional PEPP introducing phase and acts as a PEPP cost accounting hospital.

Objectives Due to a controversial discussion by the psychiatric experts, an adjustment of the hitherto only performance-based to a budget-oriented system based on PEPP is planned in 2017.

Aims This paper discusses if the current PEPP remuneration system enables an appropriate recognition and measurement of services.

Methods Descriptive analyses were performed by comparing inpatient and day patient treatment at a therapy oriented psychiatric unit and the emergency psychiatric unit in 2015. The evaluation primarily focused on the criteria of "staffing level and structure", "imaging of services by German procedure classification (OPS) according to PEPP", "PEPP remuneration".

Results Our findings (Table 1) show that in 2015 the PEPP remuneration system provided an appropriate recognition of unit-specific services in emergency psychiatry (e.g., 1 to 1 care, intensive care treatment), but services of board certified therapeutic staff were recognized inadequately in consequence of the definition of therapy by the OPS catalogue.

Conclusion Further development of payment system should implicate changes in the definition of therapy according to scientific guidelines and the pay for performance concept.



Table 1

Criterion	Therapeutically oriented unit 2015	Emergency psychiatric unit 2015	Significance Chi-squared test*
Staffing level in total (full time equivalent)	100%	158%	
Service time of board certified therapeutic staff/ Service time in total*	34.4%	16.6%	p<0.01
Mean daily cost weight with regard to PEPP remuneration by using a hypothetical base rate	0.89	1.09	
PEPP remuneration in total p.a.	100%	120%	
Service time imaged by OPS procedures/ Service time in total*	21.3%	57.4%	p<0.001

Disclosure of interest Activity as a speaker, Janssen-Cilag GmbH.

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EV0929

The integration of yoga theory and practice into a general practice of psychiatry

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Introduction Yoga is an ancient system of concepts and practices designed to address problems of the mind and body, codified during the few centuries BCE in India. Yoga has become increasingly popular in the West during the past half century, and its practice in various forms is now widespread. Along with mindfulness-based techniques, yoga is increasingly seen as compatible with Western therapeutic methods of approaching physical and mental illness.

Objectives To introduce the audience to the yoga model of the mind, and to show how it is both compatible with and complementary to Western models, including psychoanalytic and cognitive behavioral.

Aims We will explore how this ancient system can be introduced into clinical practice, and in what ways it can accelerate the process of psychotherapy and psychological change.

Methods This talk will include a review of yoga theory, including the causes of suffering and its resolution. We will explore road-blocks in treatment and how daily practices can accelerate the process of growth and change.

Conclusions Yoga can be a very helpful adjunct to a psychiatric practice, in addition to medications and psychotherapy.

Disclosure of interest The author has not supplied his/her declaration of competing interest.

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EV0930

Protective effect of saikosaponin B₂ on damage of cultured SH-SY5Y cells in vitro introduced by hydrogen peroxide

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Objective To investigate the effect of saikosaponin B₂ on the damage of cultured SH-SY5Y cells.

Methods 10% calf serum including volume fraction 0.05, 0.10, 0.20 saikosaponin B₂ (10^{-4} mol·L⁻¹) were added respectively into the SH-SY5Y cells, which were then treated with 140 μmol·L⁻¹ hydrogen peroxide (H₂O₂). 10% calf serum group and blank serum without H₂O₂-treated group were as the model group and the control group. The effect of saikosaponin B₂ was observed by morphological identification, colorimetric MTT assay.

Results Both saikosaponin B₂ of 10^{-6} mol·L⁻¹ and 2×10^{-6} mol·L⁻¹ can relieve the damage of SH-SY5Y cells and increase the survival of the cells.

Conclusion saikosaponin B₂ can protect the cultured SH-SY5Y cells from damage induced by H₂O₂.

Disclosure of interest The authors have not supplied their declaration of competing interest.

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EV0931

Procrastination as a personal factor in young patients with mental disorders

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Introduction Many of contemporary studies of procrastination were conducted with healthy students. Only a few investigators analyzed procrastination's connection with personal features (self-esteem), socio-psychological parameters (aggression, well-being). Researchers do not consider procrastination as a personal factor in patients with different mental disorders. Most of procrastination's researches are related to affective spectrum disorders (depression), often found in the student's environment.

Objectives Male and female students (aged 18–25). Normal group–61. Experimental group – 54 patients of psychiatric clinic, divided to diagnosis: schizophrenia F20.01, bipolar disorder F31 and personality disorder F60.

Aims Study of procrastination combined with personal characteristics (self-esteem, aggression) on young people: normal and with endogenous pathology.

Methods Procrastination assessment scale-students (PASS) by L.J. Solomon, E.D. Rothblum; Rosenzweig Picture Frustration Test; E. Wagner's The Hand Test; Warwick-Edinburgh Mental Well-being Scale; Rosenberg Self-Esteem Scale; Self-esteem by Dembo-Rubinstein. Multiple linear regressions were used as method of data assessment.

Results Assessment of obtained data allowed to distinguish some different models of connections parameters of PASS and other tests. These models differ in comparing groups. Healthy students: multidimensional model of communication procrastination and personality parameters harmoniously combined personal and socio-psychological parameters. Schizophrenia: fewer models, mostly one-dimensional structure (identified only communication based on personal parameters). Bipolar disorder: one or two dimensional model (include mainly characteristics of aggression and self-rated health). Personality disorders: some mono and multi-dimensional models, their structure and content are very close to normative sample.

Conclusions Procrastination is considered as a common phenomenon at young people.

Connections PASS and personal features differ according to disease.

Disclosure of interest The author has not supplied his/her declaration of competing interest.

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e-Poster Viewing: Pain and treatment options

EV0932

Depression Among Chronic Pain Patients



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Introduction Patients with chronic pain are more likely to develop depression, which is associated with decreased function, poorer treatment response and poor quality of life.

Objective This study aimed to determine the prevalence of depression in patients with chronic pain.

Methods This descriptive cross-sectional study was conducted among clinically diagnosed chronic pain patients from the pain management ward of La Rabta hospital in Tunisia over a period of six months.

Sociodemographic and clinical data were obtained from patients' interviews and medical records.

The Beck depression inventory (BDI) was used for screening depression diagnoses and the Visual analogue scale (VAS) to assess the severity of pain.

Results The sample included 102 patients with a mean age of 46.4 ± 10.4 years. The majority of the patients were females (72.5%, $n = 74$), married (83.3%, $n = 85$) and being employed (58.8%, $n = 60$). The prevalence of depression was (40.1%, $n = 41$). The mean duration of pain was 3.6 ± 1.5 years. The severity of pain was mild in 28 cases (19.3%), moderate in 36 cases (31.3%) and severe in 38 cases (49.4%). Depression was significantly associated with the duration of pain ($P < 0.01$). A positive correlation was observed between pain severity assessed by VAS and BDI ($r = 0.521$, $P = 0.001$). Depression was significantly associated with the duration of pain ($P < 0.01$).

Conclusions Depression is frequent in patients who suffer from chronic pain and it was significantly associated with the duration and the severity of pain. Antidepressants and psychological therapies can be effective and should be delivered as part of a multidisciplinary pain management plan.

Disclosure of interest The authors have not supplied their declaration of competing interest.

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EV0933

Treatment of pain: Results of a behavioral intervention



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Introduction Chronic pain and its estimate in general population varies widely depending on the area and population studied. It is concluded that exerts effects on both physical and mental health, either in the patient or his family, in addition to its social cost

to influence activities of daily living, employment and economic welfare of a significant proportion of the general population, constituting one of the main reasons for medical consultation.

Aim Hypothesis: The painful perception is an operant behaviour. Subjects Six subjects (S): 5 females and 1 male, aged between 56 and 72 years Diagnosis ICD-10: R52.2 chronic pain of neuropathic origin. Material soundproof booth with audiometer Maico MA52.

Methods design Experimental single case.

Independent variable: behaviour modification treatment by differential molding using auditory stimulation as discriminative stimulus. Dependent variable: pain perception scale of 0-100%. Analysis comparisons using non-parametric test, significance at $P < 0.05$.

Results Table 1. M (Media), SD (Standard deviation)

Conclusions Six replications of behavioural experiment were performed. All show statistical significance. Generalization occurs in 83%. The hypothesis is confirmed and effectiveness of the treatment protocol was concluded; however the line of work should continue.

Table 1

	Start session		End session	
	M	SD	M	SD
S1	65.42	26.74	6.41	19.91
S2	52.08	23.60	27.08	21.36
S3	90.53	10.49	63.91	26.16
S4	52.49	17.88	23.53	15.00
S5	71.01	14.44	15.38	9.93
S6	35.71	25.59	10.44	20.12
	Signs test (start/end)		U Mann-Whitney (base line/daily life)	
	Z	P<	Z	P<
S1	-2.041	.0412	-3.537	.0004
S2	-2.598	.0094	-3.031	.0024
S3	-3.015	.0026	-0.014	.9885
S4	-3.175	.0015	-3.315	.0009
S5	-3.328	.0009	-2.951	.0032
S6	-2.214	.0269	-4.609	.0001

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EV0934

Study of the interactions between magnesium, ketamine and morphine on acute nociception in rats



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Objectives Study is aimed at evaluating the effects of ketamine and magnesium sulphate on acute nociceptive pain in rats and examining whether magnesium sulfate added to ketamine or morphine-ketamine combination produces higher level of analgesia.

Methods Analgesic activity was assessed by tail-immersion test in male Wistar rats (200–250 g).

Results Magnesium sulfate (2.5–60 mg/kg, s.c.) and ketamine (2.5–30 mg/kg, i.p.) given alone did not produce any effect on antinociception. However, there is a synergistic interaction between ketamine (2.5, 5 and 10 mg/kg) and magnesium sulfate (5 mg/kg). Both ketamine and magnesium sulfate, as well as their combination potentiated the antinociceptive effect of morphine (2.6 mg/kg, i.p.).

Conclusion This study revealed potentiation of ketamine and morphine-ketamine combination by magnesium sulphate in tail-immersion test in rats with higher activity when ketamine is given before magnesium sulfate. It is first time to demonstrate the synergistic interaction between magnesium sulphate and ketamine in lowering body temperature and in antinociception with statistical confirmation.

Disclosure of interest The authors have not supplied their declaration of competing interest.

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EV0935

Lists of demographic details and psychiatric diagnoses of patients diagnosed with FMS in physical therapy and rehabilitation outpatient clinics

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Objective In this study, a list of demographic details and a list of psychiatric diagnoses of patients who presented to physical therapy and rehabilitation outpatient clinics of Erenköy state hospital for physical medicine and rehabilitation and were diagnosed with fibromyalgia were investigated.

Method The study sample included patients who presented to outpatient clinics of the department of physical therapy and rehabilitation and the department of psychiatry in the hospital in 2015 and patients who were diagnosed with fibromyalgia (FMS) in the outpatient clinic of department of physical therapy and rehabilitation and also presented to the outpatients' clinics of psychiatry department. SCID-Mood Module and HAM-D were used during psychiatric assessment of the patients.

Conclusion It was determined that a total of 5225 patients diagnosed with fibromyalgia were examined in physical therapy and rehabilitation outpatient clinics in 2015. Of these, 183 patients also presented to the psychiatric outpatients clinic and were diagnosed with a psychiatric diagnoses. In this study, a list of demographic details and a list of psychiatric diagnoses of these 183 patients were made. The results were compared with the literature.

Disclosure of interest The author has not supplied his/her declaration of competing interest.

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25th European Congress of Psychiatry ePoster Viewing part 6

e-Poster Viewing: Personality and personality disorders

EV0936

Personality traits and specialty choice among Oman medical specialty board residents

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Introduction Understanding factors that determine the choice of a specialty among junior doctors are crucial for career counseling and candidates selection. Most studies focused on working hours, income and other lifestyle factors. However, few studies have explored the role of personality traits of the doctors in influencing specialty choice.

Aims To examine the relation between personality traits and specialty choice among residents at Oman Medical Specialty Board (OMSB).

Methodology Residents from different specialties were invited to participate in this study by completing Eysenck Personality Questionnaire – Revised (EPQ-R) and Behavioral Inhibition System (BIS) & Behavioral Activation System (BAS) scale.

Results A total of 255 residents participated in the study ($M=40\%$, $F=60\%$). Surgical residents scored significantly higher on the Psychoticism sub-scale (P -value, 0.002) and the Behavioral Activation System (BAS) scale compared to nonsurgical residents (P -value, 0.05). On the other hand, medical residents scored higher in Behavioral Inhibition System sub-scale suggesting a tendency towards avoidance of anxiety-provoking situation ($P=0.023$). Concerning neuroticism trait, psychiatrists had the lowest score indicating more emotional stability. Residents from diagnostic specialties score the highest in BAS-Fun seeking with a difference reaching the level of statistical significance.

Conclusion The findings of this study suggest a possible correlation between career choice and personality traits. Therefore, adapting a well-constructed, efficient and standardized selection approach is of great importance. A reasonable framework for conceptualizing specialty choice would be recognizing one's own personality traits along with exploring social and technical factors related to a particular specialty.



Disclosure of interest The authors have not supplied their declaration of competing interest.

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EV0937

Portuguese validation of the Psychological Entitlement Scale

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Introduction Psychological entitlement can be conceived as a disposition to believe that one deserves or is entitled to more than others. This pervasive sense has a wide impact on social behaviour, namely undesirable social outcomes. Given these theoretical implications on self-concept and interpersonal functioning, Campbell and Bonacci developed a shorter questionnaire of the Psychological Entitlement Scale (PES) to evaluate this construct by reducing from the original version from 57 to 9 items.

Objective To investigate the psychometric properties of Psychological Entitlement Portuguese version.

Methods A community sample composed of 286 university students (69.2% females; mean age = 21.09 ± 2.133 ; range: 17–33) answered the Portuguese preliminary versions of the PES, of the Dirty Dozen and of the honesty-humility dimension from the HEXACO-100.

Results The PES Cronbach alpha was “very good” ($\alpha=0.75$). Following Kaiser and Cattell Scree Plot criteria, only one factor was extracted (explained variance = 35.46%), meaning that the scale is unidimensional. Pearson correlation coefficient of between PES and narcissism ($r=0.36$), psychopathy ($r=0.21$) and Machiavellism ($r=0.24$) were positive, moderate and significant ($P<0.01$). Pearson correlation between PES and honesty-humility was negative, moderate and significant ($r=-0.43$ $P<0.05$).

Conclusions The Portuguese version of PES present good internal consistency and convergent-divergent validity. Because we consider that psychological entitlement reflects a stable disposition, it is our intent to analyze PES temporal stability within the ongoing research project on the relationship between perfectionism and



other personality traits. PES could be very useful both in clinical and research contexts.

Disclosure of interest The authors have not supplied their declaration of competing interest.

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EV0938

Personality dark triad: Portuguese validation of the dirty dozen



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Introduction The Dark Triad is a term used to describe a constellation of three socially undesirable personality traits: narcissism, psychopathy, and Machiavellianism. Contrary to Altruism (the desire to help others with no personal reward or gain), these traits are harmful to others. Given the increased scientific interest on the dark triad, Jonason and Webster developed a shorter questionnaire to evaluate these three independent-yet-related constructs with only 12 items – Dirty Dozen (D12).

Objective To investigate the psychometric properties of the Portuguese version of the Dirty Dozen.

Methods A community sample composed of 286 university students (69.2% females; mean age = 21.09 ± 2.133; range: 17–33) answered the Portuguese preliminary versions of the Dirty Dozen and of the Altruism dimension from HEXACO-100. To study the temporal stability, 30 participants (66.7% females) answered the D12 again after six weeks.

Results The EA Cronbach alpha was “very good” ($\alpha = 0.72$). Following Kaiser and Cattell Scree Plot criteria, three meaningful factors were extracted which explained variance (EV) was of 54.64%: F1 Machiavellianism (EV 32.07%; $\alpha = 0.73$), F2 Narcissism (13.665%; $\alpha = 0.74$), F3 Psychopathy (8.90%; $\alpha = 0.64$). The test-retest correlation coefficients were high, positive and significant for the total D12 and its dimensions ($r > 0.70$; $P < 0.001$). Pearson correlations of D12 total and dimensional scores and Altruism were negative, moderate and significant ($r @ - 0.30$).

Conclusions The Portuguese version of Dirty Dozen has good reliability and validity. It could be very useful both in clinical and research contexts, namely in an ongoing project on the relationship between dark triad and perfectionism traits.

Disclosure of interest The authors have not supplied their declaration of competing interest.

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EV0939

Suffering of the spouses of narcissistic perverts: About two cases



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Introduction The narcissistic perversion is a psychoanalytical term resulting from the association of 2 Freudian notions: perversion and narcissism. The concept of narcissistic pervert has no clinical validity. The companions of the narcissistic perverts undergo moral suffering, often unknown by their entourage.

Objectives We suggest studying the trajectory of life of two wives of narcissistic perverts.

Aims Emphasize the peculiarities of the narcissistic perverse personality.

Methods We are going to postpone 2 clinical cases of spouses of narcissistic perverts.

Results Case 1: Mrs. A., 60-year-old, divorced once. Mother of a girl. She met her current husband during the marriage of her daughter. At the beginning of their common life, Mr. M. was loving and in the small care with his wife. After three months of the marriage, Mrs. A. reported the change of character of her husband who became aggressive, decreasing her and taking her away from her family. He seized all her goods. She is actually getting a divorce.

Case 2: Mrs. R., 27-year-old, married Mr. C. after 9 months of knowledge. At the beginning of their marriage, they had a good agreement. Forced to stay at home to take care only of domestic spots, she reported a real-life experience of neglect and emotional carelessness, she felt belittled and isolated. At present engaged in a divorce procedure after been physically assaulted threatened with death.

Both women consulted for depression.

Conclusion The narcissistic perversion is a personality problem which affects as well the person involved but especially his entourage. When you are in connection with a narcissistic pervert, even after leaving him, you never recover from it.

Disclosure of interest The authors have not supplied their declaration of competing interest.

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EV0940

Low compliance to pharmacological treatment of severe chronic illness: Passive suicide ideation in borderline personality disorder?



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Introduction The core features of Borderline Personality Disorder (BPD), such as deliberate self-harm, suicide attempts and demandingness in interpersonal relationships persist with age, even though impulsivity decreases. Impairing progressive disease combined with affective instability and chronic feelings of emptiness can lead to a desire for death.

Objectives To present a case of BPD with severe chronic endocrine pathology and liver cirrhosis who refused to take his treatment as prescribed.

Methods A case report is presented and discussed.

Results We report the case of a 61-year-old man with BPD and liver cirrhosis, complex endocrine pathology (pituitary adenoma, diabetes insipidus and primary hypothyroidism), type 2 diabetes mellitus with insulin therapy, essential hypertension and alcohol use disorder. He had a history of 5 suicide attempts caused by marked feelings of rejection and emptiness and a pattern of unstable relationships and lack of commitment, thus his marriage lasted only 2 years. He idealized and was extremely familiar with his clinician and displayed marked affective instability (dysphoria, periods of anger and despair, affective ambivalence towards his parents and recurrent depressive symptoms). Because of his liver disease, the psychotropic medication was ceased by his physician. The patient refused to follow the rest of his treatment plan and diet as prescribed, resulting in the deterioration of his somatic status. The patient denied an active suicidal ideation, but did not explain his non-compliance.

Conclusion The impairment from BPD and the risk of suicide persist even in older age affecting the outcome of co-morbid somatic conditions.

Disclosure of interest The authors have not supplied their declaration of competing interest.

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EV0941

Multidisciplinary approach to several mental disorders: Clinical caseP. Castrillo^{1,*}, R. Guijarro², M. Cerviño¹¹ Complejo Hospitalario Universitario de Granada, Servicio Andaluz de Salud, Unidad de Rehabilitación de Salud Mental, Granada, Spain² Complejo Hospitalario Universitario de Granada, Servicio Andaluz de Salud, Unidad de Salud Mental Comunitaria, Granada, Spain

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The research evidence supports multidisciplinary treatment covers the different needs that appear in people with mental health problems, especially with long-term mental health disorders. The aim is to emphasize the importance of integrated treatment. It means to share therapeutic targets among different professionals. We propose that not only the therapeutic relationship between patient and psychiatry is important, but also a collaborative approach among different professionals. This is a descriptive study of a case of personality disorder and an individualized treatment carried out by different professionals from a multidisciplinary point of view. Combined pharmacological treatment, group and individual psychotherapy, and other therapeutic spaces are discussed in the present study as an alternative to individual therapy sessions. She has recovered her social and labour activity 14 years later from her first contact with mental health. Coordination and communication among clinical professionals would help us to improve quality of treatment.

Disclosure of interest The authors have not supplied their declaration of competing interest.

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EV0942

Personality traits of participants of local armed conflicts in the remote post-combat periodE. Epanchintseva^{1,*}, T.V. Kazennyh², V.A. Rudnitsky³, A.A. Ivanova¹¹ Mental Health Research Institute, Tomsk National Research Medical Center, Russian Academy of Sciences, Clinics, Tomsk, Russia² Mental Health Research Institute, Tomsk National Research Medical Center, Russian Academy of Sciences, Administration, Tomsk, Russia³ Mental Health Research Institute, Tomsk National Research Medical Center, Russian Academy of Sciences, Borderline States Department, Tomsk, Russia

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Introduction The problem of the psycho-injuring influence of military operations and accidents on mentality of the person is relevant and significant that is connected with existence of emergency situations, local wars and the international conflicts.

Material and methods We examined group of patients of participants of local armed conflicts (69 people) in the remote post-combat period (not less than 15 years). Most examined persons were older than 40 years (92%). Duration of stay in conditions of military operations made 6–7 months in 42.0%, 12 months and more – in 43.0%; 15.0% participated in official journeys. Clinical, clinical-physiological, experimental-psychological examination was carried out.

Results During experimental-psychological examination reorganization of the pre-morbid personality which was expressed in increase in its structure of specific weight of pathocharacterological disorders both as a result of acuteness of qualities of character inherent in patients, and emergence of new forms of personal reaction was revealed. In communication sharpness, maximalism of judgments, rough behavior was typical in combatants. In some cases, we observed existence of permanent mood disorders in the form of a combination of intense affects of melancholy and rage. Behavioural disturbances were expressed to rough demonstration

of affect of anger and rage as a proneness to conflict, with jamming on negatively colored experiences, tendency to destructive actions up to criminal acts, abuse of alcohol took place. In some patients, the desire to return back to a situation of military operations was revealed. In the circle of the family, they showed hostility, aggression, and intolerance.

Disclosure of interest The authors have not supplied their declaration of competing interest.

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EV0943

Personality and defence mechanisms in Takotsubo cardiomyopathyR. Ferrara^{1,*}, N. Renda²¹ École doctorale de Lausanne, Department of Biology and Medicine, Roma, Italy² University of Palermo, Department of Experimental Biomedicine and Clinical Neurosciences, Palermo, Italy

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Introduction Takotsubo cardiomyopathy (TC) is an acute cardiologic syndrome, characterized by specific symptoms and ECG, echocardiographic and enzymatic abnormalities, similar to an acute myocardial infarction, with no hemodynamically significant stenosis at coronary-ventriculography.

Objective To assess personality in TC patients in order to find common psychopathological elements.

Methods A series of consecutive patients suffering from TC hospitalized at the Cardiology Unit of “Ingrassia” Hospital in Palermo in 2013–2014, were included in the study. We used Structured Clinical Interview for Axis I and II, according to DSM-IV TR criteria. Further, the Defense Mechanisms Inventory (DMI), used in order to explore defensive strategies: turning against self (TAS), projection (PRO), principalization (PRN), turning against object (TAO), and reversal (REV).

Results Eight women (mean age + SD: 57 ± 5 years) have been included in the study. A common element of them was a stressful event immediately preceding the onset of TC, in particular bereavement (4), armed robbery (1), infarction of a family member (1), estrangement of a family member (1), and separation from a partner (1). Although the patients did not fulfill any diagnostic criteria for Axis I or Axis II disorders of DSM-IV-TR, they showed scores at the SCID-II close to the limit values for avoidant and dependent personality. DMI showed, unequivocally, the common use of TAS-type defence style.

Conclusions Although the sample size was too small for complex statistical analyses, nevertheless our initial findings would indicate the presence of a common, defensive style in TC patients, and how this syndrome may be related to stressful life events.

Disclosure of interest The authors have not supplied their declaration of competing interest.

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EV0944

The role of identity style and locus of control in prediction of self-efficacy among teachersS. Ghahari (PhD in clinical psychology) (Assistant professor of mental health)^{1,*}, I. Moradi (Clinical psychologist)²,B. Gheitarani (Clinical psychologist)²,R. Safari (Physical education teacher employed by the ministry of education)³¹ Iran University of Medical Science, Center of Excellence in

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Object Identity style and locus of control are of the most important strategic variables in determining the characteristics of people personality. So, this study was conducted to investigate the relationship between identity style, locus of control and self-efficacy among teachers of Khodabandeh city in Iran during the academic year 2014–2015.

Methods Among all teachers in Khodabandeh city during 2014–2015 academic year (419 teachers), 120 were selected using systematic random sampling method. All of them completed identity Style Inventory (ISI), Levenson Multidimensional Scale of Locus of Control and General Self-Efficacy Scale (GSE-10). For data analysis correlation and regression analysis (stepwise) was used.

Finding Data analysis showed a significant correlation between teachers' identity style, locus of control and their self-efficacy ($P < 0.05$).

Conclusion Due to the results, it can be concluded that identity style and locus of control can predict self-efficacy in teachers.

Keywords Identity style; Locus of control; Self-efficacy

Disclosure of interest The authors have not supplied their declaration of competing interest.

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EV0945

Demographic characteristics of personality disorders in an emergency department



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Objective The aim of our study is to outline the demographic characteristics of the patients with a diagnosis of personality disorder that come to the ED. A second objective is to find specific risk factor for this type of patients.

Methods We selected patients that came to the ED with the diagnosis of personality disorder, between October 2015 and February 2016. Data analysis was conducted using SPSS software. Chi² test and *t*-Test were used as appropriate. A *P*-value < 0.05 was considered statistically significant.

Results Sixty-eight of the 402 patients that were attended in the ED met the criteria of personality disorder; 44.92% of these patients presented with suicidal ideation or attempt. We found in the use of drugs, statistically significant differences between men and women, using drugs all the men with a personality disorder that came to the ED except one. The most frequent reason for consult were anxiety, conduct alterations, suicidal ideation, and suicidal attempt, being these consultations the 77%.

Conclusion Anxiety and suicide risk are the most common reasons for a personality disorder patient to go to an ED. We have to be even more careful due to the high rate of suicide conducts in these patients. Also, it is important to think of drug use and dual pathology when assessing these patients.

Disclosure of interest The authors have not supplied their declaration of competing interest.

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EV0946

Psychopathy and twins. A case report

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Introduction We are going to explain a case of a patient diagnosed with psychopathy and his twin brother with a normal personality.

Objectives To show the controversia about psychopathy and twins.

Methods Description of a case of psychopathy. We evaluated his psychopathology using the Psychopathy Checklist (PCL).

Case A 18-years-old male teenager admitted to a penitentiary facility for several crimes: drug dealing, violent theft and multiple aggressions.

Personal history: early psychological and psychiatric attention for disruptive behaviour as a child: repeated lies, low empathy, defiance to parents and teachers, indifference to punishment, robbery, aggressive behaviour, loitering, escaping from home, cruelty against animals, promiscuity, vandalism and drug abuse. Medium-high class family, well-structured family, none of them with criminal history or mental disorders, his brother is a brilliant student.

Personality assessment: We describe 20 features of his personality according to the PCL and we score them from 0 to 2. Zero if it does not apply at all, one if there is a partial match, two if there is a good match.

Features: Superficial charm, narcissism, pathological liar, manipulator, absence of guilt, superficial affection, absence of empathy, inability to accept responsibility, need for constant excitation, parasitic life, unrealistic goals, impulsivity, irresponsibility, low self-control, conductal problems since childhood, juvenile delinquency, repeal of conditional freedom, criminal versatility, promiscuity and multiple marriages.

Results Out of a maximum score of 40, the cut-off for psychopathy is 30.

This patient has 34 points so we can conclude he is a psychopath.

Conclusions We can conclude there is not a clear relationship between twins and psychopathy.

Disclosure of interest The authors have not supplied their declaration of competing interest.

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EV0947

Personality, psychopathological symptoms and illness perception in mental disorders: Results from Russian MMPI-2 validation study



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Introduction According to common-sense model illness representation regulates her coping both in somatic and mental illnesses.

Objectives As a personal reaction illness representation should partially depend not only on diagnosis and symptoms but also on personality. Aim is to identify direct and indirect effects of personality and psychopathological complaints in illness representation in mental disorders.

Methods Eighty patients (20 males) from MMPI-2 validation sample (Butcher et al., 2001) filled revised version of Illness Perception Questionnaire and Symptom Checklist 90-R. Eleven patients met ICD-10 criteria for addictions, 28 – for mood disorders, 20 – for schizophrenia and schizotypal disorder, 21 – for acute stress reactions.

Results According to moderation analysis, illness-related beliefs in mental disorders are relatively independent on clinical diagnosis and specific symptoms, but are associated with the overall level

of psychopathological complaints. Regardless of the clinical group and complaints, depressive traits are associated with negative and emotional appraisal of illness. Social introversion and hypomanic activation serve as moderators of the relationship between complaints, illness duration and emotional representations.

Conclusions Personality and overall level of psychopathological symptoms could be stronger predictor of illness-related beliefs than specific clinical factors in mental illness. Preliminary diagnostics of personality in mental illnesses could be used to reveal high-risk group for poor insight and non-compliance due to unrealistic beliefs. Research supported by the grant of President of the Russian Federation for the state support for young Russian scientists, project MK2193.2017.6.

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EV0948

Borderline personality programme in a rural area: The value of a therapy

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Introduction An increased incidence of personality disorders (TP) in general, and borderline personality (BP) is currently a significant health problem because of the complexity of the clinic, the difficulty for early diagnosis, often unsatisfactory response to available treatments and the lack of clear proposals on multidisciplinary therapeutic interventions. In more serious cases, people with TP generate a high level of self and family suffering, as well as a high care burden that does not have a proportional impact on the quality of life of those affected and their families.

Aim Establish a stable functional organization of professional and organizational resources of the Mental Health Unit of the North of Almeria that ensuring comprehensive care for people with borderline personality disorder and their families.

Methods The program was structured:

- elemental: BP census, individual sessions with optional nurse reference;
- advanced individual: BP census, individual sessions, Nurse reference;

- advanced individual and group: BP census, Individual sessions, Nurse reference and Therapeutic Group Hospital Mental Health Day weekly applying dialectical behaviour therapy.

Results The census of patients with borderline personality disorder was established in 30 people, 20 of them participating in two editions of therapeutic group. Fifty weekly sessions were carried out continuously, except holiday periods. A multidisciplinary team (nurse and two psychiatrists) were involved. The results indicate that there was an improvement in the quality of life of patients. It had been reduced hospitalisations, emergency assistance, and more than 60% of them got a job after that.

Disclosure of interest The authors have not supplied their declaration of competing interest.

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EV0949

Use of paliperidone palmitate long-acting injectable in a patient with a personality disorder

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Patient of 32 years old, sent to the psychiatric unit, because he had an aggressive behaviour after he suffered a car accident with a traumatic brain injury. The patient had a huge amount of problems with family, friends and even with police (even being in jail), due to the impulsive conduct the brain injury had created. It was added a self-referential, which produced a disruptive behaviour that he could not avoid, when someone looked at him in a strange way or was not agreeing with him. After the aggressive response, he regretted of his actions, getting to try to commit suicide in several times. It was decided, reaching to an agreement with the patient, to use the paliperidone palmitate long-acting injectable. After the first dose, the patient began to be more serene and calm, the aggressive conducts were reducing until being disappeared, improving his mood and reaching a normal life, with a better relationships with his family and social environment.

Disclosure of interest The authors have not supplied their declaration of competing interest.

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EV0950

The study of relationship between personality traits and job satisfaction in Iran Khodro Company experts in Iran

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Job satisfaction among employees is a crucial issue in an organization and employer plays a vital role to fulfill their needs. Keeping job satisfaction high among workers can be of tremendous benefit to any organization, as happy employees will be more likely to produce work effectively. It has been assumed that personality traits can play an important role in people's dealing with the environmental issues such as work situations. By assuming this effectiveness, the main aim of this essay is to study the relationship between personality traits and job satisfaction. Explaining job satisfaction by using personality traits can enlighten whether job satisfaction depends only on type of organization or on some personality traits. In this regard, present study has investigated the relationship between job satisfaction and personality traits among Iran Khodro Company expert staff. To do so personality characteristics were measured by NEO-PI-R scale and job satisfaction was measured by Job Descriptive Index (JDI scale) that filled by experts of "Iran Khodro" company (111 men and women). Pearson correlation used to analyze the data. Results show that, neuroticism/emotional stability was associated with low job satisfaction ($r = -0.713$, $P < 0.01$). Also conscientiousness ($r = 0.620$) and agreeableness ($r = 0.476$) was significantly correlated with job satisfaction ($P < 0.01$). But the relationship between extraversion ($r = -0.025$) and openness to experience ($r = 0.061$) with job satisfaction was not significant. In addition, the results of this study emphasis on the effective role of age ($r = -0.301$) and job background ($r = -0.330$) on job satisfaction. But relationship between sexuality ($r = 0.183$) and marriage ($r = 0.125$) with job satisfaction was not significant.

Disclosure of interest The authors have not supplied their declaration of competing interest.

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EV0951

The role of personality traits in mobile dependency of high school students



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In recent years, mobile phone is a necessary device in life, because it provides much easiness in education, work, business, etc. but extreme use of communication devices, especially among young people are related with mental health problems. So, the aim of this study was surveying of relationships between personality traits with Mobile dependency in high school students. The research method was correlation. The population were included all high school students that 220 students were selected by cluster sampling method. Research data were collected by McCare & Costa's NEO personality traits (Neuroticism, Openness to new experience, Extroversion, Agreeableness, and Conscientiousness) and Jenaro's Mobile dependency inventory, and were analyzed by Pearson correlation formula. The results showed that there is positive and significant relationship between Neuroticism and openness to new experience with Mobile dependency, and positive and significant relationship between extroversion, agreeableness, and conscientiousness with mobile dependency. Thus, it can be concluded that personality traits have main impact on mobile dependency.

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EV0952

A serious case of hysteria

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Introduction Histrionic personality disorder (HPD) is one of the most common personality disorders diagnosed in Psychiatry. This disorder, although not thoroughly researched, has been known to be present in more than 40 percent of patients. There is also a high tendency for those diagnosed with this disorder to be female.

Objectives The purpose of this case is to show all the difficulties caused by this pathology, since differential diagnosis with other personality disorders, groups of characteristics from different clusters and also, complications produced in daily routine.

Methods The purpose is to study a clinical case of a 27-years-old woman, with a degree in journalism, who began with a depressive episode after a failed relationship. After being diagnosed of infertility, she debuted with dissociative episodes and somatization symptoms. She did not remember what she had done during the dissociative episode. After that, she suffered several depressive episodes, and a pseudo manic episode, making the diagnosis of bipolar disorder, with no pharmacological response to lithium or lamotrigine.

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EV0953

Vortioxetine efficiency in controlling obsessive symptoms in patients with depression. A case report

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Introduction Obsessive symptomatology can sometimes be worsened when a patient with this personality trait suffers through a period of increased stress.

Aim To review articles in PubMed related to how vortioxetine affects obsessive symptoms in patients with depression.

Methods We review the case of a 45-year-old male with obsessive personality traits diagnosed of recurrent depression. He was going through a period of stress at work that had worsened his obsessive symptoms (primarily obsessive thoughts). In a previous depressive episode, he was treated with an antidepressant that triggered sexual dysfunction as a side effect. Trying to prevent another antidepressant-induced sexual dysfunction, we decided to use vortioxetine because of its low tendency to interact with the sexual function.

Results We started treatment with vortioxetine reaching a dose of 10 mg/day. Three weeks later the patient reported a decrease in his levels of anxiety, a slight upturn of his mood and a relieve of his obsessive symptoms.

Conclusions Vortioxetine can be considered a good therapeutic option in the treatment of obsessive symptoms in a depressive episode with patients with a history of antidepressant-induced sexual dysfunction.

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EV0954

Use of memantine in organic personality disorder: A case study

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This is a case study of a 27-year-old man with co-morbid congenital communicating hydrocephalus and epilepsy. The patient had multiple hospitalizations in psychiatric clinics due to serious domestic violence caused by compulsive buying demands. Impaired social interaction skills, diminished judgment, planning, insight and temporal organization difficulties were also present and the diagnosis of organic personality disorder was given.

The patient was treated with 1.5 g valproic acid for epilepsy and for the behavioural difficulties multiple antipsychotics, benzodiazepines, SSRI's and beta-blockers were administered, without major benefits. Due to serious aggression and impulsive behaviour, it was administered memantine 20 mg/day according to NMDA receptor antagonist hypothesis and gradually reduced the benzodiazepines and SSRI's.

A significant decrease in the average score of the Barratt Impulsiveness Scale (BIS-11) and to violence incidences was observed. Also, social interaction skills were improved and a slight improvement at patient's judgment was observed.

The patient had good tolerance during the treatment and no side effect was reported. It is the first scientific report on memantine effectiveness in this patient group. Further research is needed.

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EV0955

Shame: An overlooked factor in conceptualizing and treating



borderline personality disorder: Its' powerful role in the lives and suicides of people with BPD

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Shame, a central emotion in borderline personality disorder (BPD), has been overlooked despite its' relationship to self-injurious behaviour, chronic suicidality, self-esteem, quality of life, and angry-hostile feelings. Patients describe shame when explaining acute feelings of emotional pain. There is a paucity of research exploring the impact of shame on the person with BPD's sense of self and behaviors. BPD symptoms may be the expression of and defenses against this painful emotion. Shame-proneness is related to anger arousal and the tendency to externalize attributions for one's own behavior by blaming others or not taking responsibility for one's behavior. The relationship between shame-proneness and BPD has important implications for treatment. TARA for BPD, an educational and advocacy organization, developed a Family Psycho-education program teaching how shame is often the common denominator of BPD responses, triggering escalations, emotional shifts, volatile reactions, anger and misperceptions. Shame is the response to perceived negative evaluations (judgment, criticism, or blame) and general misinterpretation of social situations. Shame is an impediment to thinking clearly, exaggerates ambiguity and overwhelms cognitive ability in the moment. As shame is often confused with guilt, raising awareness of shame responses is essential for improving family relationships. Families can learn to recognize shame responses and implement evidence based techniques from dialectic behavior therapy (DBT) and mentalization based therapy (MBT) to decrease its' impact on their loved one with BPD. Demonstration of methodology to address shame in family interactions and data from a TARA Internet survey of The Experience of Shame will be presented.

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EV0956

Stability of results of treatment and therapeutic compliance of patients with organic non-psychotic mental disorders

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Introduction Non-psychotic mental disorders of organic register tend to have protracted progressive course, to respond poorly to treatment. Traditionally it is explained by features of cerebral-organic process. However, affective, behavioural and cognitive disturbances can be complicated by medico-social problems including treatment-related.

Objective To analyse efficiency and stability of results of the therapy of organic mental disorders and propose approaches and means of their improvement.

Methods Clinical-psychopathological, epidemiological, clinical-dynamic, catamnestic, experimental-psychological, medical statistics.

Results The most frequent causes of decompensations of organic mental disorders in patients with positive results of the therapy were analyzed. Sixty-four percent (58 patients) after 6 months showed partial recurrence of symptoms and after a year the condition practically returned to the initial one. However, only 12.22% (11 patients) passed recommended course of maintenance therapy to sufficiently full extent, 23.33% (21 persons) have discontinued it due to subjective causes during a month after discharge, about 2/3 of patients during the first two months of the therapy. Patients showed low indicators of therapeutic compliance, low level of therapeutic alliance, little familiarity with the illness and treatment and unrealistic expectations about prospects of the therapy. During insignificant difficulties in the therapy, it usually was discontinued and renewed during relapse of symptoms. A medico-social approach with support of psychotherapeutic and psycho-corrective work and information educational programs were developed.

Conclusion Proposed psychotherapeutic and educational approach heightens efficiency and stability of treatment and can serve a basis for further improvement of psychiatric, psychotherapeutic and medico-social assistance for patients with organic mental disorders.

Disclosure of interest The authors have not supplied their declaration of competing interest.

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e-Poster Viewing: Philosophy and psychiatry

EV0957

Working with anxiety and depression from a Buddhism framework



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Buddhism as a spiritual discipline is concerned with freedom from suffering, conceptualizing suffering as originating in false views about the nature of self and reality. Buddhist psychology conceptualizes emotions and mental habits as being wholesome or unwholesome based on the tendency of these habits to promote or hinder the quest for enlightenment, and contains a rich diversity of methods to transform unwholesome emotional tendencies. Many of these emotions, such as anger, fear, and despair, are commonly dealt with in clinical or therapy settings. Buddhist ideas about the genesis and cessation of suffering can be used as an overarching model to organize a diversity of therapeutic techniques, bridge different therapy models, and select particular techniques at particular times in the treatment of emotional disorders. Learning objectives: after this session, participants will be able to use the Buddhist Yogacara model of mind and karma as a model of how negative emotions are transformed. After this session, participants will be able to describe indirect methods (evoking wholesome feelings) in order to transform negative emotional tendencies and how this overlaps with current therapy models such as supportive and compassion-focused therapy. After the session, participants will be able to conceptualize how Buddhist "direct methods" of mindful awareness and contemplating right view overlaps with methods used in cognitive behavioural therapy, marital therapy, or acceptance and commitment therapy. Self-assessment questions: according to Buddhist psychology, what is the primary cause of neg-

ative emotions? Broadly speaking, what are 3 types of techniques for transforming emotional habits?

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EV0958

The time perception in contemporary

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With the advent of new technologies, the man begins to experience a significant change in the perception of the other, time and space. The acceleration of time promoted by new technology does not allow the exercise of affection for the consolidation of ties, relations take narcissists hues seeking immediate gratification and the other is understood as a continuation of the self, the pursuit of pleasure. It is the acceleration of time, again, which leads man to present the need for immediate, always looking for the new – not new – in an attempt to fill an inner space that is emptied. The retention of concepts and pre-stressing of temporality are liquefied, become fleeting. We learn to live in the world and the relationship with the other in a frivolous and superficial way. The psychic structure, facing new phenomena experienced, loses temporalize capacity and expand its spatiality, it becomes pathological. Post-modern inability to retain the past, to analyze the information received and reflect, is one of the responsible for the mental illness of today's society. From a temporality range of proper functioning, the relationship processes with you and your peers will have the necessary support to become viable and healthy.

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EV0959

CBT waves through the lens of Complex Systems Theory: A tentative way toward integration and sustainability

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Introduction In the last 15 years, several new waves have been described within CBT. At the same time, two constraints seem to define the role of psychotherapy: an integrative theoretical trend; an increasing incidence of chronic psychiatric disorders and psychiatric morbidity in chronic conditions.

Objectives We discuss the viability of a Complex Systems Theory perspective in fostering the theoretical integration of the new wave of CBT and in promoting the healthcare sustainability in facing with chronicity.

Aims The aims of the present study are to:

- frame a few recurrent and relevant theoretical dimensions in psychotherapy;
- outline a preliminary cost-effectiveness analysis of a Complex Systems Theory approach to psychiatric chronicity.

Methods We performed a non-systematic review and a meta-synthesis of selected references (identified through a citation analysis per single reference and per single scholar) of the new wave of CBT. We especially focused on theoretical handbooks, meta-analyses and reviews, clinical trials.

Results Complex Systems Theory describes an approach to theoretical and operational models based on adaptability, interde-

pendency and self-organization. In defining a few integrative trends in psychotherapy, we highlighted the focus on:

- interpretation of events vs. events per se;
- processes vs. contents;
- transdiagnostic vs. pathologized models.

Furthermore, we framed economic, organizational, and educational implications of such an approach in promoting the adaptability of psychotherapy-as-a-system in dealing with the so-called double crisis of welfare state: continuous cutbacks in response to recession; longer-term pressures on health and social care.

Conclusions Despite further studies are needed, we maintain that psychiatry may benefit from a Complex Systems Theory perspective.

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EV0960

The experience of time in habitual teenage marijuana smokers

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The research is qualitative; it studies the experience of time in young people who smoke marijuana in excess, given the high rate of smoking in the teenage years, a delicate stage regarding the planning of the future. Our objective is to see how the relationship between past and future plans is manifested in their biography, through goals and actions, in light of their ability to anticipate themselves. Our guiding principle is the ability to “anticipate oneself”, proposed by Sutter, a phenomenological psychiatrist. The information was obtained from the analysis of autobiographies of young persons through the hermeneutical phenomenological method developed by Lindseth, based on Ricoeur. The results reveal that in the biographies the past temporal dimension is characterized by poor descriptions, the present is where they extend themselves most, describing tastes, how they visualize themselves, but showing a lack of clarity in their interests. In the future, we see the absence of reference, giving the impression of no progression from the past, and without awareness of the fact that the future possibilities or lack thereof are heavily dependent on present actions.

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EV0961

Psyche in historical context: Identity and existence in Captain Ahab and King Lear

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Introduction What ties Ahab, the notorious captain of the Pequod in Herman Melville's 1851 novel, Moby-Dick, to King Lear, the desperate old regent from William Shakespeare's eponymous play published in 1608, is not only their overabundant quest for meaning, or their obsession with pursuing their targets, but their idiosyncratic experiencing of themselves in their personal realities.

Aims Captain Ahab is put in relation with King Lear, in order to show in what way issues of identity and of existence emerge in the course of their fictional lives. Lear is considered to have had deep influence on Melville the author in creating the character of Ahab. Since, in terms of present-day psychopathology, both fictional characters present with symptoms, their issues when put in historical context can untangle their personal realities.

Methods Through a close reading of the characters' behaviour and experiencing in historical context, issues of identity and of existence are elaborated on in order to advance to the psychodramatic substrate.

Results Whereas at the beginning of the seventeenth century conflicts are newly transposed to characters' minds instead of surroundings, the nineteenth century still sees Ahab's monomania on the outside. Identity and existence have increasingly been placed in individual psyche, though.

Conclusions A paradigmatic change in personality concept at the turn of the modern epoch enables psychiatry and psychopathology to conceptualize the individual and to derive identity and existence from. Collective identity gives way to personal identity. With that, choice, interpretation, and failing are individualized.

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EV0962

Dangerous or vulnerable? A genealogy of “difficult and violent adolescents” in France

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Introduction Difficult adolescent is a clinical category, defined by psychiatrists' expertise and referred to psychoanalytical concepts. Since the end of the 1990s, it has been extensively used to describe a marginal population in public institutions managing youth deviancy in France. This success occurs against a backdrop of institutional reforms, converging towards politics of suffering and risk management.

Objectives Contributing to the anthropology of mental health, this communication provides comprehensive elements to this success.

Methods Interconnected networks of 49 documents were analyzed using a genealogical method based on Foucault's late conceptions and Ian Hacking's works on constructivism.

Results Results have shown that the category of difficult adolescents found its ecological niche in the 1960s, revealing a moral tension in the use of constraint. At that time, the introduction of the psychoanalytical notions of transference and counter transference depicted a clear distinction with previous categories such as the “abnormals” or “maladjusted youth”. Since then, it has defined an ambiguous condition, suspended between the trouble of caregivers and the adolescents' individual disorder. In addition, the extension of clinical expertise silences social issues, such as gender discriminations, ethnicity and access to employment.

Conclusions The reforms of custodial treatments represented the initial conditions of detection for difficult adolescents, raising new problems of intractable individual and institutional linkage. Driving towards a biographical personalization, the category allows new forms of regulation in the use of institutional power.

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EV0963

Goodbye Eros. Hello Narciso

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Introduction Love has been one of the topics most discussed by philosophy, literature, anthropology, religion, psychology and medicine. “The feelings of love and hate are present in the background of all psychiatric disorders; love has been associated, in one way or another, in all patients that I have had” Dr. Perez Lanzac Trujillo.

Objectives (1) Analyze the possible relationship between psychotic symptoms and breakup (stressor). (2) Review the neurotransmitters involved in psychotic episodes and in love. (3) Postmodern culture and sexuality (agony of Eros and liquid love).

Methodology A 17-years-old female patient, who presented psychotic symptoms without psychiatric history. We hypothesize that the affair was the symptom and the stressful event was the breakup. We believe that early bond with the mother is a decisive factor in shaping the psychic structure of every human being factor. In this case, it seems that there is an insecure attachment: absent parent + overprotective mother.

True love draws three triangles: records (demand, drive and desire); dimensions (beliefs, significant and encounter) and emotions (pride, hope and desire).

Results Most psychiatric disorders are especially alterations in the way of experiencing emotions. Some neurotransmitters involved in her psychosis and addiction are key players in the neurobiology of love.

Conclusions True love is the neurotic experience closer to psychosis.

Overexcitement in today's society is a trauma for the psychic apparatus and it has consequences on the internal world, psychosexuality and loving bond.

The crisis of art and literature can be attributed to the disappearance of the other, to the agony of Eros.

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EV0964

Leonardo da Vinci: A neuropsychological enigma or an aberration?

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Introduction It has been universally regarded that Leonardo da Vinci was one of the all-time geniuses in terms of his contribution to art and sciences. A number of theories have been proposed to explain his genius that range from neurological, psychological uniqueness, and enhanced functional intelligence.

Aim The primary aim is to explore these theories in detail and register their pros and cons alongside contextualizing their credibility and weightage against the extant evidence in science.

Method A detailed literature search has been undertaken to identify variety of models and theories either:

- dealing with neurological, psychological or neuro-philosophical explanations;
- have been proposed by psychiatrist or psychologist and neurologists pertaining to Leonardo's brain or mind;
- theories around occult and religion have been excluded.

Discussion The results are synthesized and presented in a tabular form. The discussion expand son the various theories and the relevance of Leonardo da Vinci to the merging unified field of neurology, psychology, technology and philosophy (consciousness studies).

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EV0965

Client versus patient – The clinical, economical, moral, legal and other implications of a choice

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The presentation discusses the overt and hidden meaning of the terms between “patient” or “client” regarding persons undergoing psychotherapy and implications of using these terms. Some historical and recent opinions and points of view are presented. As the outcome of the discussion, it is concluded that to weigh pros and cons and to decide on which name would be more appropriate, one must resort to taking into consideration the definitions of therapy, suffering, and healing. It is suggested that the criterium should be the level and nature of suffering experienced by the “taker” and the level and nature of care performed by the “giver” (provider). The relations between both parties are also discussed in terms of existential phenomenology—as opposed to dualistic approach – and holism versus atomism. It is the intention of the author to deliver some practical and not only theoretical contribution to clinical practice.

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EV0966

I choose, therefore I am. The Jaspers concept of choice and implications on the ability to act

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Introduction According to Jaspers, with the term of choice you should not be understood the possibility to choose between objects but freedom as a choice for themselves. Because I choose, then I am; in fact, I feel my freedom in my mind. Choose what is best for the psychiatric patient in different contexts (relational, occupational, social, therapeutic) is the ability to act. The best practices provide that psychiatrists, nurses, social workers, rehabilitation professionals are committed to enhancing the capacity to choose but the legal protection measures are likely to be a contradiction.

Objective We try to explore the theme of choice based on the capacity to act or failure to act from a phenomenological approach.

Method Through some concrete cases, extrapolated from clinical practice, highlight the contradictions between enunciation of principles and procedures for responding to the problems of psychiatric patients who are not able to choose.

Conclusions Protections of health and individual freedom are the weights of a balance poised, since there is uncertainty about the anthropological paradigm of the mentally ill.

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EV0967

Challenging patient-doctor interactions in psychiatry – Difficult patient syndrome

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Introduction The factors contributing to a challenging interaction between the roles of patient and physician may come from several sources. Each interrelation has its own modus operandis in which one of the individuals may not condone the persona the other individual is portraying. A mental illness or diagnosis is often stigmatised by the burden of stereotypical bizarre associations. That means the patient is generally not guilty and this is not another label they should carry. Though the mental health professional should be impervious to this, some degree of discomfort may throw some shadow on the clinical mediation of the interview and management of the pathology.

Objective To provide an overview of what is beyond the label “difficult patient” in mental health care.

Aims Evaluation of conflicts inside the patient-illness-physician triad.

Methods Search for articles in Pubmed, Athens, Google Scholar databases, along with the hospital library.

Results Characteristics of problematic interactions in psychiatric care were described consistently across our references. Causality for these difficulties is vast and surpasses the patient’s behaviour. Plus they are not unique in psychiatry. They can be explained by individual, interpersonal, and social factors.

Conclusion Situational issues, along with patient and physician characteristics, modulate and frame what should potentially be a productive encounter. To become aware of what contributes to difficult clinical encounters and to be prepared to address them while cultivating good interpersonal communication skills is fundamental.

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EV0968

Mental illness is an inevitable consequence of the singular diversity of human beings

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Nowadays, we increasing value the broad physical, ethnic, racial, and cultural diversity of human beings. “How wonderful that humans come in all sorts of sizes, shapes, colors, ethnic groups and cultures.” So long as we conduct our behaviour within sanctioned norms. This presentation will focus upon the above paradox: In stark contrast to our delight in the physical, ethnic and cultural expressions of human diversity, there is, at the same time, a perhaps increasingly narrow tolerance for a variety of behavioural and experiential human differences. In such human realms, present-day cosmopolitan societies increasingly call for behavioural and experiential conformity rather than diversity. And if we cannot conform? We propose that the phenomenon of mental illness arises as a consequence of the phenomenon of human diversity coming up against constraints and limitations in expressed and experienced mental and behavioural realms. This presentation will focus upon the primary role that human diversity plays in mental illness. We will discuss adaptive strengths associated with the extraordinary diversity of humans (and our pets and domestic animals) as well as vulnerabilities accompanying this diversity. For example, diversity associated with skin pigmentation has enabled humans to extend across the globe. A consequence, however, is an enhanced vulnerability to skin cancer for some with fair skin and to Vitamin D deficiency for others with dark skin. Psychological diversities can be viewed in an analogous, pervasively more problematic man-



ner. And furthermore, unlike physical diversities, often increasingly celebrated, mental and psychological diversity are – with notable exceptions, increasingly problematic.

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EV0969

Relations between Minkowski and Levinas, a look beyond the phenomenology in the construction of the psyche

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Introduction Both Minkowski and Levinas introduced in France phenomenological thinking, psychopathology and metaphysics, respectively.

Objectives It is in this context that interested raise the similarities and differences in relation to the study of time these authors in their link to the construction of the self (soi-même).

Aims Both authors take up the relevance of temporality in the construction of the psychic, overtaking Husserl's phenomenology, the distinction between thinking and intuition discursive and theoretical thinking and sensitivity.

Methods Comparative analysis of the problem of time and its relation to the psyche, Le temps vécu of Minkowski, Autrement qu'être of Levinas.

Results You can set a break with Husserl's phenomenology, inspired by the philosophy of Bergson, based on the living back in the studio. At the same time, among the authors reviewed, there is an irreconcilable discrepancy in the notions of activity and passivity in relation to the construction of the self (soi-même).

Conclusions Phenomenology applied to the psychic needs to return to its original inspiration to go beyond a methodological rigid reading, which ends up betraying its spirit, which leads her to forget the living world in its complexity.

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EV0970

Three forms of intuition in Eugène Minkowski

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Introduction Eugène Minkowski is one of the great authors of structural phenomenological psychiatry. However, it has stressed only its influence on the study of schizophrenia, however, the scope of its investigations is much coarser, while addresses issues that attempt to illuminate the way they are set life and humans.

Objectives It is interesting to pose as the author emphasizes the importance of intuition, on more than one level, giving an epistemologically worthy rank in the constitution of the self (soi-même), in psychopathology and even in the ontology.

Aims It is shown that in Minkowski research on intuition it appears as a study of a symptom called autism, as a psychopathological diagnostic method called empathy, and even as an ontological understanding that purpose of the study time.

Methods Reconstruction of the uses of the notion of intuition in the work of Minkowski.



Results Three ways clearly appear in different planes but complementary, pointing not only to a clinical trial, but take a glimpse metaphysical aspects.

Conclusions The conclusions aimed are highlighting how Minkowski think intuition not only as a dignified way to understand the suffering, or establish a knowledge, but necessary for a clinic and even an approximation of what we are.

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e-Poster Viewing: Post-traumatic stress disorder

EV0971

Alexithymia in war veterans with post-traumatic stress disorder

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Introduction Alexithymia consider a cluster of cognitive and affective characteristics that include: inability of recognizing and describing emotions, difficulties in distinguishing feelings and physical sensations during emotional arousal, narrowed capacity for imagination and externally oriented cognitive style. Several studies links alexithymia with increased risk for physical and mental damage. Symptoms of alexithymia are documented in persons who develop PTSD in response to different types of traumatic events.

Objectives To examine alexithymia in war veterans.

Aims To determine whether alexithymia is significantly more present in war veterans with PTSD.

Methods Cross-sectional study of 205 war veterans tested by Harvard Trauma Questionnaire and by Toronto Alexithymia Scale (TAS-20).

Results Out of 205 war veterans 89 (43.4%) of them have alexithymia. Significantly more veterans with PTSD (78 or 75%) than without PTSD (11 or 10.9%) has alexithymia ($\chi^2 = 88.955$, $P < 0.001$) was found a statistically significant difference between the two groups in the total score of alexithymia (t -test = -10.676 , $P < 0.001$) statistically significant difference was found in all three domains of alexithymia.

Conclusions Alexithymia is significantly often in war veterans with than without PTSD.

Disclosure of interest The authors have not supplied their declaration of competing interest.

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EV0972

Residual sleep disturbance in Tunisian military patients with post-traumatic stress disorder

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Introduction Sleep disorders such as nightmares and insomnia are among the most frequently reported symptoms in patients with post-traumatic stress disorder (PTSD).



Objective To assess the prevalence of residual sleep disorders in military personnel with PTSD.

Methods A cross-sectional study was conducted and included 25 military consultants meeting the criteria of DSM-5 for PTSD. Sleep disorders were assessed using the insomnia severity index (ISI).

Results The mean score of the ISI was 14. Fourteen percent of the participants ($n = 21$) reported difficulty falling asleep. All patients reported difficulties staying asleep. Nightmares were reported by 48% of the sample ($n = 12$). All patients were under hydroxyzine at dosages ranging from 25 to 50 mg per day. More than half of the sample ($n = 18$) was under a combination of benzodiazepine and hydroxyzine. Seventy-one percent of patients ($n = 15$) considered that their sleep difficulties significantly disrupted their daily lives.

Conclusion Insomnia is one of the most frequent and persistent symptoms in PTSD patients. These sleep disorders can impede remission and may be due in part to co-morbid depression.

Disclosure of interest The authors have not supplied their declaration of competing interest.

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EV0973

Assessment of chronic pain in military patients with PTSD



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Introduction Patients with post-traumatic stress disorder (PTSD) presents often with several concomitant physical and mental health problems. Recent evidence suggests that pain is one of the most commonly reported symptoms in patients with PTSD, regardless of the nature of their traumatic experience.

Aim of the study To evaluate chronic pain in patients with PTSD in a Tunisian military sample.

Methods Transversal descriptive study of a sample of 22 patients treated for PTSD in the Principal Military Hospital of Instruction of Tunis during the period between August and October 2016.

The PTSD Checklist for DSM-5 (PCL-5), Hospital Anxiety and Depression scale (HAD), and the Brief Pain Inventory Short Form (BPI-SF) were administered for patients.

Results All the patients of the study were male. The mean age of the sample was 29.6 years. Fifty percent presented with a co-morbid major depression and 59.1% with chronic pain symptoms. Locations of chronic pain were as follow: limb pain (69.23%), back pain (38.46%), headache (30.76%) and torso pain (7.69%). Sequelae from combat-related trauma were present in 31.8% of cases.

Conclusion The results of this study illustrate a high rate of chronic pain symptoms among PTSD patients. This suggests that closer attention should be given to the interaction of medical problems, especially pain, with PTSD symptomatology in clinical management and in future research.

Disclosure of interest The authors have not supplied their declaration of competing interest.

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EV0974

Self-esteem in military patients with post-traumatic stress disorder



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Introduction Maintaining self-esteem is a fundamental human motivation. Trauma may lower self-esteem, which contributes to the development and maintenance of Post-Traumatic Stress Disorder (PTSD).

Objectives Assessment of self-esteem in Tunisian military patients suffering from PTSD. Study of correlation between the severity of the PTSD symptoms and the rate of self-esteem.

Methods Transversal descriptive study of a sample of 22 patients treated for PTSD in the Tunisian Military Hospital during the period between August and October 2016.

The PTSD Checklist for DSM-5 (PCL-5), Hospital Anxiety and Depression scale (HAD), and the Rosenberg Self-Esteem Scale were administered for patients.

Results All the patients assessed were male. The mean age of the sample was 29.6 years. Fifty percent of the patients presented with a co-morbid major depression. Based on the score of the Rosenberg Self-Esteem Scale, patients had a self-esteem, which was very low in 45.45% of cases, low in 45.45% of cases, average in 4.54% of cases and high in 4.54% of cases. The results also showed that lower levels of self-esteem are significantly correlated to the severity of the PTSD symptoms as measured by the PCL-5 score.

Conclusions This study highlights the magnitude of self-esteem deficiency among patients suffering from PTSD. It remains unclear as to whether the relationship between trauma and depression is consistently mediated by a negative cognitive schema, such as low self-esteem, or whether trauma influences mood independently of low self-esteem. Further studies are required.

Disclosure of interest The authors have not supplied their declaration of competing interest.

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EV0975

Post-traumatic stress spectrum and adult autism subthreshold spectrum in parents of children with epilepsy: Correlations and gender differences



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Introduction Data that assess the co-morbidity between post-traumatic stress symptoms and autism spectrum are scarce. Nevertheless, some authors suggested that subjects with autism spectrum disorder (ASD), due to their difficulty in understanding the codes of communication, empathy, expression, are lower resilience to traumas.

Objectives The aim of this study was to explore in a sample of parents of children with epilepsy, the presence of correlations between the symptoms of post-traumatic stress and adult autism subthreshold spectrum.

Methods Seventy-seven parents completed the Trauma and Loss Spectrum Self-Report (TALS-SR), specifically modified for one's son epileptic disease, and 72 parents completed the AdAS Spectrum (Adult Autism subthreshold Spectrum).

Results Eight subjects (11.1%) presented a total score ≥ 45 at the AdAS Spectrum, corresponding to the satisfaction of a symptomatic ASD criteria and indicative of the Adult Autism Spectrum subthreshold. More specifically, a total score ≥ 45 was found in 7 (15.9%) of mothers and 1 (3.6%) of the fathers, with no statistically significant differences between the two groups ($P = 0.139$).

Noteworthy correlations between TALS and AdAS, emerged only in the subgroup of the fathers. In particular, a relevant number of moderate to good correlations emerged between the Domain II (reactions to the events of loss) of the TALS-SR and the AdAS Domain III (non verbal communication), Domain VI (restricted interests and ruminations) and total score.

Conclusions Results indicate that this peculiar psychopathological model could lead to increased vulnerability to effects of the trauma, in particular in male.

Disclosure of interest The authors have not supplied their declaration of competing interest.

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EV0976

DSM-5 PTSD and Post-Traumatic Stress Disorder Spectrum in patients with fibromyalgia: Possible correlations with subthreshold autism spectrum?



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Introduction PTSD is extremely common in patients with fibromyalgia (FM) with rates up to 57%, and it often correlates with increased severity of the disease.

Objectives The aim of this study was to investigate the presence of PTSD, diagnosed according to DSM-5 criteria, and of Post-Traumatic Stress Spectrum symptoms in a sample of patients with FM.

Methods Sixty-one patients, 7 males and 54 females, with FM, diagnosed according to American College of Rheumatology (ACR) at the Unit of Rheumatology of A.O.U.P clinics, were assessed by: SCID-5; Trauma and Loss Spectrum Self-Report (TALS-SR); Adult Autism Subthreshold Spectrum (AdAS Spectrum).

Results Patients with FM with full and partial PTSD reported a significantly higher number of losses and potentially traumatic events in the TALS-SR than patients without PTSD. Significantly, higher AdAS Spectrum scores in almost all domains were reported in patients with PTSD with respect to those with partial or without PTSD. Moderate to good correlations were highlighted amongst most of the TALS-SR and ADAS-Spectrum domains.

Conclusions Significant DSM-5 PTSD rates emerged in our sample of patients with FM. Significant correlations were found between Adult Subthreshold Autism Spectrum and Post-Traumatic Stress Spectrum, corroborating recent hypotheses that indicate autism spectrum symptoms as vulnerability factors for PTSD.

Disclosure of interest The authors have not supplied their declaration of competing interest.

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EV0977

Full and partial DSM-5 PTSD in parents of children with epilepsy: Exploring gender differences



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Introduction Increasing literature suggests the need to explore PTSD and post-traumatic stress symptoms among parents and caregivers of children with acute and chronic illnesses but scant data are available on epilepsy.

Objectives The aim of this study was to estimate full and partial PTSD rates among parents of children with epilepsy according to DSM-5 criteria. Further, aim of this study was to examine eventual gender differences between mothers and fathers.

Methods One hundred and thirty-eight parents, 91 mothers (65.9%) and 47 (34.1%) fathers, of children diagnosed with epilepsy were interviewed using the SCID-5.

Results Full and partial DSM-5 PTSD were reported by 10.4% and 37.3% of patients, respectively. Significant gender differences, with the mother more affected, emerged in the rates of partial A PTSD rates ($P=0.048$) and in the endorsement rates of criterion B (intrusion symptoms) ($P=0.047$), criterion D (negative alterations in cognitions and mood) ($P=0.010$) and criterion E (alterations in arousal and reactivity) ($P<0.001$) too.

Conclusions This is the first study to identify post-traumatic symptoms in caregivers of pediatric patients with epilepsy with the use of current diagnostic criteria and the relevance of the results suggests the need for further studies on this risk population.

Disclosure of interest The authors have not supplied their declaration of competing interest.

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EV0978

Post-traumatic stress and subthreshold autism spectrum among divers of the Italian Navy employed in search and rescue activities



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Introduction Rescue emergency personnel is at high risk to develop PTSD due to possible extreme and repetitive exposition to "cruel details of traumatic events".

Objective This study aimed to explore posttraumatic stress and subthreshold autism symptomatology and their impact on social and working functioning level among sub mariner of Italian Navy, who were employed in the Costa Concordia and Genova tower rescue operation.

Methods Eighty-five subjects were enrolled and investigated by the following instruments: Trauma and Loss Spectrum Self-Report (TALS-SR), Adult Autism Subthreshold Spectrum (AdAS Spectrum) and Work and Social Adjustment Scale (WSAS).

Results The response rate was about 50%. Ninety-five percent of the subjects were employed in recovering corpses and 80% reported at least one rescue operation in the last three years. Full and partial DSM-5 PTSD rates were 8% and 27.5%, respectively. A strong correlation emerged between several TALS-SR and ADAS domain. Furthermore, TALS-SR domain scores were related to WSAS domain.

Conclusion This data showed rescue personnel to be at risk for post-traumatic stress spectrum and related work and social impairment. Further studies are needed to better investigate possible risk and resilience factors associated to PTSD.

Disclosure of interest The authors have not supplied their declaration of competing interest.

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EV0979

Post-traumatic stress disorder, violence and war: A documental exploratory research



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Introduction In a globalized world, violence, present in all forms and everywhere, it is a serious public health problem. Violence and war lead to death and leave marks on the bodies and minds, and the post-traumatic stress disorder (PTSD) is a mental disorder that may develop following exposure to a potential event traumatic.

Results In the 3-month period (January 2016 to April 2016), according to typological analysis of the journal cover, the following results were found: the type of prevailing violence was interpersonal, community, committed by a stranger (75%), followed by the violence of the economic type (16.7%), and finally interpersonal violence committed by partner (8.3%). Although not all cases have provided the number of people who perpetrated or suffered violence, most victims of violence were male (8), aged 3 months and 36 years, followed by 2 women, and as a perpetrator of violence the men were in excess (4 men) followed by one woman.

Discussion Violence and war are traumatic stressors and risk factors for PTSD which, in turn, is also a risk factor to perpetrate violence, such as domestic violence. The costs of violence are high and its routinization as a way of life has important effects on the mental health of population.

Considerations Scientific research, including qualitative studies, on PTSD, violence and war are necessary so that we have a better understanding of the phenomenon as well as to promote the mental health of all through early intervention or even in preventing the onset of this disorder.

Disclosure of interest The authors have not supplied their declaration of competing interest.

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EV0980

Deaths and symbolic use of language: Semiotics and thanatological reading of the film *Nell*



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Introduction Psychiatric disorders may become more severe when the subject is exposed to a hostile environment. Symptoms of mental malaise are expressed by the senses, including speech and language.

Methods The method is used of semiotic analysis and thanatological movie.

Objective To investigate the limit and death as a trigger of a singular mode of use of the spoken language. The problem presented in this paper is the linguistic system created by *Nell*.

Results Partial results show that spoken language in this particular cut, becomes an instrument for dealing with the losses accumulated throughout his life. The life of isolation, restrictions on maternal vocalization, her mother's death and mourning acted as an inhibitor of language.

Conclusion The spoken language works like kaleidoscope of interactions of the individual with their group, with the medium in which it is inserted, with the set of beliefs that nourishes and with the world that she wants there, even if only in your intimate venue. Thus, demonstrating the sociolinguistic approach inalienable role in speech performance.

Disclosure of interest The authors have not supplied their declaration of competing interest.

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EV0981

Pieces of me: A story of trauma and dissociation



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Introduction Traumatic event related disorders (ASD, PTSD and dissociative disorders) could share a common dissociative psychobiological origin. Patients diagnosed with dissociative identity disorder present a high sexual abuse rate (85–90%), way above the rest of the traumatic spectrum disorders.

Objectives The goal of this study is to analyse the existing relation between different types of trauma, especially sexual abuse, and the onset and continuity of dissociative disorders.

Materials and methods We report the case of a 37 years old woman with a long sexual abuse history. The symptoms appear by age 30, in the form of flashbacks, ushering a persistent identity fragmentation in individual differentiated opposed components, shaping a dissociative personality disorder, which was present for years taking a fluctuating and invalidating nature.

Discussion When a traumatic event occurs, acute dissociative reactions frequently appear, usually briefly, disappearing spontaneously afterwards. In this case, we can discern the persistence of the dissociative symptoms and the repercussion they had in the patient's functionality.

Conclusion The existence of a correlation between the duration of a chronic traumatic event and the persistence of dissociative symptoms in the evolution of a dissociative personality disorder is possible.

Keywords Dissociation; Trauma; Abuse; PTSD

Disclosure of interest The authors have not supplied their declaration of competing interest.

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EV0982

Prevalence study of mental disorders in Georgian military personnel participating in peace-keeping missions



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Introduction Due to the professional activities acute stress disorder and PTSD are most diffuse disorders among military servants. Number of studies revealed relationships between post-traumatic stress and depression, anxiety or somatic complaints.

Objective Though Georgian military personnel actively take part in the international peacekeeping missions since 2004 and no research was conducted to investigate the prevalence of above-mentioned disorders.

Aims Thus, this study aims to investigate the prevalence of PTSD, depression, anxiety and somatic complaints in the cohort of Georgian military servants.

Method The research participants were 2799 military servicemen who had been deployed on the 6 month long period to the peace-keeping missions and were screened for psychological problems after deployment. All of them were Caucasian males, with average age of 29.3 years. All participants were asked to complete a PTSD Checklist for DSM-5 (PCL-5), as well as a 15-item somatic subscale of the Patient History Questionnaire (PHQ-15), a 9-item depression subscale of the Patient History Questionnaire (PHQ-9), a 7-item anxiety subscale of the Patient History Questionnaire (GAD-7).

Results Prevalence rate of probable PTSD screened by the PCL-5 was 2.7%. Further investigation showed that depressive, anxiety and somatic symptoms among them was 21.6%, 8.7% and 21.7% respectively.

Conclusion Appreciable positive relationship was found ($r=0.65-0.70$; $P<0.001$) between these variables in the deployed military servants. Therefore, it is recommended that military servants should be screened on all above mentioned conditions along with PTSD, in order to see full picture of co-morbid problems.

Disclosure of interest The authors have not supplied their declaration of competing interest.

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EV0983

Predictors of post-traumatic stress disorder in military personnel deployed to peacekeeping missions

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Background The following study shows that PTSD, depression and anxiety present actual and urgent problem in military field. These disorders appear to be highly co-morbid that results in much more complicated treatment process and outcome. Service members of Georgian armed forces participate in various international peacekeeping operations on the regular basis, though there are no researches conducted so far to provide evidence for mental health problem prevalence in Georgian deployed military personnel.

Method Collection of the data took place during the period of 2014–2015 years after six months of service members returning from the international peacekeeping mission back to their homes. The sample for this research were represented by 2799 servicemen who actively engaged in ISAF peacekeeping missions. All of them were male, with average age: $M=29.3$ ($SD=6.3$). The data for the following research were collected using self-administered assessment measures, namely PCL-5 for PTSD screening and PHQ for depression and Anxiety and somatic complaints assessment.

Results PTSD appeared to be significantly predicted by range/level of anxiety and depression symptom urgency, nevertheless after joint/combine integration of these variables in one regression equation, just symptoms of depression remained as statistically reliable explanatory factor for the significant percentage of the somatic symptom range variation.

Conclusion It would be wise to recommend mental health care specialists particularly to bear in mind the possibility of co-existing depression and anxiety symptoms in patients with PTSD.

Disclosure of interest The authors have not supplied their declaration of competing interest.

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EV0984

Religious beliefs and post-traumatic growth following stillbirth in a sample Moroccan women

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Introduction While research on religious beliefs as an adjustment is on the rise, less is known regarding such process following stillbirth and no study has been conducted on a sample of Moroccan women.

Objectives The aim of the present study is to extend the current literature by:

– identifying a typology of Moroccan women who experienced stillbirth based on several dimension of religious coping strategies;

– examining whether these profile differ on grief, anxiety, post-traumatic stress disorder (PTSD) and posttraumatic growth (PTG) symptoms.

Methods One hundred Moroccan women who experienced stillbirth were recruited through a Moroccan public hospital. At 6 weeks following stillbirth, they completed questionnaires assessing Religious Coping Strategies (RCS), PTSD, PTG, anxious and grief symptoms.

Results Five clusters were identified: one with high level of plead and religious avoidance coping strategies, one with high level of interpersonal coping strategies, one with multiple religious coping strategies, one with discontent religious coping strategies and one with low religious coping strategies. High levels of psychological symptoms were found in the 5 cluster and PTG symptomatology was as associated with increased RCS.

Conclusion Our findings suggest that, while religious beliefs and practices as a coping strategy do not protect from short-term psychopathological symptoms in the immediate aftermath of stillbirth, they play an important role in the development of positive reactions. As PTG symptoms have been reported be a protective factor for long term psychiatric symptomatology further longitudinal studies focusing in this area is warranted.

Disclosure of interest The authors have not supplied their declaration of competing interest.

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EV0985

Post-traumatic mania symptoms: About one case

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Introduction Psychotraumatism can constitute for some people a real existential fracture, a real upheaval of the psychic organization. Immediate psychological reactions can vary from one-off and temporary reactions to far more severe and sometimes enduring reactions.

Material and methods We collected the case of a patient who was hospitalised in April 2015 for manic symptoms in the immediate aftermath of a terrorist attack, with a review of the literature.

Clinical case This is Mr. A. F., aged 38, with a personal history of AVP and a shooting wound following a terrorist attack. He had presented a psychomotor instability and an exaltation of the mood in the immediate aftermath of an ambush.

Behavioural problems were identified by the psychiatric team during the group debriefing conducted at the HMPIT emergency room. During his hospitalisation, a chemotherapy based on thymoregulators, neuroleptics and anxiolytics was introduced.

The evolution was marked by a significant regression of the manic syndrome after ten days, and the installation of a post-traumatic stress condition (PTSD). At the end of eight months, the patient was able to resume his work with long-term thymoregulatory treatment, a ban on weapons and safety posts.

Conclusion Manic episodes are rarely observed as an immediate post-traumatic reaction. Their occurrence does not prevent the subsequent installation of PTSD. Has psychic trauma revealed a latent psychosis? Is it a trauma-induced mood disorder?



Disclosure of interest The authors have not supplied their declaration of competing interest.

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EV0986

Clinical features of PTSD and adjustment disorders in refugees from the zone ATO

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Aim To study clinical features of PTSD and adjustment disorders in refugees from the zone ATO.

Methods We have a complex psychopathological and psychodiagnostic research 156 refugees in volunteer center in Kharkiv.

Results Among the IDPs observed, 75.9% have violations of adaptation: long-term depressive reaction and predominant disturbance of other emotions. The men reactive alarm indicators (average – 37.7 ± 3.0), were higher than trait anxiety (average – 32.6 ± 2.9). On the contrary, women figures trait anxiety (average – 38.6 ± 2.9) were higher than reactive anxiety (average – 34.7 ± 3.0). Severity of depressive symptoms also slightly prevailed in women. The mean score on the Hamilton scale for men was 17.0 ± 2.3 points, women – 18.0 ± 2.3 points.

Test results on a scale of quality of life showed no significant differences between men and women. We have developed a medical and psychological support system to correct the neurotic disorders in refugees.

Conclusions The majority of people who left the ATO zone have psycho-emotional disorders of different severity and require a further correction in the specialized medical institutions.

Disclosure of interest The authors have not supplied their declaration of competing interest.

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EV0987

Complex trauma, somatoform dissociations & energetics therapy

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Introduction Mental health professionals find it very challenging to provide counselling and therapy when confronted with disclosures of ritual, satanic and extreme abuse. Psychometric and muscle testing can facilitate diagnosis and healing in this context. Psychiatrists of renown such as David Hawkins and Colin Ross have embraced and written about energetic medicine in their practice.

Objectives The presentation explains how somatoform dissociations are tell-tale indications of abuse and neglect of early childhood trauma and how 'Energetics' therapy facilitates healing.

Aims Delegates will learn to recognise somatoform dissociation symptoms, understand advances and limitations of psychometric assessment tools, appreciate energetics approaches as an adjunct to other intervention methods and gain an insight into the origins of complex trauma.

Methods Two case studies are used to illustrate causes, impact, diagnosis and healing of complex trauma.

Results A set of psychometric assessments helped to unravel a chilling revictimisation crime series. 'Twice Exceptional' characteristics were very high IQ coupled with Dyslexia, very weak auditory memory and psychic capabilities. In another case that stemmed from extreme abuse of ancient, commercial and high-tech vari-

eties muscle testing and energetics therapy lead to a remarkable recovery.

Conclusions Psychometric and muscle testing can inform diagnosis, therapy and healing. Energetics can be used to bring about profound healing for those who have repressed severe trauma. This method has many advantages in that parts of it are easily learned, it is non-invasive, has no side effects, gives patients control over their reactions, eliminates triggers and offers healing.

Disclosure of interest The authors have not supplied their declaration of competing interest.

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EV0988

Prefrontal cortex neurochemical changes in single prolonged stress as a model of post-traumatic stress disorder: In vivo magnetic resonance spectroscopy at 9.4 T

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Purpose Single prolonged stress (SPS) is an animal model of post-traumatic stress disorder (PTSD). Until now, it has not been known how PTSD develops from the first exposure to traumatic events and neurochemical differences between acute/single stress and PTSD-triggering stress. The object of this study is to determine neurochemical changes in prefrontal cortex of rats using in vivo proton magnetic resonance spectroscopy (1H-MRS) at 9.4 T.

Method and Materials Male Sprague-Dawley rats ($n = 11$; mean body weight: 200–220 g) were used. The SPS was used in this study. Rats were restrained for 2 h and then immediately forced to swim for 20 min in water (20–24 C). After a 15 min recuperation period, rats were exposed to ether until anesthesia occurred. MRS was performed 30 min before SPS, 30 min after the stressors, 3 and 7 days after the stressors to investigate time-dependent changes on metabolites levels in the PFC. Acquisition of MRI/MRS was conducted at four time points using 9.4 T Agilent Scanner. Concentration of metabolites was quantified by LCModel. A one-way ANOVA test with Tukey's HSD post-hoc test was used for statistical analyses.

Results The SPS resulted in altered absolute metabolite concentrations for GABA [F(3.0)=1.450, $P = 0.035$], glutamate [F(3.0)=3.417, $P = 0.026$], glutathione [F(3.0)=3.759, $P = 0.018$], NAA [F(3.0)=3.919, $P = 0.015$], total choline [F(3.0)=7.584, $P = 0.000$], total NAA [F(3.0)=3.760, $P = 0.018$], total creatine [F(3.0)=3.248, $P = 0.032$] and glutamine/glutamate [F(3.0)=3.552, $P = 0.023$] among the four time points.

Conclusion PTSD in human is associated with decreased neuronal activity in the PFC. In this study, SPS decreased glutamate (excitatory) and total choline (membrane turnover) on day 7.

Disclosure of interest The authors have not supplied their declaration of competing interest.

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EV0989

Mental disturbances on anti-terrorist combatants in Ukraine

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In Ukraine, the significant participants of the "Anti-Terroristic Operation" (ATO) need to provide a system of psychiatric, psychotherapeutic assistance. The 6 groups of disorders:

– non-pathological reaction (Z65.5);



- pathological reactions (F43.0);
- neurotic disturbances (F45);
- psychotic disturbances (F44);
- PTSD (F43.1);
- chronic personality changes (F62.0).

The system of complex assistant was provided. Step 1: emergency psychological assistance. It is carried out on the basis of crisis intervention, that is defined as the emergency and urgent medical and psychological first aid, aimed at the return of the victim to the adaptive level of functioning, preventing prodromal development of mental disorders, reducing the negative impact of a traumatic event. Step 2: medical and psychological support. The purpose is the relief of mental and behavioral disorders, prevention (secondary and tertiary), psychological maladjustment, progressive course of mental disorders, with the purpose, rational, suggestive, cognitive-behavioral (CBT), and others. The aim of psychotherapy is to support the patient's assistance, processing traumatic material reevaluation of the crisis, a change of attitude, increased self-esteem, develop realistic perspectives and active life position. It is important to restore a sense of competence and design future in which you can use a good past experiences. Step 3: the primary goal of treatment is relief of anxiety and fear, stress, adaptation to the human life and activity in conditions of continuing psychogenic. The most effective method of psychotherapy in these cases is CBT. Step 4: supportive. All steps developed by multimodal model of psychotherapy.

Disclosure of interest The author has not supplied his/her declaration of competing interest.

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EV0990

Psychotherapies for complex trauma: A combination between EMDR and mindfulness

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Faced with the effects of trauma, new psychotherapies are emerging in France, converging especially around awareness, experience and emotion. The hypothesis put forward here concerns the complementarities of the two following approaches: Mindfulness, part of a behavioural and cognitive context. EMDR that uses neuroscience through its ABS. The implementation of a protocol based on EMDR and mindfulness, has shown convincing results on the demented elderly person suffering from complex PTSD. The protocol begins with a session devoted to anamnesis and symptoms evaluation. The second phase consists of desensitization and cognitive restructuring. The principal foundations rely on EMDR but also include mindfulness exercises to reduce anxiety due to the effects of therapy or otherwise allow the possibility to bring new material when it seems to encounter a deadlock. The third phase is the consolidation of therapeutic benefits. For this, ABS are based on the patient's resources and meditation exercises are performed in order to amplify the restructuring. The combination of these two therapies could allow to potentiate their respective effects. The single case study that we conducted allowed us to observe encouraging results: reduction of symptoms of revival, autonomic hyper-activation and avoidance. Effects were also observed for co-morbid symptoms namely depression, anxiety and psychotic manifestations. The combination of these two approaches seems profitable and requires replication.

Disclosure of interest The authors have not supplied their declaration of competing interest.

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EV0991

Augmentation effects of eye movement desensitization and reprocessing (EMDR) intervention in pharmacotherapy-resistant PTSD

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Aim Both trauma-focused cognitive behaviour therapy and antidepressant medication are regarded as the first line treatments for post-traumatic stress disorder (PTSD). However, little is known about sequential or combined efficacy of these two different treatment options. This prospective study examined the add-on efficacy of eye movement desensitization and reprocessing (EMDR) therapy among adult civilians with PTSD who continued to be symptomatic after antidepressant treatment.

Method Adult patients with PTSD at a specialized trauma clinic who received treatment doses of antidepressants for more than 12 weeks were recruited; definition of symptomatic PTSD was a total score > 40 on the Clinician-administered PTSD Scale (CAPS). The CAPS and the global improvement from Clinical Global Impression (CGI) were rated prior to EMDR, after termination and six months follow-up.

Results A total of 15 patients underwent an average of six sessions of EMDR and 7 (47%) of 15 no longer met the criteria for PTSD and 10 (67%) were given status of very much or much improved. The CAPS scores and significantly decreased after EMDR therapy (paired $t = 7.38$, $df = 14$, $P < 0.0001$).

Conclusion These results indicate that EMDR or trauma-focused CBT can be successfully added to those who failed to improve after initial pharmacotherapy for PTSD. Further studies are needed to explore the best sequence or components of therapies in the treatment of PTSD.

Disclosure of interest The authors have not supplied their declaration of competing interest.

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EV0992

Impact on new onset stress and post-traumatic stress disorder (PTSD) in relatives of patients admitted to an intensive care unit evaluated by diaries study

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Introduction ICU diary is effective in aiding psychological recovery and reducing the incidence of new onset PTSD in patients three months after ICU discharge. The impact of ICU diaries on PTSD in relatives of critically ill patients in Australia has not been fully elucidated.

Aims and objectives To determine the impact of ICU diaries on the incidence of PTSD, stress and family satisfaction in the relatives of critically ill patients.

Methods One hundred and eight consecutive patients, staying > 48 hours in a tertiary ICU were identified. A survey using



DASS-21, IES-R, and FS-ICU questionnaires was performed followed by a repeat survey 90 days post discharge from ICU. An IES-R score of >33 was used to define PTSD. A FS-ICU score <5 was used to define dissatisfaction.

Results Forty subjects refused to participate, eight were excluded, sixty family members were included for analysis on an intention to treat basis which included 36 completed diaries. Whilst there was no association between PTSD at 3-month follow-up and diary use (P -value = 0.9), there was an association with PTSD at baseline (P -value = 0.02) and unemployment (P -value = 0.0045). Medical patients had mean PTSD score 3.0 units greater than surgical (estimate = 3.0, 95% CI: 0.3, 5.7). Families who were dissatisfied (FS-ICU score of <5) were not at more at risk of developing PTSD than families who were satisfied (P -value = 0.74).

Conclusion ICU diaries did not impact on the incidence of stress, family satisfaction with care and PTSD in relatives of patients in this index population.

Disclosure of interest The author has not supplied his/her declaration of competing interest.

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EV0993

Repeated programmed hospitalizations (RPH) in the care of French military suffering for war post-traumatic psychiatric disorders: Interests and limitations



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Introduction The long-term management of psychiatric wounded patients with prolonged disorders requires a rethinking of our practice of care.

Objectives The aim is to propose an integrative model of all valid therapies in the post-traumatic-stress disorder while taking care of co-morbidities and ensuring patient support in the different administrative procedures that permit reconstruction. Repeated short-term hospitalizations can meet this objective by mobilizing resources, creating group dynamics, restoring a space of safety, allowing a rupture with the environment, preventing recurrence of crises, and by encouraging the historicization of trauma by the temporal sequences of intra/extra-hospitalisation repetition.

Method We propose, by means of a review of the literature, to discuss on a psychopathological level the interest and limits of this mode of care.

Results This work reveals the specific therapeutic effects of repeated programmed hospitalizations, which constitute a new modality of institutional psychotherapy.

Conclusion Rethinking the place of hospitalisation in the management of psychiatric illnesses can be useful to all psychiatrists who follow patients with chronic and co-morbid disease.

Disclosure of interest The authors have not supplied their declaration of competing interest.

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EV0994

Impact of terrorist attacks on the profile of consultants at the outpatient department of Razi hospital



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Introduction A trauma is an uncommon experience of violence in which the physical and psychological integrity of an individual or group has been threatened. Intentional violence in general and terrorist attacks in particular are a perfect example of this. It turns out that during the year 2015 Tunisia was shaken by a series of terrorist attacks as sudden as violent. What impact would these actions have on the profile of consultants at the Razi hospital?

Methods A retrospective and descriptive study of the consultants between January 1, 2015 and December 31, 2015, while determining the socio-demographic, clinical and therapeutic profile of the consultants for the first time at the outpatient clinic of the Razi psychiatric hospital, and indicating the different changes during the month following each attack; Bardo 18 March, Sousse 26 June and Mohamed V 24 November.

Results Our study pointed to an increase in the number of consultants at the hospital (31%) and outpatient (128%) levels during the year 2015, without increasing the number of consultants. New consultants. The new consultants are younger with a strengthening of the female predominance (56.8). In the months following the attacks from the same period of the previous year, we found that diagnoses of acute and post-traumatic stress disorders (151%) and (93%) increased in percentage.

Conclusion The impact of terrorist attacks is harmful to people directly exposed but also to vulnerable people. It imposes the necessity of a preventive activity involving multidisciplinary interventions in order to develop the concept of resilience.

Disclosure of interest The authors have not supplied their declaration of competing interest.

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EV0995

Five sessions of in vivo exposure therapy for post-traumatic stress disorder: A case report



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Introduction Prolonged exposure (PE) is recognized in many guidelines as an effective, evidence based treatment for post-traumatic stress disorder (PTSD), with the active ingredients being in vivo and imaginal exposure. Despite this, patients and clinicians are often reluctant to engage in this form of treatment. Imaginal exposure can be perceived as too anxiety provoking, leading to discomfort among both patient and clinician. In vivo exposure alone, however, has also been established as an effective treatment for anxiety disorders that can provide significant results in a rapid manner.

Methods A 31-year-old female with no prior psychiatric history presented to treatment in an acute depressive episode following a motor vehicle accident two years prior. She also met criteria for PTSD. Her Beck Depression Inventory (BDI) and PTSD Checklist for DSM-5 (PCL-5) scores were 42 (severe depression) and 64, respectively. Due to constraints, a modified form of PE was initiated, with five in vivo exposure sessions conducted.

Results After five sessions of in vivo exposure, the patient's PCL-5 score decreased from 64 to 36 and her BDI score decreased from 42 to 13 (minimal depression).

Conclusions This case report underscores the effectiveness of a modified form of PE, using in vivo exposure alone as a treatment for PTSD. This has significant implications in particular for patients or clinicians who are unable to initiate imaginal exposure (e.g., patient finding it too difficult to tolerate/refusing to engage, language barriers, etc.). In such situations, in vivo exposure appears to be an alternate, effective, short-term treatment option.

Disclosure of interest The authors have not supplied their declaration of competing interest.

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EV0996

A case study: Effects of EMDR therapy on a patient with persistent complex bereavement disorder (PCBD)



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Background Loss of a loved one is a distressing event that may result in grief characterized by emotional distress, longing of the dead, and dysfunctionality. Persistent complex bereavement disorder (PCBD) is differentiated by extended and damaging bereavement [1], which is being treated by some with EMDR [2]. In this study, the effects of an EMDR session on a patient with PCBD will be analyzed.

Case G.Ö. (45) is a married housewife who had been working, mother of a kid and a baby. She has lived with her family and her mother in a metropolitan city until her mother died a year ago, unexpectedly. Then, she quit her job and they moved in a small city upon her husband's wish. The inpatient had complaints such as active suicidal thoughts, marital dissatisfaction and an ongoing deep sadness. EMDR therapy is applied on her grief and dysfunctional beliefs.

Conclusion After one session of EMDR, her mood improved, her ruminations declined, she sought job, and became hopeful for the future. In our case, even one session of EMDR let remarkable improvements on PCBD. Indeed, as for other trauma-related issues, EMDR therapy can be utilized on PCBD.

Disclosure of interest The authors have not supplied their declaration of competing interest.

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e-Poster Viewing: Prevention of mental disorders

EV0997

Medical students assessment from a public university considering the relevant aspects of medical practice



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Introduction In traditional medicine curriculum, internship is the moment in which students experience medical practice more intensively. Attitudes can be considered predictors of behaviors and actions. Evaluate them contributes to improve medical graduation.

Objective Evaluate medical internship attitudes, considering medical practice and associated factors in a Brazilian public university.

Methods Cross-sectional study with 69 students, using a structured questionnaire and an attitude scale. Descriptive statistic was carried out, classification of the attitude tendency, group analysis ('clusters') and F statistic.

Results The average age was 25.1 and 56.5% were male. Students presented positive attitudes towards four from six aspects and negative attitudes toward death.

Conclusion Results suggest the necessity of educational intervention, which follows the educational objectives.

Disclosure of interest The authors have not supplied their declaration of competing interest.

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EV0998

The impact of parental schizophrenia in the development of behavioral disorders and mental illness in children



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Introduction Parental schizophrenia will potentially cause dysfunction in mother-child relationships, and it will also cause difficulty in adapting to motherhood.

Objectives We aim to study the implications of the relationship between mothers with schizophrenia and their children. The psychosocial environment and the impact of dysfunctional relationship in social skills development may cause behavioral disorders in children and further development of severe mental illness taking into account genetic factors and biopsychosocial factors.

Methods Non systematic literature review, through the Pubmed and Medline database, with time constraints.

Results The development of schizophrenia is related to genetic and environmental factors. Children of parents with schizophrenia are at increased risk of developing psychiatric disorder compared to the general population. It was found early behavioral disorders, starting between 5 and 8 years old and the difficulties in social interaction may arise at this age and remain until adulthood.

Conclusions It is important to assess the level of acquisition of social skills in children and families when there is a direct relationship with schizophrenia. It may be important in the future, monitorize the development of these children, as well as be aware of the surrounding social and family environment, to identify and manage early in the presence of behavioral disorders and possible development of serious mental illness. An early intervention at the level of social deficits in children can be a preventive intervention of later schizophrenia development.

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EV0999

The status of early intervention services in Greece



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Introduction Schizophrenia and other psychotic disorders usually emerge during adolescence and early adulthood deteriorating the lives of young people. As a result, a lot of early intervention services have been developed worldwide.

Objective This study aims to investigate the status of early intervention services in Greece related to similar programs around the world.

Methods The literature was accessed in order to investigate the status of clinical early intervention services throughout the world. In terms of Greece, a naturalistic research was added to the literature one, since there are not enough published data available.

Results Hundreds of early intervention programs exist in Australia, Europe, North America and Asia, designed to provide early and sustained care with less prescription not only soon after psychosis has been diagnosed but in a prodromal state as well, like the outreach and support in South London (OASIS) team. In Greece, four early intervention services have been established since 2007, without funding, and they still operate in a volunteer basis. Furthermore, the field about ultra-high risk subjects in Greece remains neglected.

Conclusions The specialized services play an important role in the prevention and proper clinical management of the illness and its outcome with a positive impact on the economy. Greece needs to recognize the significance of this issue in order to enhance public health and welfare.

Disclosure of interest The authors have not supplied their declaration of competing interest.

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EV1000

CEVUP program: An analytical epidemiological cohort study

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Introduction Over the past few years, several teams have built programs to detect patient at clinical high-risk state for psychosis and to develop interventions at an early stage of psychiatric troubles. The aim of this study is to provide an overview of the functioning and the results obtained by the specialized program developed in Brest, France (CEVUP).

Methods We retrospectively analyzed the medical records of patients addressed to the CEVUP between June 2010 and April 2014. Data were double collected by two different investigators and we tested the inter-raters reliability. We included 49 help-seeking patients, aged from 15 to 30 years old, addressed by psychiatrists and general practitioners. The initial evaluation included a clinical evaluation, CAARMS scale, Rorschach test and neurocognitive tests. Subjects were classified in two groups: not at risk for developing psychosis (NA) or at risk for developing psychosis (AR).

Results The main results at initial evaluation showed that 16 (32.7%) patients were AR and 33 (67.3%) NA. Among AR patients, 8 (24%) developed psychosis in two years against 2 (12.5%) for NA patients. These patients have psychiatric comorbidities, essentially depression or anxiety. Secondly, there are more disturbances of psychomotor and affective development in subjects AR: 14 (41.1%) against 7 (20.5%) in group NA.

Conclusion The present study describes the procedures and the main results established by a specialized program for patient at high risk to develop psychosis. The characteristics of the sample remain consistent with descriptions of such populations worldwide.

Disclosure of interest The authors have not supplied their declaration of competing interest.

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EV1001

Relationship between values of the health care and cognitive beliefs about body, illness and treatment: Is there “hypochondriac discourse” in the society?



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Introduction Social values of health and health care are considered as important factors of health behavior as well as sources of self-regulation in health and illness. However, emphasize on medicine, health and body that is widespread in mass media nowadays may increase hypochondriac-like beliefs and behavior as well as the risk for unexplained somatic symptoms in some individuals.

Objectives Analysis of mass media revealed four models of health care value: health as a depletable resource requiring conservation, health as fragile value requiring protection and control, health as a necessary source of success and happiness, health as requiring periodic restoration by alternative medicine.

Aim was to investigate the relationship between these models and beliefs about body, illness and treatment.

Methods One hundred and thirteen adults without history of mental or severe somatic illnesses filled checklist of values of health care, Cognitive Attitudes about Body And Health Scale (Rief et al., 1998), Compliance-related Self-Efficacy Scale (Tkhostov and Rasskazova, 2012).

Results The models of health as a depletable resource and as fragile value are dominated in the sample. Agreement with these models of health care is, on the one hand, related to willingness to seek medical help and follow treatment, but, on the other hand, to an excessive attention to bodily sensations, somatosensory amplification, monitoring and catastrophization about bodily sensations.

Conclusions Possible pathways linking “hypochondriac discourse” in the society in its various forms and cognitive beliefs typical for hypochondria and somatoform disorders will be discussed. Research supported by Russian Foundation for fundamental research, project 17-06-00849.

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EV1002

Assessment the probability of formation burnout syndrome among health care workers

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Aim Study of psychosocial risk factors in the formation of burnout syndrome.

Material and method Based on a questionnaire developed by WHO experts for the European model of “health management, environment and security in the workplace”, conducted surveys 246 health care workers. Individual attention was paid to health, physical activity and nutrition.

Results Survey conducted of the medical personnel showed high prevalence among them psychophysical, social and psychological, behavioral symptoms that allows to think of high probability of formation of a syndrome of professional burning out. Part of medical workers who have one complaint in each group of symptoms (psychophysiological, sociological-psychological, behavioral) – 18,7%. Part of HCW with two and more complaints in each group – 39% (Table 1). Prevalence of psychophysiological, sociological and psychological, behavioral symptoms among health care emergency workers is different (Table 2).



Table 1

	City n = 78 (%)	Countryside n = 168 (%)	Chi ²	P	Total n = 246
Complaint in each group of symptoms	16 (20.5)	30 (17.9)	0.01	0.963	36 (18.7)
Two complaints in each group of symptoms	32 (41.0)	64 (38.1)	0.01	0.982	96 (39.0)
Three complaints in each group of symptoms	18 (23.1)	26 (15.5)	0.4	0.549	44 (17.9)

Table 2

	City n = 70 (%)	Countryside n = 150 (%)	Chi ²	P	Total n = 220
Two and more of psychophysiological spts	26 (37.1)	12 (8)	7.8	0.005	38 (17.3)
Two and more of sociological and psychological spts	8 (11.4)	24 (16)	0.1	0.793	32 (14.5)
Two and more of behavioral spts	10 (14.3)	10 (6.7)	0.7	0.414	20 (9.1)

Disclosure of interest The authors have not supplied their declaration of competing interest.

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EV1003

Prevention of specific learning disorders in early stages

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Introduction Specific learning disorders as defined in the DSM-5 are frequently diagnosed among children – 4–9% for reading deficits – (DSM-5, 2013). As any deficit can contribute not only to a child's emotional distress, it can also result in academic failure or school abandonment. Therefore, prevention measures should be considered.

Objectives The present study's objective was to compare the influence of a set of primary prevention measures on children's performance in reading and writing and improve their reading and writing.

Aims We aimed to prevent specific learning disorders–dyslexia and dysgraphia in children from the second to their third year in the educational system.

Methods Only children from the second year of school were considered (grade 1). Children with clear potential for developing specific learning disorders were included in the present study. Children with any other comorbidity were excluded from the data analysis. Four experimental groups were considered – one control and three interventional – 1. Control, 2. COPS method, 3. Meixner principles, and 4. COPS method combined with Meixner principles and considering improvement of reading images, image filling, graphical schema orientation and discrimination, spatial and temporal orientation, orientation of objects, fine motor skills, temporal sequences, attention for details, perception of differences.

Results Findings indicated that the use of the combined methods significantly improved children's performance in reading and writing. Though all interventional methods improved children's performance. Results comparison was computed.



Conclusions Early prevention programs which target both reading and writing can improve children's performance in reading and writing.

Disclosure of interest The authors have not supplied their declaration of competing interest.

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EV1004

The use of vitamin D3 sublingual tablets versus oral drops in the treatment of patients with COMT Val/Val genotype and major depressive disorder

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Introduction Vitamin D has been shown to be crucial in the regulation of dopamine and its relationship to major depressive disorder.

A five-year pre-interventional study of 25 hydroxy vitamin D levels in patients with major depressive disorder found values ranging from 17 to 32 ng/mL.

COMT Val/Val genotype has been associated with a 20–40% more rapid breakdown of dopamine in the prefrontal cortex as compared to individuals with a Val/Met genotype.

Methods This retrospective study gathered data concerning outcome measurements in patients who displayed a baseline 25-OH level < 30 mg/mL and initially treated with sublingual tablet form of 10,000 IU vitamin D3. These data were compared to post interventional depression outcome scores for patients switched to oral vitamin D3 drops at a dose of 10,000 IUs.

Results Scores on the MADRS 1–3 weeks following the vitamin D3 switch showed an improvement in mood with the lowering of scores on the MADRS.

Conclusions Patients with a COMT genotype of Val/Val showed clinical improvement with a switch from oral D3 sublingual tablets to oral D3 drops. Further studies are needed to draw from conclusions. Pre- and post-25-OH vitamin D levels and other dopamine synthesis variables including serum ferritin would be useful as well as prospective double-blind placebo controlled trials. The future use of genotype-specific and supportive approaches deserves serious investigation.

Disclosure of interest The author has not supplied his/her declaration of competing interest.

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EV1005

Ultra-high risk psychosis. A case report

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Introduction There is much debate on whether patients who are at high risk of developing a psychotic disorder in the near future (such as patients suffering of attenuated psychotic symptoms, brief limited intermittent psychotic symptoms or personality trait vulnerability) should be treated with antipsychotic drugs to prevent possible psychotic breaks from happening.

Aim To review articles from the existing medical literature about treatment of patients in ultra-high risk of developing psychosis.



Methods We describe the case of a 19-year-old male who was hospitalized after a suicide attempt in April 2015. He had been diagnosed of different psychiatric disorders such as mixed anxiety-depressive disorder, adjustment disorder and probable borderline personality disorder. During his stay at the hospital, we observed that he had schizoid personality traits. In the initial anamnesis, he denied ever having psychotic symptoms, but a few days later he admitted that the previous year he suffered through a period of brief self-limiting psychotic symptoms.

Results Prophylactic treatment was started with oral aripiprazole 15 mg/day, which was well tolerated by the patient. He has been free of psychotic symptoms for the last 17 months (from April 2015 to September 2016). No relevant side effects were detected.

Conclusions Oral aripiprazole 15 mg/day can be a good therapeutic option in patients at ultra-high risk of developing a psychotic episode.

Disclosure of interest The authors have not supplied their declaration of competing interest.

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EV1006

Relationship between affective temperaments, traits of schizotypal Personality and early diagnosis in a sample of Italian healthy subjects

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Introduction Akiskal et al. [1] examined the relationship between affective temperaments and characteristics of schizotypal personality disorder. Schizotypal personality disorder is becoming increasingly important both in itself as a significant personality disorder and as a condition that can provide important insights into the origins of schizophrenia. Perceptual and interpersonal cognitive disorders, behavior and disorganized speech do the schizotypal personality disorder a kind of mild form of schizophrenia, a premorbid or prodromal phase of this serious disorder.

Aims To analyze, in an Italian sample of healthy subjects, the correlation between affective temperaments and schizotypal traits.

Methods We recruited 173 healthy subjects aged between 18 and 65 years who have completed the following tests:

- BIS-11;
- SPQ;
- SDS;
- SAS;
- HCL-32;
- TEMPS-A.

Results At linear regression analysis between TEMPS-A scores and other rating scales are observed highly significant associations between increasing scores of cyclothymic and depressive temperament, subjective anxiety and depression with scores pertaining to the schizotypal personality disorder.

Conclusions Clinically, a better understanding of the mechanisms that lead to a schizotypal personality could lead to the development of effective preventive and curative treatments in an early stage of symptoms in addition to the identification of subgroups at risk for the development of schizophrenic pathology.

Disclosure of interest The authors have not supplied their declaration of competing interest.

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EV1007

Forgiveness and armed conflict in a Colombian Caribbean region: Differences between genders

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The forgiveness within the framework of social-political conflict is a factor that affects the coexistence and welfare. In the Colombian Caribbean, there are a significant number of people who have been victims of land dispossession and/or forced displacement.

The aim of this study is to compare the forgiveness ability between men and women who have been displaced and are in the process of lands restitutions. Displaced and in restitutions process people were participated ($n = 38$), which 20 of them were women and 18 were men (Mean = 57.81; SD = 13.86). The CAPER Scale, was administered. A cross sectional and comparative design was carried out. The comparison was performed using a t -test for independent samples (Table 1).

Conclusions A greater tendency was observed in women for forgiveness himself, nonetheless a statistically significant gender difference was not identified. It was a greater tendency in men toward forgiveness to others, however there are no statistical differences between the two groups. In forgiveness situations, a similar trend is evident in gender. As for beliefs, it was observed that men scored higher, this allowed statistically significant differences were observed [$F(1, 38) = 6.271$; $P > 0.05$].

Table 1

Means and SD – Caper Scale	1. Women; 2. Men	n	Mean	SD	Standard error of mean
Forgiveness himself	1	20	28.00	4.899	1.095
	2	18	26.00	4.229	0.997
Forgiveness to others	1	20	28.35	5.402	1.208
	2	18	29.11	4.129	0.973
Forgiveness situations	1	20	28.00	5.016	1.122
	2	18	28.00	3.757	0.886
Beliefs	1	20	11.80	2.821	0.631
	2	18	13.33	1.188	0.280

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EV1008

Psychiatric Risk Assessment Scale (PRAS)

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Introduction The aim of psychiatry is the prediction of risks.

Objectives Creation of the Psychiatric Risk Assessment Scale (PRAS) (Table 1).

Aims To assess psychiatric inpatients for risk to self and others.
Methods The PRAS comprises 20 risk items that rate five probabilities of occurrence: 0% (nil), 25% (low), 50% (moderate), 75% (high) and 100% (severe). Cut-off score indicates “moderate” risk = 50. The mathematical formulas for the risks are as follows:

- severity of risk (SR) = average for the whole table multiplied by %;
- number of significant risk events (NSRE) = count of risks scored from 50% to 100% divided by 20 (items);
- probability of occurrence of risks (POR = NSRE%);
- range probability of death (RPD) = range score of (overdose + suicide + reckless activities)%.

Two raters assessed independently $n = 8$ patients. Kappa inter-rater statistic was used by dichotomous results (above-below cut-off score).

Results Inter-rater Kappa = 0.60 indicates a moderate inter-rater agreement. In the sample, only 2 patients scored above the cut-off score of 50, indicating a level of moderate-to-severe risk. For the other patients, the average SR = 36%, indicating low-to-moderate risk.

Conclusions PRAS is constantly used to assess the likelihood that the care provided to patients admitted to hospital is sufficient or whether major remedial action is required.

Table 1

Events	0%	25%	50%	75%	100%
Becoming homeless	0				
Alcohol dependence or harmful use	0				
Assault to others	0				
Homicide	0				
Discontinuing medication			50		
Disengaging from services			50		
Exploitation from others		25			
Self-harm by cutting				75	
Overdose of medications				75	
Taking illicit substances				75	
Conflict with others				75	
Conflict with the law				75	
Dangerous to others				75	
Other suicidal attempts (e.g. hanging, self-poisoning, etc.)					100
Relapse in presentation					100
Sabotaging care plans					100
Reckless activities (e.g., risk driving, walking on railtrack)			50		
Theft					100
Social isolation					100
Exploitation of others					100
Total severity of risk (max=100%) is:					
Number of risk events:					
Final report:					
The total severity of risk (SR) for self and others is:	61.25%				(MAX=100%)
The total number of significant risk events (NSRE) from moderate to severe is:	15/20				(MAX=20/20)
Therefore, the probability of occurrence of risk events (POR) (the maximum being 1.0 or 100%) is:	0.75	or	75		%
The range probability of death (RPD), accidental or voluntary, by one of the risk events including accidental and deliberate overdoses, reckless activities and active suicidal acts is:	Minimal risk		Range		Maximum risk
	50	%	to	100	%

Disclosure of interest The authors have not supplied their declaration of competing interest.

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EV1009

Probability of Relapse Scale (PRORES) for psychiatric inpatients

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Introduction The prediction of relapse in presentation is central to psychiatric prognosis.

Objectives The Probability of Relapse Scale (PRORES) (Table 1) is used by the authors to predict the likelihood of relapse by psychiatric inpatients.

Aims To tailor better care plans by knowing the likelihood of relapse and readmission to hospital.

Methods Eighteen inpatients were diagnosed with the ICD-10 codes. Results were reported on a 5-point probability scale from 0 (less severe) to 10 (most severe). The 5 items are: degree of severity of illness, degree of patient's insight, frequency of readmission into hospital, probability of discontinuation of therapy and probability of relapse in the 4–6 weeks after discharge.

Results With the cut-off score at 25 (score 5 × 5 items), indicating a moderate level of relapse, we ascertained that 100% of patients with a personality disorder (usually borderline) and substance misuse relapse are readmitted shortly after discharge, compared with 85.71% of those with psychoses and 66% of those with mood disorders.

Conclusions The PRORES can help support those patients who are at elevated risks of relapsing due to any of the major causes: discontinuation of treatment, chronicity and poor insight into their own condition (Table 1).

Table 1 PRORES Scale.

Instructions: please report the degree of severity from 0 to 10

1. On a scale from 0 (acute and benign condition) to 10 (chronic and severe condition) what is the degree of severity for this patient's illness?

1 10

2. On a scale from 0 (total insight) to 10 (total lack of insight) what is the degree of insight that this patient shows about the own illness?

1 10

3. On a scale from 0 (first admission) to 10 (very frequent readmissions) what is the degree of readmissions to hospital of this patient for the illness considered?

1 10

4. On a scale from 0 (not applicable) to 10 (almost certain) what is the probability that this patient will discontinue treatment once discharged from hospital?

1 10

5. On a scale from 0 (nil) to 10 (almost certain) what is the probability that this patient will relapse in the 4–8 weeks after discharge from hospital?

1 10

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e-Poster Viewing: Promotion of mental health

EV1010

Flourishing: Factors associated with positive mental health among young adults with neuropsychiatric disorders

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Young people with Asperger's syndrome and/or ADHD face major challenges in their lives affecting their quality of life and general well-being.

The aim of this study was to investigate factors that associate with positive mental health (flourishing) among young adults with neuropsychiatric disorders.

The sample consisted of 188 young adults with diagnosis of Asperger's syndrome (AS) (F84.5) and/or ADHD/ADD (F90). They participated in the one-year "My Way" rehabilitation programme organized and funded by the social insurance institution of Finland. Baseline questionnaires included measures on positive mental health (SWEMWBS), provisions of social relationships (SPS), social competence (MASC) and questions about functional capacity and leisure time activities. Information on diagnosis was received from doctors' statements.

Of the study participants, 35% had a comorbid mood, anxiety or stress-related disorder (F30–F40). Among those, 14% had low, 79% moderate and 7% high positive mental health (flourishing). Higher rate of physical activity was associated with flourishing. Furthermore, flourishing was associated with high level of provisions of social relationships, social competence as well as good general functional capacity. No association was found with engagement in employment or education, or having the diagnosis of AS, ADHD/ADD or a comorbid psychiatric disorder (F30–F40).

People with psychiatric disorders experience high positive mental health, too. Social relations, social competence and general functional capacity play an important role in mental well-being of young adults with neuropsychiatric disorders. Supporting them may help in reaching also other goals set for the rehabilitation, such as capacity to work or study.

Disclosure of interest The authors have not supplied their declaration of competing interest.

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EV1011

Resilience, pain and quality of life in people with physical disabilities: A systematic review

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Introduction More than a thousand million people live with a certain type of disability over the world (more than a 15% of the population worldwide). In Spain, 2.5 millions of people suffer from a physical disability. Disability can be understood as an interaction of the individual's health condition (disease, illness...) and his/her environmental and personal factors. Resilience could be included as a powerful personal factor, which would play a major role in the individual's quality of life. Resilience can be defined as a universal basic capacity to prevent, minimize or overcome life's adversities, even reaching a change in the life of the individual.

Aim To determine the association among resilience, pain and quality of life in people with physical disabilities.

Materials and methods An electronic search of several databases (Psycinfo, Medline, Pubmed...) was performed using the terms resilience, physical disability, and physical illness among others.

Results – Pain and resilience show an important relationship. Factors as acceptance, pain beliefs and self-efficacy are directly related with a lower pain interference.

– Resilience and quality of life show a strong positive relationship.

Conclusion Several factors are related to resilience in people with physical disabilities. Resilience seems to be an important capacity that helps individual with physical disabilities overcome adversities. Further analyses are required.

Disclosure of interest The author has not supplied his/her declaration of competing interest.

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EV1012

The therapeutic handling of a mental health promotion group: The therapist role in the Communitarian Mental Health Group

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Within the mental health promotion field, communitarian and group-based interventions are significant and viable approaches. One of the features of group studies is the therapeutic group handling, provided by the group therapist, which influences the therapeutic potential and development of the group. The communitarian Mental Health Group (CMHG) is an innovative intervention for promoting mental health, developed and researched for 18 years, in Brazil. The activity's goal is to promote the attitudes of attention and understanding over day-by-day experiences, as resources of mental health promotion. This research goal was to investigate and understand the therapeutic group handling provided by the CMHG's therapist and its connections to this specific group's characteristics. The corpus was built by the transcriptions of six groups. To each group session, all the therapist's interventions were analyzed in the context in which they happened. Later, those sessions were horizontally analyzed, as a mean to identify common aspects of the CMHG's therapeutic handling, which resulted in the elaboration of three main categories: framing–includes interventions which the therapist organizes the setting; providing keys–includes interventions which the therapist provides key concepts and encourages the participants to adopt certain attitudes, so that they can understand and interact with the assignment; Understanding the gesture–includes the interventions which the therapist stresses the gestures underlying the participant's communication. This research pointed that the therapeutic handling of CMHG is different from traditional models, and that it is related to its theoretical and methodological approach.

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EV1013

The Communitarian Mental Health Group: Promoting mental health through daily experiences in Brazil

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In Brazil, the mental health field has been the scenario of many transformations, among them, the recognition of community and group-based interventions as significant approaches concerning mental health promotion. These approaches regard the interpersonal relationships as a resource to individual's mental health care and the construction of a helping network. This study aimed to present and describe the Communitarian Mental Health Group (CMHG), an innovative intervention developed and studied in Brazil for 18 years. To accomplish that, a study of previous researches about this intervention was conducted, including the analysis of a book published in 2014. The activity goal is to promote mental health through the attitudes of paying attention, understanding

and sharing everyday experiences, as resources for personal development and mental health care. It is an open and heterogeneous group, in which participants interact among them aiming mutual help. Each group session lasts 1 h 30, and each session is divided into three phases: sharing experiences with cultural elements considered meaningful to the goals of the group; sharing everyday experiences; sharing what was significant from that session, according to the participants. One of the premises is that taking care of our mental health belongs to the scope of the human being and it is not restricted to patients. Daily experiences are significant resources for mental health promotion and for the construction of a helping communitarian network among participants, bonded through the sharing of their quotidian. The CMHG represents a mental health promotion intervention able to complement other kinds of available treatments.

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EV1014

Discrimination and mental health among lesbian, gay and bisexual adults



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Introduction Mental health care is indispensable, has an essential role in development, but mental health issues are a major public health concern worldwide. Sexual minorities, lesbian, gay and bisexual, suffer from prejudice and it determines health inequities, especially for their mental health.

Objective To show the relation between discrimination and mental health issues in lesbian, gay and bisexual (LGB) people and to increase understanding of this serious neglected public health problem.

Methods The search was conducted using Science Direct and Scopus, using the following keywords: “discrimination” and “mental health” and “lesbian” and “gay” and “bisexual”. Using the review of literature, documents in English (articles, official documents, editorial, reviews, clinical trials).

Discussion Numerous studies have identified highest risk behavior, as illicit drug use, sexual risk-taking behaviors and mental health issues among LGB people. Some previous studies propose that health and risk disparities between heterosexual and LGB identifying or behaving people are due to minority stress—that is, that the stigma, discrimination, and violence experienced, leading to stress, thus predisposing illness, disease (worse mental and physical health outcomes) and potentially substance use, which may be used to relieve or escape stress.

Conclusion Health professionals and healthcare organizations must cover these unmet mental health needs if they move to more integrated, coordinated models of care. Health educators should attend to the unique needs of each sexual orientation group when presenting sexual health information and health care providers should undergo diversity and sensitivity training to work more effectively with those groups.

Disclosure of interest The author has not supplied his/her declaration of competing interest.

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EV1015

Pre- and postnatal psychosocial intervention concepts

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Psychiatry, psychoanalysis and infant mental health research of the last decades have led to intervention concepts for pre- and postnatal stages of human development. Such concepts reach from how parents-to-be can be prepared for parenthood to how to intervene in support of relation and attachment in infants, toddlers and older children. Especially the postnatal relation of infant and parents has been examined extensively, as have parental competencies. The expression of intuitive parental competencies (according to Papousek and Papousek) may be compromised by diverse factors, thus putting the infant's psychic development at risk in general. Early intervention concepts may help out to some extent. In German-speaking countries, there are intervention programs focusing on bonding as there are on handling, processing of and coping with trauma, on promoting secure attachment between infant and parents, on relational issues, on bodily contact, on understanding the infant's signals, including those of the preterm infant, as well as on educational practices. From prenatal period onwards up to kindergarten age there are structured interventions, including the involvement of parents and parents-to-be. Yet, some factors of psychic development and of pathology may not necessarily be reached by these. Whereas concepts on an individual level of personality education do exist, nevertheless there might have to be collective measures. There seems to be a need to augment the agenda as there is good reason to assume that in the last decades there has been a motion toward new social deprivation stemming from societal deprivation processes, which might potentiate future deprivation.

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EV1016

The impact of emotional acknowledgement and self-esteem on resilience to family dysfunction



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Introduction Family dysfunction can test the resilience of adolescents, specifically those from single parent families and those attending schools in more socio-economically challenged areas.

Objectives To determine what factors are associated with resilience for those from single parent families or attend schools in more socio-economically challenged areas.

Aims To examine the role of emotional regulation and self-esteem as putative resilience factors in the context of single parents status and socioeconomic disadvantage.

Methods Secondary school pupils from single and dual parent families aged 13 to 15 answered questionnaires at three time points on: emotional regulation, self-esteem, depression and anxiety. A total of 434 pupils took part at time 1, 574 at time 2, and 467 at time 3. The secondary schools were categorised into more and less disadvantaged schools.

Results Positive self-esteem [$F(1.205) = 54.568, P = 0.000; F(1.157) = 35.582, P = 0.000$] and emotional regulation [$F(1.205) = 46.925, P = 0.000; F(1.157) = 16.583, P = 0.000$] were both associated with resilience against depression in adolescents from single parent families. Positive self-esteem [$F(1.75) = 102.629, P = 0.000; F(1.355) = 60.555, P = 0.000$] and emotional regulation [$F(1.60) = 34.813, P = 0.000; F(1.73) = 36.891, P = 0.000$] were both associated with resilience against depression in adolescents attending more socio-economically challenged areas.

Conclusions This research suggests that adolescent resilience against depression may be promoted by improving self-esteem and

emotional regulation. Therefore, future interventions could focus on boosting these resilience factors. Further resilience research could include emotional regulation and self-esteem as protective factors for resilience in adolescent mental health. As these variables have been identified, they can help find more pieces to the complex puzzle of resilience.

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EV1017

Mental health care of the family – Reality and innovative projects in the Russian practice



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Introduction Psychosocial functional deficiency of persons with mental disorders covers the most important kinds of activity: work, education, independent living, and interactions with people, family interactions. Important aspect of rehabilitation practice is work with the family, relatives, and the nearest environment of patients due to decrease in the field of marriage or stable cohabitation.

Objective To determine adaptive-preventive potential of the family in the area of mental health.

Material and methods The analysis of multilevel characteristics of adaptation of 414 adult persons (patients with mental disorders and members of their families) with use of system approach and the methodical complex (“The Passport of Health of the Family”) has been carried out.

Results We define the adaptive-preventive potential of the family of mental patient as biological (genetic) and social-psychological opportunities of family system of the individual to compensate the limits of ontogenetic (life) cycle of the family of several generations caused by the illness of the family member. Novelty of the “Clinical-psychological model of anti-relapse behaviour based on interaction of mental patients, their families, persons from the general population and experts in the field of mental health” project consists of scientific justification of development of multilevel (individual, family, society) model of anti-relapse behavior.

Conclusion This multidisciplinary project is aimed at the persons entering into risk groups for development of mental disorder (for example, persons with sub-syndrome symptoms or with biological, and psychological or social risk factors) and the persons entering into risk groups for relapse of the existing mental disorder.

Disclosure of interest The authors have not supplied their declaration of competing interest.

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EV1018

“The Wounded Healer”: An anti-stigma program targeted at healthcare professionals and students



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Introduction “The wounded healer” (TWH) is an innovative method of pedagogy that blends art with science that is delivered by an award-winning doctor with first-hand experience of a mental health condition. The aim of this study is to evaluate the effectiveness of TWH at reducing stigma from healthcare professionals and students towards their peers with a mental health condition.

Background TWH has been delivered to more than 30,000 people in 9 countries on 5 continents worldwide and has been integrated into the medical school curricula of 4 UK universities. TWH also featured in the 2015 iMed Congress in Lisbon, Portugal, the largest medical student congress in Europe ($n = 1000$).

Methods We conducted a cross-sectional, mixed-methods study on participants who attended TWH in venues across the UK. Paper questionnaires containing stigma constructs with response items on a Likert-scale were hand distributed to participants. Free-text comments were subjected to thematic analyses.

Results Two hundred and nineteen over 256 participants recruited responded (85% response rate); 207/219 (94%) of respondents agreed or strongly agreed that TWH made them realise that medical students and doctors who experience mental distress can recover and achieve their goals.

Themes that emerged from analyses of free-text comments included, “inspirational”, “merits of blending art with science”, and “benefits of receiving a talk from a doctor with first-hand experience of a mental health problem”.

Discussion Our findings suggest that TWH might be effective at reducing stigma from healthcare professionals and students towards their peers with mental health problems. More robust research in this area is needed.

Disclosure of interest The authors have not supplied their declaration of competing interest.

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EV1019

Student psychiatry audit and research collaborative (SPARC): A new UK initiative to improve recruitment in psychiatry



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Introduction The UK has longstanding problems with psychiatry recruitment. Various initiatives aim to improve psychiatry's image among medical students, but involve research and none are student-led. Providing opportunities to take part in psychiatry research and quality improvement could increase the number of students who choose to enter the speciality.

Objectives We have developed the student psychiatry audit and research collaborative (SPARC), a student-led initiative for nationwide collaboration in high-quality research and audits.

Methods Our model is inspired by the success of the UK Student audit and research in surgery (STARSurg). Area teams, located in medical schools, take part in multi-centre projects. The area teams consist of medical students, who have the main responsibility for collecting data; a junior doctor, to supervise the process; and a consultant, with overall responsibility for patient care. The data collected centrally and analysed by a team of medical students and doctors. Student leads from each site are named authors on result-

ing papers. All other students are acknowledged and are able to present the work.

Results We have completed our first audits in Cardiff and London; other sites will return data in 2017. Student feedback indicated a high level of satisfaction with the project and interest in psychiatry as a future career.

Conclusions This initiative aims to tackle the recruitment problems in psychiatry by giving students a chance to take part in high quality research and audits.

Disclosure of interest The authors have not supplied their declaration of competing interest.

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EV1020

Promotion of mental health literacy and mental well-being in a Portuguese unemployed population sample: Effectiveness assessment of a capacity building community-based intersectoral intervention



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Introduction Economic crises have consequences on labor market, with impacts on mental health (MH) and psychological well-being (PWB). We describe the effectiveness of an intervention among unemployed, performed within EEA Grants Healthy Employment project.

Objectives Evaluate the effectiveness of an intervention for MH literacy, PWB and resilience among unemployed.

Aims MH and PWB promotion, common mental disorders prevention and inequalities reduction linked to unemployment.

Methods A five modules intervention (life-work balance; impact of unemployment on PWB and MH; stigma; depression and anxiety; health promotion) distributed by 20 hours was developed based on literature reviews and a Delphi panel. It was delivered to unemployed from two public employment centers (PECs). Inclusion criteria: 18–65 years old; registration in PEC for less than a year; minimum of nine years of formal education. Control groups from the same PECs received the care-as-usual. Measures of psychological WB, MH self-reported symptoms, life satisfaction, resilience and mental health literacy were collected through an online survey before and one week after intervention.

Results Overall, 87 unemployed participated, 48% allocated to the intervention group (IG); 56% women (21–64 years old), average education was 15 years. Mixed measures ANOVA showed that the interaction between time and group was significant for PWB and MH literacy measures. The IG showed better self-reported PWB and improved MH literacy after intervention, compared to controls. No significant interactions were found for MH symptoms, life satisfaction and resilience.

Conclusions This study shows the contribution of short-term community-based interventions in increasing MH literacy and PWB among unemployed.

Disclosure of interest The authors have not supplied their declaration of competing interest.

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EV1021

The benefits of physical activities in patients with dual diagnosis



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Introduction The work describes the benefits of physical activities in patients with dual diagnosis in a psychiatric clinic of Rio de Janeiro city, Brazil.

Objectives Present the benefits of physical activities inside the hospital space. Evaluate the impact of the introduction of regular physical activity practice in patients having dual diagnosis in hospitalization environment.

Aims Demonstrates the decrease of the resistance to treatment in hospitalization regime, the behavioral and social improvement of patients, as well as the physical and mental capacities and the wellness promotion during and after the treatment.

Methods Forty-five patients carrying the dual diagnosis, hospitalized in the clinic for the period of 1 year, were monitored. All the patients were assessed by a general practitioner, a psychiatrist and a physiotherapist, before starting the physical activity, being the classification of mental disorders ICD-10 used for the diagnosis. The patients were treated with psychotropics, according to the diagnosis and the signs and symptoms presented. The therapeutic project offered physical and psychological treatment, promoting the recovery possibility through aerobic and anaerobic ludic physical activities inside the therapeutic environment.

Results All the patients presented improvement in the physical and mental capacities and in socializing. In the physical activities, the patients participated respecting their limitations, respecting the next and having a higher body perception.

Conclusions Through the development of the activities, the patients demonstrated excellent involvement and interaction with the treatment, favoring their psychological and behavioral recovery and impacting positively their response to the treatment of various mental disorders.

Disclosure of interest The authors have not supplied their declaration of competing interest.

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EV1022

The effects of support interventions on anxiety and depression in women with preterm labor during hospitalization



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Aim To examine the effects of support interventions on anxiety, depression in women hospitalized with preterm labour at admission and 2 weeks.

Background Hospitalized pregnant women with preterm labour have significantly higher anxiety and depression levels. Few studies have explored the effects of support interventions on anxiety, depression in such women.

Methods A randomized, single-blind experimental design was used. The control group ($n = 103$) and intervention group ($n = 140$)

were recruited from the maternity wards of one medical centre in northern Taiwan between January 2013 and April 2015. The control group received routine nursing care. The experimental group received support interventions, which included an interview, distraction methods and assistance with daily living needs. Groups were evaluated with the Beck anxiety inventory, Edinburgh Postnatal Depression Scale and at admission and 2 weeks of hospitalization.

Results There were no significant differences between groups for demographics, obstetric characteristics, or birth outcomes. For the control group, anxiety and depression scores increased significantly decreased 2 weeks after hospitalization. The intervention group had a small, but significant, increase in anxiety and no significant change in depression at 2 weeks. Participants who received 2 weeks of support intervention had significantly lower anxiety and depression scores than the control group.

Conclusions Providing interventional support could reduce anxiety and depression for women with preterm labour during hospitalization.

Disclosure of interest The authors have not supplied their declaration of competing interest.

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EV1023

The relationship between job satisfaction with marital satisfaction and mental health: The specific case of female employees

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Introduction As a component of personal characteristics, mental health has always been associated with marital satisfaction. Mental disorders associated with depression and anxiety are common in the workplace. Many studies have found a close link between job satisfaction and these two factors.

Objectives The present study investigated the relationship of the level of job satisfaction, with mental health indicators and marital satisfaction in women.

Aims This study aimed to explain the relationships of job satisfaction (as an organizational key factor) with mental health and marital satisfaction of women at the workplace considering the practical implications for promoting mental health.

Methods To achieve the goal of research, a sample of 100 married women who worked at least for 5 years were selected by randomized sampling method in an organizational setting in Iran. Enrich Marital Inventory, Brayfield and Rothe's job satisfaction scale, and General Health Questionnaire were used for data gathering. Data was analyzed by utilizing hierarchical regression.

Results Findings indicated that most respondents were satisfied with their jobs. In general, subjects with more severe psychological distress and lower level of marital satisfaction reported lower levels of job satisfaction.

Conclusions Factors related to organizational attitudes such as job satisfaction were especially important in overall mental health and severity of psychological distress. Improving job attitudes is a key factor for promoting marital satisfaction and mental health in women.

Keywords Marital satisfaction; Mental health; Job satisfaction

Disclosure of interest The authors have not supplied their declaration of competing interest.

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EV1024

Effectiveness of stress and burnout management training for employees of an industrial company

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Introduction Burnout is a state of physical and emotional exhaustion. It can occur when people experience long-term stress in job, or when they have worked in a physically or emotionally draining role for a long time. There have been numerous studies done showing the results of stress and burnout in the employee's profession across many areas of health care.

Objectives The purpose of this study was to investigate the effectiveness of stress and burnout management training on employees using experimental method to help employees to understand available resources and help them find better ways to manage stress in the workplace.

Aims This study aims to discuss how organizations can assist in combating stress in ways that benefit both the employees involved and the organization itself.

Method A curriculum-based intervention was developed to provide education in a classroom setting. The sample included 14 nurses with various nursing backgrounds who were selected randomly and were assigned randomly in two experimental and control groups, which contained 7 employees in each group. The experimental group received the training while the control group was in waiting list. The instruments were the General Health Questionnaire and Burnout Checklist, and demographic questionnaire. Data was analyzed by covariance analysis method.

Results Result indicated that stress and burnout management training was efficient on reducing stress and burnout symptoms in employee.

Conclusion It is concluded that stress and burnout management training is an effective group intervening method for reducing the dysfunctional effects of stress and job burnout in employees.

Keywords Stress; Job burnout management

Disclosure of interest The authors have not supplied their declaration of competing interest.

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EV1025

Promotion mental health: Healthy habits program in patients with severe mental illness in the north Almeria mental health unit (Activarte)

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Introduction Promoting healthy lifestyles in patients with severe mental illness (balance diet, physical activity, smoking withdraw, adequate oral hygiene, optimal self-esteem and healthy sexuality) help patients to rely on their recovery.

Aims – avoid social isolation and stigma.

– encourage the recovery process, considering as well as the manage of symptoms together the functioning and quality of life of the patients.

– improve the progress and illness prognosis.

Methods – The program is introduced in the North Health Area of Almeria (Hospital Huerca-Overa) and FAISEM-Andalusia foundation to the social inclusion of mental illness patients;

– patients included in the program has been previously assess and informed-therapeutical contract;



– the program started in January 2013, with 10 sessions in the community, and groups sessions.

Results – fifty patients included between a total of 300–initial target 16%;

– the initial target considered was at least 60–75% of participation rate—being the result of 80–95%;

– physical assessment detected 10% of metabolic syndrome being the patients referred to primary medical care to the adequate management.

Program:

– twenty group sessions scheduled being performed 19: 95%;

– ten active sessions in community scheduled being performed 9: 90%—one sessions (beach trip) was cancelled due to budget problem;

– patients level of satisfaction: under assessment;

– broadcasting: 2 press articles, scientific communications, and shared the experience through FAISEM to all the Andalusia Areas.

– research: expecting spreading the experience and improve the results.

Disclosure of interest The authors have not supplied their declaration of competing interest.

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EV1026

Bridging the gap between clinical practice and research: The association for research in psychiatry



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Clinical practice and research are frequently seen as two worlds apart, in psychiatry as in the vast majority of medical specialties. In order to bridge the gap between them, economic funds and grants are required, not always easy to obtain. In this contribution we report the birth of the Association for Research in Psychiatry (ARPSY) and its main activities. ARPSY was born in May 2016 thanks to a research prize assigned to dr. Giorgio Mattei by the eight Rotary Clubs of the Province of Modena, Italy (Rotary Club Modena, Mirandola, Carpi, Sassuolo, Vignola Castelfranco Bazzano, Frignano, Modena L.A. Muratori, Castelvetro di Modena Terra dei Rangoni, that altogether make up the so-called “Ghirlandina Group”). Aim of the association is to promote mental health among students and trainees, mental health professionals, patients and their families, and among the general population by means of fund raising, in order to finance research projects, clinical interventions and educational activities.

Disclosure of interest The authors have not supplied their declaration of competing interest.

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EV1027

The impact of animal-assisted therapy in the context of pediatric oncology: Results of an experimental study



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Introduction The use of animals as a therapeutic resource has increased over the past years, especially for patients suffering from chronic conditions associated with high levels of distress, and animal-assisted therapy (AAT) stands out in this scenario.

Objective To assess the impact of an AAT program for children outpatients in oncological treatment according to psychological, physiological, and quality of life indicators.

Methods Children aged 6–12 years attended an AAT program (weekly open group with a duration of three meetings). The activities followed a pre-established script and children were assessed before and after the intervention with instruments that measure stress, pain, mood, and quality of life, in addition to heart rate and blood pressure records. Two trained therapy dogs were used and the program followed the “Guidelines for animal assisted interventions in health care facilities”.

Results Ten children completed the intervention (70% females, 50% with Ewing’s sarcoma/neuroblastoma). There was a significant reduction in anxiety and depression indicators after the intervention (effect size = -0.73 e - 1.27) and a tendency to stress reduction.

Conclusion Despite the small sample size, the partial analyses already provided favorable results regarding the use of AAT in the oncological context. We highlight the total absence of adverse events during the intervention, which speaks in favor of its safety. The expansion of the sample will probably strengthen the results found so far, suggesting that the technique can be an important ally in the management of emotional conditions associated with oncological treatment in childhood.

Disclosure of interest The authors have not supplied their declaration of competing interest.

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EV1028

Concerted action by multidisciplinary stakeholders: The development phase of a complex public health intervention in regards to adolescent self-harm



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Self-harm has a strong prevalence within adolescent populations in Europe, and a potent relationship with suicide. In the UK, adolescent self-harm hospital admissions are rising each year. These statistics reflect the “tip of the iceberg”, with the majority of incidents hidden from public health networks. This invisibility creates barriers to: epidemiological information; the planning and evaluation of evidence-based support; health management within the complexity of adolescent self-harming behaviours to ensure recovery and healthy adolescent trajectories. It is also a serious health risk for this population group, and accidental death from self-harm is one of the common causes of injury-related adolescent death.

Within the aforementioned context, this paper describes a UK county-wide complex public health intervention (2013 to 2015) in regards to adolescent self-harm, with concerted action by key stakeholders in health, child welfare, education and social science due to concerns about the increasing self-harm rate within the adolescent population group. As self-harm is a complex behaviour, and the evidence-base for effective interventions is sparse, the development of protective factors within education, health and social care environments were targeted. A synergy of theoretical models from neuroscience and social science informed the intervention’s logic model. The intervention’s development phase utilised the Medical Research Council’s guidance on complex interventions to improve public health, which this paper will exposit.

Disclosure of interest The author has not supplied his/her declaration of competing interest.

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EV1029

Stigma and attitudes towards mental illness: Gender differences in a sample of Italian medical students



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Introduction Stigma in mental illness is characterized by discrimination towards people affected by mental disorder. Consequence of the paradigm “stigma-injury-discrimination” is the social exclusion of these patients and the denial of their rights. Medical students, those who should be important reference points for psychiatric patients, are instead one of the categories that contribute to their stigmatization.

Objectives To study the attitudes of medical students towards psychiatric patients.

Aims The present study analyzes gender differences in a sample of Italian medical students towards mental illness.

Methods A total of 339 Italian medical students completed a cross-sectional survey, in Rome and Foggia (Italy). We used the Italian version of Community Attitude towards the Mentally Ill test (CAMI) to analyze the students’ attitudes.

Results There is a substantial difference among the attitudes towards mental disorders in female and male students. Female students have obtained less stigmatizing results in 9 of the CAMI test items ($P < 0.05$), in Benevolence ($P = 0.001$) and Social Restrictiveness subscales ($P = 0.043$) and in the total score ($P = 0.013$).

Conclusions These results are in line with those achieved in scientific literature, confirming that women tend to show more humanitarian attitude towards the mentally ill. Even in the original article of the validation of the CAMI test, the authors found better attitudes in women in all subscales, with the exception of Social Restrictiveness subscale (that in our analysis also correlates with the female gender).

Disclosure of interest The authors have not supplied their declaration of competing interest.

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EV1030

Correlations between medical students’ specialty choice and different attitudes towards mental illness



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Introduction Discrimination and stigmatization cause an important burden for people suffering from psychiatric disorders. The medical doctors, those who should be important reference points for psychiatric patients, are instead one of the categories that contribute to their stigmatization.

Objectives It is extremely important to study and to know the attitudes of undergraduate medical students towards psychiatric disorders, since these individuals will be involved in the care of these patients throughout their careers.

Aims The present study analyzes the attitudes of a group of Italian medical students towards mental illness, highlighting the differences between the students who would choose surgical specialties from those who prefer medical ones.

Methods A total of 339 medical students of different medical schools, in Rome and Foggia (Italy), completed a cross-sectional survey. The Italian version of community attitude towards the mentally ill test (CAMI) was used to evaluate the students’ attitudes.

Results The students that would choose medical specialties reported less stigmatizing responses in 11 CAMI items (including five items with $P < 0.01$), in benevolence and community mental health ideology subscales ($P = 0.003$) and in the total score ($P = 0.003$).

Conclusions It is evident that the students that prefer the surgical specialties have more stigmatizing attitudes towards psychiatric patients. Negative feedbacks on Psychiatry from non-psychiatrist colleagues may have a fundamental role in stigmatizing mental disorders.

Disclosure of interest The authors have not supplied their declaration of competing interest.

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EV1031

Differences in empathy in Italian university students: Are medical students more or less empathetic?



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Introduction Empathy is the capacity to understand or feel what another person is experiencing. It is an important quality in the medical profession, since it is fundamental in interpersonal relationships with patients. Nevertheless, many studies have found that over time medical students (MS) become less empathic and more detached from patients.

Objectives and aims To determine MS loss of empathy and to study the differences in empathy between MS and other university students who are not involved in healthcare.

Methods We enrolled 244 MS (120 of the 1st year and 124 of the last year) and 125 other university students not involved in healthcare, in different universities in Rome and Foggia (Italy). They anonymously and voluntarily completed a socio-demographic questionnaire and Baron Cohen’s empathy quotient test (EQ).

Results We found no differences regarding EQ total score between MS and other students, however there are few differences considering individual EQ items. In particular, MS really like taking care of others ($P = 0.005$) and they are sometimes considered to

be rude, even if only they are only blunt ($P=0.006$). We found no differences in empathy between first year and last year MS.

Conclusions In our sample of Italian students, we have not found MS to be more or less empathetic than other university students, but there are some peculiar differences in empathy that make them better suited to the chosen course of study. Moreover, we found no differences between the different years of medical school.

Disclosure of interest The authors have not supplied their declaration of competing interest.

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EV1032

Owning the brand of psychiatry

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In Australia and New Zealand, conversations around mental health are playing out in the public space with increasing frequency. Mental health promotion campaigns and organizations are embraced by mainstream and other forms of media, and supported by government. Whilst public knowledge of mental illness is increasing, the profile of psychiatrists as leaders and medical experts in mental illness is a more difficult brand to sell. With a somewhat tarnished history behind us, the modern evidence-based practice of psychiatry is not always at the forefront of public impression. Furthermore, in Australia, more than half of the population (56%) is unaware that psychiatrists have undertaken medical training as a doctor. This presentation will outline Royal Australian and New Zealand college of psychiatrists (RANZCP) action to improve community information about psychiatry, psychiatrists and treatment experiences.

Disclosure of interest The author has not supplied his/her declaration of competing interest.

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EV1033

Prejudice towards people with mental illness

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This paper reports the results of a medical research that measured prejudice and attitudes towards mentally ill people and towards the mental illness. Three groups of respondents were studied: medical students, psychology students and the general population. Medical students and psychology students represented a population that is educated in regards to mental illness, and the general population was not trained so much about mental illness. The hypothesis was that the respondents who have been working with mentally ill people and had lots of knowledge about mental illnesses were the persons with less prejudice towards people with mental illness. The main objective of research was to examine the differences in prejudice and attitudes between respondents who had experience and knowledge related to mental illness and people with mental illness compared to those without such knowledge and experience. Testing was conducted using an anonymous online survey consisting of thirteen questions. The research confirmed the hypothesis and it could be an incentive for education aimed at specific groups.

Disclosure of interest The authors have not supplied their declaration of competing interest.

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EV1034

The importance of early detection of child neurodevelopment in primary care in Colombia

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Introduction The systematic assessment of child development for the first 30 months of age is essential in the monitoring of health outcomes; this requires to have a structured protocol to systematically observe the milestones that have to be achieved at each stage of child development, and prevent deficiencies related to risk factors, reduce and prevent special needs arising from a deficit of the neurodevelopment.

Objective Describe the results of the evaluation of early detection of neurodevelopment problems in subjects from 0–30 months of age who assist to child developmental centers in municipalities located in the Colombian Caribbean region; the main need for intervention was characterized with different neurodevelopment problems.

Methods A cross-sectional study was developed. Childs from 0–30 months of age who attended to the child development centers were tested. Exclusion criteria were not stipulated. The ASQ-3 and a demographic survey (Graffar's survey) were administered, in order to correlate the social level and the overall results.

Results The study included 750 boy/girl. The maturational development for each age group was determined, an analysis of each neurodevelopment area was conducted and the results were correlated with the demographic survey.

Conclusions High levels of suspicion of possible neurodevelopment problems and the referral to diagnostic evaluation were observed for access to appropriate treatments. Early detection is highlighted as a tool in primary care that optimizes health sector resources and act in the appropriate periods of plasticity of child development.

Disclosure of interest The authors have not supplied their declaration of competing interest.

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EV1035

Psychiatric treatment-associated stigmatization as viewed through eyes of rural health clinic patients

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Introduction Having a mental disease is frequently a stigmatizing experience for patients. We know little about urban inhabitants who travel to rural health clinics to receive mental treatment.

Objectives Recruit and interview urban-based psychiatric patients who, to avoid stigmatization; travel to rural community clinics with the intention of receiving treatment.

Methods Study included participants ($n=32$) who exchanged treatment in government subsidized city clinics for rural community centers. Qualitative interviews lasting thirty minutes were recorded and transcribed for content analysis. MAXQDA, version 12, was used to annotate transcripts with topic specific nodes, followed by cluster theme and trend analysis.

Results Trend analysis yielded three areas of concern for subsidized urban psychiatry: cost/insurance, lack of staff professionalism, and family-driven ostracism. Seven respondents cited cost as the main factor, influencing the choice of rural-based care over city clinic. Patients with stable income, but without insurance ($n=14$), felt unwelcome in city clinics as their ability to pay

was frequently questioned by supporting staff. Lack of trained social workers caused additional distress, as participants could not receive access to additional resources. Only four patients said that their psychiatrists acknowledged poor clinic environment and encouraged remaining in treatment. For 18 respondents, family demanded that they receive treatment in rural clinic so that no one finds out about their mental disease.

Conclusion In large urban clinics, stigma in psychiatry comes in many flavors, especially projected by unprofessional clinic staff and ashamed family. Lack of support forces patients to travel to rural premises to receive unbiased, stress-free care.

Disclosure of interest The authors have not supplied their declaration of competing interest.

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EV1036

Training occupational therapists in how to use cognitive behavioral therapy in their practice



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Introduction Cognitive behavior therapy (CBT), which is used by mental health professionals including occupational therapists (OT) is a time-sensitive, structured, present-oriented therapy directed toward solving current problems and teaching clients skills to modify dysfunctional thinking and behavior.

Objectives Supporting the development of CBT theory and efficient use by mental health professionals are vital.

Aim To present the results of CBT training for OTs, which was funded by “European Union technical assistance for increasing the employability of people with disabilities” project (Europe Aid/136449/IH/SER/TR).

Methods Using a basic CBT theoretical framework the participants attended 96 hour face to face training modules with written materials including fundamental features, preconditions and methods used in CBT. A Turkish CBT book was published for course. Participants trained their skills under supervision and send the results to educators. Pre-post of training CBT knowledge and quality of training (plan-contents, educators, and environment) were evaluated by 5-Likert scale.

Results Thirty OTs (f = 23, m = 7) mostly 43.3% PhD; 20–25 (30%) and 45–50 (26.7%) years age period were included. Total mean score for quality of education was 109.4 ± 29.4 with 23.63 ± 4.34, 47.36 ± 6.41, 38.40 ± 21.61 for plan-contents, educators, and environment subscores, respectively. CBT knowledge was increased from 15.70 ± 6.08 to 45.06 ± 4.59 ($P < 0.001$).

Conclusion Training increased CBT awareness and practice skills of OTs. Teaching OTs CBT may increase their understanding of person-environment-occupation approach, psychological problem solving, occupational engagement and participation of individuals. Our result supports that mental health professionals should collaborate to share ideas, develop guidelines and promote good practice examples in client-centered and holistic rehabilitation care.

Disclosure of interest The authors have not supplied their declaration of competing interest.

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EV1037

Patient education for behavior change: Harm reduction and hypertension control



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Background Chronic non-communicable diseases (NCD) are a public health problem in Brazil. In addition, NCDs is more strongly associated with common mental disorders than was each NCD individually. This study is about the implementation and execution through the university extension project “harm reduction and mental health: hypertension control and health education” developed at Images of the Unconscious Museum, Brazil.

Aims Measure the prevalence of hypertension, verify the association with chronic NCDs, educate about risk behavior and improve to psychosocial rehabilitation.

Methods A socio-demographic and blood pressure profile was constructed. We identify hypertension on 33 patients. After the diagnosis, the family health unit was contact to construct a clinical care plan. We distribute health educational material about clinical diseases.

Results Thirty-six percent patients was identify with hypertension; once had high blood pressure and rejected any intervention; 68% have family rates of hypertension and 100% referred low salt on diet. A book storytelling was constructed to give orientations about health lifestyle. We conducted therapeutic workshop to highlighting the creative, imaginative and expressive potential of the users on health behavior.

Conclusion We identify low blood pressure after the activities and a new health style after the orientation process.

Disclosure of interest The authors have not supplied their declaration of competing interest.

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EV1038

Demonstrating the methodology of a pilot programme for establishing a system for mental health promotion in Hungary



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Introduction A 12 month long mental health promotion pilot programme in Hungary, funded by the Norway Grants, will finish on 30th April 2017.

Aims To launch six community mental health promotion centers (MHPCs) located in various economic environments, supervised by one Methodological Center plus expert teams and carrying out studies on the effectiveness of the launch of the system. The final recommendations will constitute a basis for setting up a national network for mental health promotion.

Objectives To develop a sustainable model for establishing a national network of MHPCs; to map and record the mental health problems and the stakeholders of the area; to find and assess the local best practices; and to raise public awareness in the following mental health problems: depression, suicide, stress and dementia.

Methods (1) Models for inducing changes in the knowledge and attitudes upon mental health in the communities were reviewed in a systematic literature search. (2) Based on the results, a model of mental health promotion centers was outlined for problem identification, stakeholder mapping, assessing local best practices, organizing and supporting local networking activities for synergis-

tic effects. (3) In the new MHPCs, on-site TTT education programme and organisational development have been in place. (4) The activities of the MHPCs have been monitored for knowledge transfer and attitude changes in the local networks. (5) Based on the results, recommendations are being made for the national extension of the model.

Results and conclusions The first data ready for analysis will be available by April 2017.

Disclosure of interest The authors have not supplied their declaration of competing interest.

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EV1039

A comprehensive training program for professionals working in mental health promotion centers in Hungary



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Background In a 12 month long mental health promotion pilot programme funded by the Norway Grants, 6 mental health promotion centers (MHPCs) are being set up in various locations in Hungary, employing 2 mental health professionals each, whose main commitment is to develop a local network of key stakeholders. The aim of the project is to enable MHPC professionals to perform network building tasks involving knowledge transfer and attitude changes regarding the following key areas: depression, suicide, dementia, stress and risk assessment.

Objective To measure the effectiveness of the training and education process by using indicators for feedback, knowledge transfer and attitude changes.

Methods The comprehensive TTT (train the trainers) process of MHPC professionals targets 3 main domains:

- improving presentation skills;
- knowledge transfer (measured with tests);
- elaborative workshops about mental health problems (measured by attitudes at baseline, post-training and 3 months post-training).

Results The satisfaction assessment of the initial 3 days long training averaged 4.73 on a 5-point Likert-scale. Altogether, 12 (2/centres) knowledge transfer trainings are being delivered evaluated by attitude change and general satisfaction questionnaires. One elaborating workshop per center has been delivered during the study period. Being a process still underway, the outcome results will only be available by the conference.

Conclusion This procedure enables professionals to disseminate trainings and build networks for mental health promotion in their micro-regions. The optimized version of this pilot program will be delivered on a national level in future projects.

Disclosure of interest The authors have not supplied their declaration of competing interest.

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e-Poster Viewing: Psychoneuroimmunology

EV1040

Oxidative stress, inflammation and mild cognitive impairment



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Introduction Oxidative stress (OS) and inflammation are processes known to be implicated in neurodegeneration. Moreover, risk factors for dementia (depression, obesity, sedentary lifestyle, diabetes, etc.) are associated with up-regulation of pro-inflammatory cytokines. OS has been found in animal models to contribute to cerebral amyloid angiopathy. However, investigations of the associations between OS, inflammation and MCI, typically in small clinical samples have produced mixed results.

Objectives Clarify associations, between OS, inflammation and MCI in a large cohort of community-living individuals.

Methods Cognitively healthy individuals ($n=211$, 44% female, 75.2 years) and with MCI ($n=23$, 44% female, 75.2 years) from a population sample were included. MCI diagnosis was established based on a detailed neuropsychological assessment. Inflammatory (IL1b, IL4, IL6, IL8, IL10, TNF-a) and OS (total anti-oxidants, NO, neopterin) markers were assessed in plasma samples. Associations between biomarkers, MMSE, and MCI status were tested with multiple linear and logistic regression analyses.

Results Univariate analyses showed that log IL4 (estimate: -0.175 , SE: 0.085, $P=0.041$) and NO (estimate: 0.015, SE: 0.006, $P=0.017$) were the only markers associated with MMSE scores. MCI status was predicted by log IL4 (estimate: 0.822, SE: 0.357, $P=0.021$) and total anti-oxidants (estimate: -0.007 , SE: 0.003, $P=0.014$). Controlling for pro-inflammatory conditions (T2D, BMI, depression, hypertension) removed the associations with inflammation but not with OS.

Conclusions These results indicate that increased systemic inflammation and increased OS were associated with lower MMSE scores and higher odds of having MCI. This confirms that systemic pro-inflammatory processes are associated with impaired cognition and should be specifically considered in treatment and risk-reduction interventions.

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EV1041

Effect of original anticonvulsant meta-chloro-benzhydryl-urea on behavioral and immune parameters in mice with active and passive behavior types in experimental alcoholism



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Objective Violation of the functional activity of the nervous and immune systems is an essential link in the pathogenesis of chronic alcohol dependence. The search for new psychopharmacological agents whose action is directed to correction of neuroimmune interaction opens new perspectives for the treatment of alcohol dependence.

Methods (CBAx57Bl/6) F1 mice with active and passive behavioral types in a state of chronic alcohol dependence owing to 6 month 10% ethanol exposure were undergoing intragastric administration of original anticonvulsant meta-chloro-benzhydryl-urea. Animal's behavioral and immune parameters, brain cytokines synthesis before and after anticonvulsant receiving were estimated.

Results In the formation of experimental alcohol dependence in animals the most pronounced changes in motor and exploratory

activities in open field test, brain cytokines synthesis and suppression of immune response were registered in mice with passive type of behavior. Daily consumption of ethanol solution in mice with chronic alcohol dependence decreased sharply starting from 2 days of anticonvulsant administration and led to the cessation of ethanol consumption by the 5 day. After anticonvulsant administration for 10 days behavioral parameters in mice were comparable with those in the control group of healthy animals. It also restored brain cytokines synthesis and significant stimulated humoral immune response, estimated by the relative number of antibody-forming spleen cells.

Conclusion Behavior and immune changes following chronic ethanol exposure depended on the behavior status of animals; administration of the original anticonvulsant meta-chlorobenzhydryl-urea may correct both immune and behavior disorders in mice with chronic alcohol dependence, so it has promise in the treatment of alcoholism.

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EV1042

Lymphocytes with Fas-receptors of readiness to apoptosis in non-psychotic mental disorders



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Introduction Apoptosis is a complex physiological process of the organism which supports cellular homeostasis, provides important aspects of development and functioning of the immune system. In various pathological conditions the process of apoptosis can be impaired that leads to decrease or increase in pro-apoptotic activity.

Materials and methods We conducted investigation of relative and absolute number of CD3⁺CD95⁺-lymphocytes in groups of patients with adjustment disorders ($n=90$), PTSD ($n=100$), organic emotionally labile (asthenic) disorder ($n=232$), organic personality disorder ($n=93$). Clinical verification was conducted according to ICD-10. Control group included 190 practically healthy persons. Fas protein (CD95) expression on CD3 lymphocytes surfaces was detected using flow cytometry. Cytometric measurements were conducted on flow cytofluorimeter FacsCalibur (Becton Dickinson, US).

Results In the control group relative number of CD95⁺-lymphocytes was 11.6%, absolute $-0.21 \times 10^9/L$. In all examined patients as compared with control the reliable increase both in relative and absolute number of lymphocytes of CD3⁺CD95⁺-phenotype was identified. So, in persons with adjustment disorder content of this indicator made 17.0% and $0.28 \times 10^9/L$ ($P=0.0015$), in PTSD-18.0% and $0.33 \times 10^9/L$ ($P=0.0007$) and in patients with organic asthenic disorder-19.0% and $0.32 \times 10^9/L$ ($P=0.0048$), respectively. The highest content in blood of CD3⁺-lymphocytes, expressing on the surface of membrane the basic marker of apoptosis CD95 is observed in patients with organic personality disorder: 26.0% and $0.44 \times 10^9/L$ ($P=0.0003$).

Conclusion In case of intensification of psychopathological symptoms especially in persons with non-psychotic organic mental disorders a receptor-mediated signaling pathway of apoptosis is activated – process of programmed cell death.

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EV1043

Inflammatory markers in mild cognitive impairment and anxiety disorders in middle-aged subjects with metabolic syndrome



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Anxiety disorders are increasingly being associated with metabolic and cardiovascular burden, in contrast with depression; the role of inflammation in anxiety has sparsely been discussed. A number of reports of elevated inflammatory markers in mild cognitive impairment (MCI) suggest that inflammation may be a potential early marker of the pathological cascade associated with dementia. The aim of this study was to evaluate a possible association between peripheral blood concentrations of inflammatory factors in patients with MCI and mental processes such as, cognitive impairment and anxiety in obesity.

Methods and results The data collected from 271 patients with MetS according IDF criteria, (aged 30–60 years) have been analyzed. Lifetime diagnoses of depression (D), anxiety (A) was self-reported. Current D and A were confirmed by psychodiagnostic interview according to the criteria of ICD-10. All patients passed through: MMSE test, Wechsler memory scale, symbol coding and category Fluency test, scales HADS, HAM-A. Inflammatory markers included CRP, IL-6, IL-1 and TNF- α . Subjects were divided into group A–with D and/or A (139) and group B–without affective disorders (132). Using Mann–Whitney test significant connection between presence of MCI and high levels of inflammation is associated with simultaneous presence affective disorders. High correlations in subjects with A/D were between IL-6, IL-1 and MCI. In-group B, there was no significant correlations between inflammatory markers and MCI.

Conclusion There is link between affective disorders and levels of inflammatory markers. Increased levels of IL-6 and IL-1 provoke co-morbidity of MCI and depression or anxiety.

Disclosure of interest The authors have not supplied their declaration of competing interest.

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EV1044

Autoimmune limbic encephalitis: When psychiatric symptoms are not what they seem



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Introduction The autoimmune (AI) limbic encephalitis (LE) can manifests as changes in neuropsychiatric functions and can even occur with isolated psychiatric symptoms. Many times it is a manifestation of paraneoplastic syndromes and it is lately diagnosed.

Objectives Our objective is to increase awareness to this pathology, since initial contact with these patients is often performed by a psychiatrist and its early detection and treatment greatly improve the prognosis of the patients.

Aims The aim of this presentation is to address the AI LE as a differential diagnosis in patients with psychiatric symptoms.

Methods Presentation of a clinical case of AI LE and syndrome revision.

Results The clinical case involves a 62-year-old man, with no psychiatric history, who begun to present depressive symptoms, emotional lability, aggressiveness and amnesic deficits with 4 months of evolution. After realize an exhaustive clinical evaluation, a cerebral MRI and LCR analysis, the results were consistent with seronegative AI LE. The patient was treated with corticoid therapy and presented a favorable evolution, with remission of the symptoms.

Conclusions Even though it is a rare pathology, AI LE is an important differential diagnosis to consider in patients with psychiatric symptoms and it is essential to enhance the early detection and treatment of this pathology. This condition also reinforces the role of AI diseases in psychiatric disorders in general, an area, which requires further investigation. With this clinical case, we expect medical professionals to be able to recognize the importance of this diagnosis.

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e-Poster Viewing: Psychopathology

EV1045

Behavioral disorders: Within the limits of psychiatry or neurology? About a case

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It has been a clinical case of a polymorphic psychotic disorder in a male of 26-year-old, affected by brain palsy, previously with adequate cognitive function, undergoing remarkable confusional fluctuations and a waking state apparently well-preserved. As possible comorbidities or triggers we could count on a tonsillitis and/or a depressive reaction a few days before. Serious consideration must be given to a differential diagnosis with an encephalitis but, despite the presence of an intermittent febricula, it was rejected by both units: internal medicine and neurology, after performing some complementary tests, albeit some more specific tests are still pending. His psychiatric background was also checked, which initially was orientated as a questionable bipolar disorder. At all events, symptoms stopped progressively until, almost complete remittance in the moment he was discharged from the hospital. He recovered his normal functionality. The treatment given was risperidon 2 mL/day, quetiapine 50 mg/8 h and baclofen 10 mg/12 h. This can be used as an example of how many difficulties we usually found to catalogue an acute disorder in first phases, even to encompass the clinical profile within the limits of psychiatry or neurology.

Disclosure of interest The authors have not supplied their declaration of competing interest.

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EV1046

The role of dissociation in patients with a diagnosis of borderline personality disorder and adverse attachment experiences



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In literature, the link between childhood abuse stories, trauma, unresolved attachment and psychopathological manifestations characterized by the presence of significant dissociative symptoms are well documented. The treatment of this kind of clinical pictures is very problematic because of dysfunctional relational dynamics acted by patients. As we know, borderline personality disorder patients and those with unresolved attachment show poor emotion regulation. About that, a very recent study found an alteration of the neural mechanism involved in the top-down control process of emotional distress both in BPD patients and in those with unresolved attachment. In this context, to make an accurate psychological assessment is essential to define and understand the overall patient functioning and identify the most appropriate therapeutic strategies. In this study, we have selected 22 women characterized by a diagnosis of borderline personality disorder, dissociative experiences and childhood abuse stories. The psycho-diagnostic examination of this sample involved the use of the following tools: Rorschach, MMPI-2, WAIS-R and drawing tests. Consistent with the literature, the outcomes confirmed the presence of response patterns related to trauma, abuse stories and dissociation in both Rorschach and MMPI-2. At the same time, in a significant portion of the sample, we have found an intact cognitive functioning; this aspect, as showed by other authors, highlights the adaptive function of the defensive mechanism of dissociation.

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EV1047

Psychopathology of depersonalization and de-realization. What is the limit between normal and pathological?

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A 21-year-old woman, distance-learning psychologist with a history of parent violence during her early childhood in the context of her father's alcohol poisoning, describes experiences of depersonalization and de-realization, of which she is aware since the age of five years, in situations of stress or out, for example, when looking in the mirror or even playing. She consulted to psychiatry, seven months after his father died of lung cancer, he frequently smoked tobacco and cannabis at home, had been diagnosed a year before his death. The patient described increased anxiety symptoms, with panic attacks, hypnopompic and hypnagogic hallucinations, and increased depersonalization and de-realization phenomena. She denies the use of psychoactive substances in addition to tobacco and alcohol, occasionally. Likewise, the depressive symptomatology was objectified in relation to the grief for the loss of his father. She received treatment with SSRIs and two months later, referred partial remission of symptoms, with persistence of dissociative symptoms. In addition, she presents emotional instability, feelings of emptiness, self-defeating ideas without structured suicide ideation. In recent months, he has presented avoidant behaviors and isolation with affectation in his habitual functioning. Now, in this case: are depersonalization and de-realization normal, part of the anxiety crisis, a sign of a high-risk mental state, or a prelude to a serious mental illness?

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EV1048

Psychiatric patients show different coping styles during aggression compared to controls



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Introduction Aggression and violence are common phenomena, potentially experienced by everyone.

Objectives To demonstrate that coping patterns to face aggression and violence may exhibit differential group features.

Aims To find differences in coping styles during moments of high aggression in psychiatric patients compared to non-affected controls.

Methods We evaluated 34 outpatients from the section of psychiatry of university Federico II of Naples by two psychometric scales: AQ to evaluate aggression levels and Brief-COPE for coping patterns. Outcomes were compared with that of 34 non-affected controls, recruited from the university student population. Pearson's correlation was used to find relationships between aggression levels and coping skills in these two groups.

Results We found significant differences between groups in multiple scale items and in the correlation measures, e.g. the use of expression was completely reversed in this two samples according to aggression levels.

Conclusions These results show that aggression is experienced differentially and with different coping styles by psychiatric patients compared to non-affected controls.

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EV1049

Cognitive dysfunction in acute psychosis



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Introduction Patients with psychosis often present with cognitive dysfunction during the course of their illness. Inflammatory markers such as cytokines and neurotrophins have been investigated, as they are relevant to the change in cognitive function.

Objectives To evaluate the cognitive function between patients with acute psychosis and those without. Moreover, this study also investigates cytokines and neurotrophins levels in acute psychosis and their relation with cognition, severity of psychosis and trajectory of their levels across time and under treatment.

Methods Longitudinal, observational, pilot study, of psychiatric inpatients. Participants were assessed on the first day using brief psychiatric rating scale, CAGE, trail making test B and Wisconsin card sorting test. These assessments were repeated weekly until patients were discharged. Blood samples were also collected on the same day for cytokines and neurotrophins analysis. However, the result on cytokines and neurotrophins levels is still pending, therefore only clinical findings will be presented.

Results Thirty-one patients (mean age: 43.7, SD: 18.9, 14 females and 17 males) were recruited. Eleven were acutely psychotic. Generalized estimating equations modelling were used to compare these two groups based on cognitive and demographic variables. Patients with psychosis are more likely to have significantly lower scores for CAGE (Wald- $\chi^2=6.268$, $df=1$, $P=0.012$), significantly more abnormal scores in Trail Making Test B (Wald- $\chi^2=7.338$, $df=1$, $P=0.007$), failure to maintain set (Wald- $\chi^2=8.323$, $df=1$, $P=0.004$) and perseverative errors

(Wald- $\chi^2=4.385$, $df=1$, $P=0.036$) although they have more years of education than those without psychosis.

Conclusions These data show individuals with acute psychosis have impaired cognitive function compared to others.

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EV1050

Insomnia and aggressiveness in affective disorders: Self-assessment versus clinical examination



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Introduction Although, disturbances of sleep, as well as aggressiveness, have been described in patients with mood disorders, these patients may not be aware of them.

Objectives/aims To access the personal perception of sleep, disturbances and aggressiveness in patients with mood disorders, admitted to an acute psychiatric ward.

Methods Diagnostic data (ICD-10: F31–33), including mood evaluation, were prospectively collected for all patients admitted at the affective disorder ward at Centro Hospitalar Psiquiátrico de Lisboa (Portugal), during the third trimester of 2016. Then, 2 auto-questionnaires – Athens insomnia scale (AIS) and Buss and Perry aggression scale (both validated to the Portuguese population) – were applied to these patients. Statistical analysis was performed for possible correlations between patients' mood and the questionnaires' scores, using R software.

Results Thirty-eight patients admitted were enrolled in this study: 28 with bipolar disorder (19 manic, 4 depressive and 5 mixed episodes), and 10 with depressive disorder. Depressed patients presented statistically higher values in the AIS (average = 20), compared to manic (14) and mixed ones (17.2) ($P=0.031$). However, there were no statistical differences found between depressed patients (bipolar versus non-bipolar). Even though manic patients presented an increased average score in the Buss and Perry questionnaire (both total-65; but also sub-scores), these values were not significantly different than depressed (60) or mixed patients' scores (57.4).

Conclusions Even though some symptoms (like sleep or aggressiveness) seem to be relevant to the clinics, patients with affective disorders do not seem to be aware these disturbances, and therefore are not able to acknowledge their relevance.

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EV1051

Assessment of empathy and psychological characteristics of smokers



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Introduction Smoking causes many life-threatening diseases and is a major risk factor for several main causes of death. Damage by smoking is also caused to those called “passive smokers”. Passive smoking has been implicated in many adverse effects on health. Very few studies deal with empathy in smokers while smoking in the presence of non-smokers.

Purpose Estimation of empathy and psychological characteristics of Greek smokers.

Methodology For research purposes we used questionnaires Toronto empathy questionnaire (TEQ), symptom check list 90-R, experience of shame scale (EES) and other as Shamer scale – OAS.

Results A statistically significant difference has been observed in the TEQ to gender (2.436, 0.02), with women showing the highest value (3.4 ± 0.4), as well as in the mean in behavioral shame 2. Another statistically significant difference has been observed in behavioral shame between educational level (3.419, 0.026) and the price of characterological shame among those who reported smoking in the workplace and those who did not.

Conclusions The sample consisted of 27 subjects with average age 24 years and standard deviation of 4 years. Smokers accounted for 48.1%, of whom 69.2% stated that smoke in their living space. Respectively, the percentage of smokers in the workplace was equivalent. The largest percentage of smokers, (13 people, 69.2%) think that non-smokers are very annoyed when surrounded by people smoking close to them. The proportion of those who said they are very much bothered when in places where smoking is prohibited but somebody smokes, is large (47.1%).

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EV1052

Cotard syndrome: Pathology review

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Introduction Cotard syndrome (CS) is a rare neuropsychiatric condition characterized by nihilistic delusions, which may range from negation of existence of parts of the body to delusion of being dead or negation of self-existence, and it requires an urgent and appropriate therapy.

Objectives Our objective is to highlight the importance of CS, reinforcing that medical professionals should be aware of this pathology to prompt clinical description, diagnostic and treatment.

Aims The aim of this presentation is to alert psychiatrists to this remaining syndrome.

Methods Review of phenomenological and theoretical issues regarding SC.

Results CS can be found in numerous psychiatric or neurologic pathologies but it is most seen in patients with severe depression. It is typically divided in three subtypes: psychotic depression, Cotard type I, with nihilistic delusions without mood symptoms, and Cotard type II, with mood symptoms and auditory hallucinations. There are numerous etiological hypothesis mechanisms, including unusual perceptual experiences, which can similarly be involved in Capgras delusion, disconnection from emotional or limbic processes, an impaired belief evaluation or a tendency to excessive self-attribution. Frontotemporoparietal circuitry also seems to have an important role in its pathology. Treatment usually involves electroconvulsive therapy, antidepressants and anti-psychotics and the prognosis depends on the underlying disorders.

Conclusions CS is a rare pathology with self-defeating risk and its clinical recognition and proper treatment are essential to improve the prognosis of these patients. Diagnostic criteria or clinical instru-

ments for assessment of this syndrome should be encouraged, since its lack is a limitation for systematic studies and consequent management advances.

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EV1053

Hoarding disorders: Two different clinical presentations

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Introduction Hoarding disorders (HD) have increasingly become a public health hazard. It usually emerges during two broad life periods: in early age-of-onset is usually associated with obsessive-compulsive disorder (OCD); in the elderly, it can be due to psychiatric and organic disorders, unrelated to OCD.

Objectives Our objective is to increase medical awareness and to highlight that both young and elderly people may suffer from this condition.

Aims The aim of this presentation is to address HD and its different presentations.

Methods Presentation of two clinical cases of HD and pathology revision.

Results A 30-year-old woman was hoarding litter, food and several items in a systematic way, become aggressive when her family tried to clean the house and was admitted several times in a psychiatric facility for cleanliness of her house. She had a history of depressive symptoms and severe OCD, with obsessive thoughts and several verification behaviors. A 78-year-old woman, with history of cerebral vascular disease, was self-neglected, living in a filthy home, with hoarding of litter and many worthless objects in a disorganized way, become aggressive after her relatives try to enter her house and refused to get help of any kind. Later on, she was admitted in a psychiatric facility and diagnosed with vascular dementia.

Conclusions Timely diagnosis and proper management of these two variations of HD will allow more advanced studies in this matter and more effective pharmacological and psychotherapeutic treatments. These clinical cases reinforce the importance of practical guidelines for appropriate approach of these patients with complex and multidimensional needs.

Disclosure of interest The authors have not supplied their declaration of competing interest.

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EV1054

Fathers' personality dispositions and conduct-disordered children's perception of their fathers

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Introduction Individual's personality profile is one of the major determinants of one's behavior. Thus, poor personality disposition of fathers and the child's perception of father have been reported to be powerful predictors of subsequent delinquency and criminal offences. The externalizers resemble the dimensions of conduct disorder as prescribed in diagnostic statistical manual IV. The essential feature is their repetitive behavioral pattern wherein the basic right of others or major age appropriate societal norms are violated.

Objective This study finds out the relationship between the fathers' personality-disposition, having male children with conduct

disorder (CDC, $n = 30$, experimental group), dysthymic disorder (DDC, $n = 30$, control group), and normal (NC, $n = 30$, control group), by applying the new five factor inventory, and children's perception of their fathers on the parent–child relationship scale.

Method The children were matched on age, sex, socio-economic status and other relevant variables. The CD and DD were selected on the DSM-IV criteria for the diagnosis of conduct disorder and dysthymic disorder. The fathers of each group of children were administered the aforesaid questionnaires.

Result The CDF showed only significantly poor agreeableness compared to the NF. The CDC's perceived their fathers most negatively compared to the DDC and NC. The CDF's conscientiousness was significantly correlated to a number of variables of the children's perception of them as observed on the PCRS.

Conclusion The CDF showed lower agreeableness than the NF. The CDC perceived their fathers most negatively, hence, setting the model for the child to observe and learn socially inappropriate behavior.

Disclosure of interest The author has not supplied his/her declaration of competing interest.

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EV1055

Films and fiction leading to onset of psycho-phenomenology: Case reports from a tertiary mental health center, India



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Mind is influenced by socio-cultural religious belief systems, experiences and attributions in the development of psychophenomenology. Film viewing is a common entertainment among young adults.

Objectives Influence of repetitive watching of films of fiction and horror genres on onset phenomenology in young adults.

Method Two case reports on onset of psychotic features and mixed anxiety depressive phenomenology were seen in two patients aged 16 and 20 years respectively and based on the fantastic imagination created by films. The 28-year-old female patient diagnosed with schizoaffective disorder had onset at 16 years of age and the course of phenomenology was influenced by the fiction movie 'Jumanji' with partial response to medications over 10 years. The depressive and anxiety symptoms of less than 6 months duration of a 20-year-old male patient was influenced by film 'Hannibal' and responded to antidepressant and cognitive behavior therapy.

Conclusions Horror and fiction films can influence the thinking patterns and attribution styles of a young adult by stimulating fantasy thinking which if unrestrained can lead to phenomenology. Viewing films compulsively, obsessive ruminations on horror and fictional themes can lead to onset of psychopathology of both psychosis and neurotic spectrum. Further research on neurobiological, psychological correlates is needed. Parental guidance and restricted viewing of horror genre films with avoidance of repeated stimulatory viewing of same genre movies in children, adolescents, young adults and vulnerable individuals is required.

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EV1056

Behavioral addictions and the associated mental health issues and psychopathology



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Introduction Behavioral addictions are conceptually controversial and their relationship with mental health problems and psychopathology is poorly understood.

Objectives To review the relationships between personality traits, mental health issues and mental disorders on one hand and several behavioral addictions on the other. The latter include problematic Internet use, Internet gaming disorder, hypersexual disorder/compulsive sexual behavior disorder, compulsive buying and exercise addiction.

Methods Literature review and conceptual synthesis.

Results Mental health issues, personality dimensions and mental disorders are commonly associated with behavioral addictions. Although some relatively specific associations were found (e.g., between Internet gaming disorder and attention deficit/hyperactivity disorder, between compulsive buying and pathological hoarding and between exercise addiction and eating disorders), the specificity of most associations was low. Most studies were cross-sectional and the direction of causality, if any, was uncertain. Therefore, it is unknown under what circumstances certain mental health issues predispose to the particular behavioral addiction or represent a primary problem and when they are a consequence of behavioral addictions. This review also underscores the importance of distinguishing between certain behavioral addictions and overlapping conditions, e.g., between compulsive buying and bipolar disorder (mania/hypomania).

Conclusions These findings suggest that proper conceptualization of behavioral addictions as distinct conditions or a manifestation of an underlying psychopathology will have to await results of the prospective studies. In the meantime, there are implications for treatment in terms of the importance of identifying and addressing the underlying or associated mental health problems in individuals with behavioral addictions.

Disclosure of interest The author has not supplied his/her declaration of competing interest.

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EV1057

The role of personality and trait affectivity on delusional ideation



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Objective The relationship between personality and delusional ideation is still debated. The present study was aimed to evaluate the role of personality features and trait affectivity on the severity of delusional beliefs, through the lens of a dimensional approach. In fact, robust evidence suggests that delusional experience presents a dimensional structure rather than an all-or-nothing fashion with a severity gradient of delusional beliefs from general population to full-blown delusional disorder (DD).

Method Forty-nine inpatients affected by DD and 42 non-delusional outpatients were administered the structured interview for DSM-IV Personality Disorders, the Pathological Narcissism Inventory–Italian Version, the Positive and Negative Affect Schedule and the Peters et al. 33–Italian version.

Results Severity of delusional ideation was positively related to “hiding the self” (HS) domain of narcissistic vulnerability and to paranoid traits and negatively related to “positive affect” (PA). Para-

noid traits and HS significantly interacted in influencing delusional dimension severity (Fig. 1). Low PA represents a trait affectivity of sadness and lethargy whereas HS is closely related to the experience of shame. We speculate that lower levels of PA and higher levels of HS may grasp the “asthenic” pole of Kretschmer’s “sensitive character”.

Conclusion The study findings suggest that the severity of delusional ideation depends, at least in part, on a complex interplay between specific affective and paranoid dispositions within personality. Delusion may constitute the superficial shell, which develops from and cover inner affective vulnerabilities of personality.

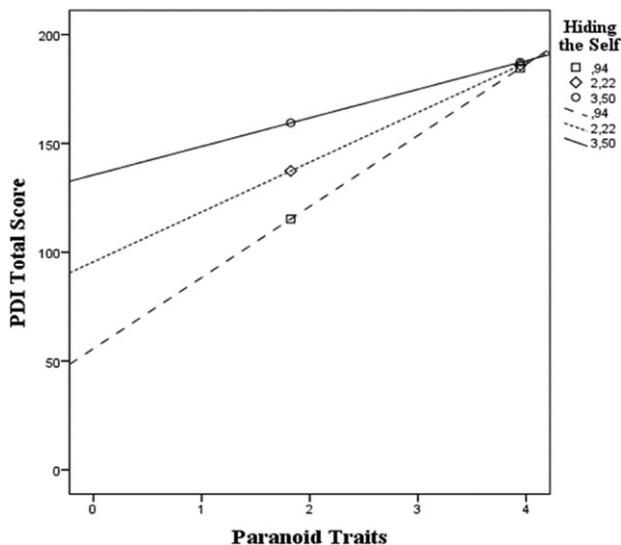


Fig. 1

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EV1058

The impact of interpersonal violence in youth sport on adult psychopathology

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Introduction A recent cohort study in the Netherlands and Belgium showed that 38% of children experienced psychological violence, 11% physical violence, and 14% sexual violence in sport (Vertommen et al., 2016). This study aims to explore the long-term consequences on anxiety, depression and somatic complaints in adults who experienced psychological, physical or sexual violence in the specific context of organized youth sport.

Methods A web survey in a representative sample of adults, pre-screened on having participated in organized sport before the age of 18 ($n=4043$) was conducted. In this sample, depression, anxiety and somatic problems were assessed using the brief symptom inventory. A generalized linear model was used to quantify the

impact of experiencing severe interpersonal violence in sport on psychopathology.

Results All three types of severe interpersonal violence (psychological, physical and sexual) were significantly associated with the total score and the subscales of the brief symptom inventory. The effect remains significant after controlling for socio-demographics, as well as disability, sexual orientation, adverse childhood experiences outside sport, recent trauma and family history of psychological problems.

Conclusions Experiencing interpersonal violence against in youth sport is associated with mental health problems in adulthood. This is an important finding to consider in child protection policy in sport.

Disclosure of interest The authors have not supplied their declaration of competing interest.

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e-Poster Viewing: Psychopharmacology and pharmacoeconomics

EV1059

Chlorpromazine-induced lupus with circulating anticoagulant. A case report

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The drug-induced lupus erythematosus (DILE) is an autoimmune disorder caused by chronic use of certain drugs, including chlorpromazine. Chlorpromazine-induced lupus associated to circulating anticoagulant antibodies (CAC) would be even less frequent. Our observation is an illustration of this association.

We report the case of Mrs. H., 33-year-old, without medical or surgical history, who has been followed in psychiatry since the age of 20 for bipolar disorder type 1. This patient was initially stabilized by an association of fluphenazine, sodium valproate and levomepromazine. The introduction of chlorpromazine in June 2015 induced a leuconetropenia, which was corrected after stopping this drug. During subsequent decompensations, rechallenge with chlorpromazine and administration of other phenothiazines (levomepromazine, fluphenazine) or atypical anti-psychotics (olanzapine, risperidone, aripiprazole) induced a leuconetropenia reversible after drug withdrawal. Within the etiological investigation of this leuconetropenia, physical examination was normal; inflammatory tests (erythrocyte sedimentation rate, serum protein electrophoresis) and serology for hepatitis B and C and HIV were negative; antinuclear antibodies (ANA) titre was positive (1: 160) with a negative antibodies screen; rheumatoid factor and complement levels were normal. Activated partial thromboplastin time (APTT) was prolonged (47/29 s) and not corrected by addition of normal plasma. Lupus anticoagulant antibodies were positive. ANA became negative six months after cessation of implicated drugs. Thus, the diagnosis of “chlorpromazine-induced lupus with CAC” was retained. The pathophysiological mechanism of this association remains a subject of discussion. This induced autoimmunity, involving several anti-psychotics, is a real therapeutic challenge in our patient’s case.

Disclosure of interest The authors have not supplied their declaration of competing interest.

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EV1060

Comparison of efficacy between risperidone and aripiprazole in combination with sodium valproate in patients with acute manic or mixed episodes

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Today, despite of the improvement in the psychological therapeutic approach, mania still remains as a challenging problem for health system. The aim of this study is comparison efficacy of risperidone and aripiprazole in combination with sodium valproate in bipolar patients with acute manic or mixed episodes who hospitalized in Razi psychiatric hospital in Tehran. This study was conducted as a double blind randomized clinical trial in two groups of bipolar disorder patients with manic or mixed episodes (18–65 age). Patients randomly set in two groups who received valproate with aripiprazole or risperidone. Clinical response was assessed with young mania rating scale (YMRS) and weight gain at 3 and 6 weeks. Data was analyzed with Chi² test, paired *t*-test and analysis of covariance and repeated measurement. Evaluation of treatment response after 3 and 6 weeks (50% reduction in Young's scale) in both groups did not show any significant difference between the two therapeutic combinations. The combination of sodium valproate and risperidone showed higher weight gain in comparison with the combination of valproate and aripiprazole at the end of week 6 ($P < 0.001$). The mentioned combination in bipolar I disorder with manic or mixed episode has similar therapeutic effect, so that both of them are effective and usable. There was no difference in their efficacy, and both treatments can be used. Due to the less weight gain, the combination of valproate and aripiprazole in patients who prone to weight gain, this approach is recommended as more safe and effective therapy.

Disclosure of interest The authors have not supplied their declaration of competing interest.

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EV1061

Bupropion induced hyponatremia: A review of literature

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Introduction For over 20 years, bupropion has been used as an antidepressant by inhibiting the norepinephrine-dopamine reuptake. Hyponatremia is a relatively rare condition that has been

associated with the use of antidepressants including selective serotonin reuptake inhibitors (SSRIs), serotonin norepinephrine reuptake inhibitors (SNRIs), and tricyclic antidepressants (TCAs). However, a few case studies have reported that bupropion was associated with hyponatremia.

Objectives and aims To review available literature on bupropion-induced hyponatremia and its possible underlying mechanisms.

Methods Case studies are presented and discussed followed by a literature review.

Results Hyponatremia has been reported with the use of many antidepressants, however, studies on bupropion induced hyponatremia has been limited. In literature only four case reports have been presented. Typically, this condition is only seen in frail or elderly patients. Possible mechanism is that bupropion may cause hyponatremia by the noradrenergic stimulation of vasopressin release.

Conclusion Clinicians should be aware of increased risk of hyponatremia associated with antidepressants, including bupropion. Especially in the elderly, clinical symptoms of hyponatremia can be misinterpreted and may lead to a life-threatening condition.

Disclosure of interest The authors have not supplied their declaration of competing interest.

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EV1062

Off-label prescriptions of quetiapine for sleep disturbances

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Introduction Quetiapine, a short-acting atypical anti-psychotic drug for the treatment of bipolar I disorder and schizophrenia, is increasingly used off-label for the treatment of sleep disturbances or insomnia. However, data supporting this off-label prescription of quetiapine are limited.

Objectives and aims To report and discuss the effects of “off-label” use of quetiapine for the treatment of sleep disturbances.

Methods An English-language literature search was conducted using Pubmed, EMBASE and Cochrane library (December 1980–December 2015) using the search terms quetiapine, insomnia, sleep disorders, sleep disturbances, and sleeplessness.

Results During the last decade, there is an enormous increase in prescribing quetiapine. This anti-psychotic drug is among the best selling drugs worldwide. For the approved indications, the usual therapeutic dose range is 400–800 mg/day. However, off-label use of quetiapine was most evident for the 25 mg/day to 100 mg/day. In some countries, off-label uses are promoted to non-psychiatrists for the treatment of insomnia, dementia, agitation, and aggression. Inappropriate anti-psychotic use may lead to serious health problems, including metabolic effects, increased sudden cardiac death, and age-related side effects with increased risk for orthostatic hypotension, fractures, pneumonia, cognitive impairment, and stroke.

Conclusion There is growing concern regarding the potential harm from off-label prescription of anti-psychotics, particularly quetiapine. There is little evidence supporting the enormous off-label uses of quetiapine. In addition, prescribing quetiapine for indications that are not evidence based has ethical, financial, and safety implications, especially in the older population.



Disclosure of interest The authors have not supplied their declaration of competing interest.

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EV1063

SSRIs and QT interval prolongation management. A review

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Introduction In 2011, the FDA issued an alert recommending not to prescribe citalopram high doses, due to QT prolongation risk. We explored the clinical background of QT interval prolongation related to serotonin selective reuptake inhibitors (SSRI) use and the clinical implications of safety issues.

Methodology A review was conducted to clarify the mechanisms associated with the occurrence of TdP when using SSRI and investigating therapeutic measures to avoid/minimize these effects. The literature search was conducted in PubMed data reviewing articles between 2001 and 2016.

Results (1) Related to risk factors/intraclass differences: risk factors are increase in QTc interval ≥ 60 ms from the pretreatment value, advanced age, female sex, acute myocardial infarction and electrolytic abnormalities among others. Citalopram appears more likely than others to induce this phenomenon but its importance is under current debate. (2) Related to dose: drug-induced QTc interval prolongation and TdP was associated to citalopram in doses > 40 mg/day. However, psychotropic drug-induced sudden cardiac death may be an outlier in the absence of identified risk factors for QTc interval prolongation and TdP. (3) Related to poly-pharmacy/management: there is an additive effect when using SSRI and antipsychotics (EKG control is recommended in those cases). Cross-sectional studies showed that SSRI use was not associated with QT interval prolongation. This could be explained by the EKG intra-intersubject variability.

Conclusions There is little evidence that drug-associated QTc interval prolongation by itself is sufficient to predict TdP. Future research needs to improve its precision to better understand the factors that facilitate/attenuate that progression. Clarifying this may lead to a safer SSRI use.

Disclosure of interest The authors have not supplied their declaration of competing interest.

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EV1064

Lithium and EKG abnormalities. A review

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Introduction The literature concerning possible cardio-toxic effects of lithium therapy in man is reviewed.

Methodology A review was conducted to clarify the mechanisms associated with the occurrence of conducting abnormalities when using lithium and investigating (if so) whether these alterations depend on the dose. The literature search was conducted in PubMed data reviewing articles between 1982 and 2015.

Results (1) Related to pathopsychology/risk factors: reports indicate T wave morphology changes with lithium therapy. Of particular concern are cases of sinus node dysfunction or sinoatrial block and the appearance or aggravation of ventricular irritability. The incidence of cardiac complications, in general terms, may increase with age. Recent findings (a retrospective study

of bipolar patients) of lithium-associated hypocalcaemia showed that hypocalcaemia resulting from medical diseases and bipolar patients with lithium-associated hypocalcaemia had significantly higher frequencies of conduction defects. (2) Related/unrelated to dose: therapeutic and toxic levels of lithium have infrequently been associated with serious cardiac dysfunction. Several case reports demonstrate two important points about Brugada syndrome unmasking: electrocardiograph abnormality severity may correspond to lithium levels and unmasking may occur in the therapeutic range of lithium. Other report shows a case of lithium induced sinus-node dysfunction in a patient with serum lithium levels in therapeutic range.

Conclusions Lithium abnormalities are rare and mostly not related to dose. Conducting heart anomalies may occur, especially when several factors are present (such as age or co-morbid illnesses that affect calcium serum levels).

Disclosure of interest The authors have not supplied their declaration of competing interest.

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EV1065

Prolactin levels in patients with severe mental disorders: Are we doing well? An observational study of Seville area population

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Introduction It is well known that hyperprolactinemia increases the risk of hypogonadism, osteoporosis and cardiovascular diseases. Atypical anti-psychotics are directly related with its development. Despite its importance, pharmacological hyperprolactinemia it is not considered and treated by psychiatrists as much as expected. Nowadays, long-acting aripiprazole is one of the main treatments that barely increase the prolactin (PRL) levels.

Objectives To determine the number of cases in which PRL levels are detected. To quantify the reduction of PRL levels with patients treated with long-acting aripiprazole.

Methods Observational, descriptive study, from February 2015 to July 2016, of 52 patients treated with anti-psychotics, in two Sevillian community mental health centers.

Results In 56% of cases, PRL level was measured at least one time: in 77% of cases with prescription of long-acting aripiprazole, PRL levels are reduced.

Conclusion First step to reduce the impact of hyperprolactinemia in patients is to determine the PRL levels in a systematic way being this practice a must to be considered. In the study carried out and described in this abstract, reduction of PRL levels in target populations using long-acting aripiprazole is observed.

Disclosure of interest The authors have not supplied their declaration of competing interest.

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EV1066

Eosinophilia associated with clozapine – A case report

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Objectives Clozapine is an atypical anti-psychotic used in the treatment of schizophrenia and other psychotic disorders. It is associated with several side effects, namely, hematologic disorders, the more common being agranulocytosis. Some cases of

eosinophilia have been described. This work describes a case of transient eosinophilia caused by clozapine.

Methods Description of a clinical case.

Results A 22-year-old female patient, with a treatment resistant psychotic disorder initiated clozapine in a slow titration to 300 mg. Ten days after initiating clozapine, the patient presented with eosinophilia (started with $6.6 \times 108/L$ and peaked at $10.0 \times 108/L$). Two weeks later, the patient presented with a skin rash in the arms and legs. The case was discussed with internal medicine service and other causes of eosinophilia were excluded. Since the eosinophilia was mild, the rash was not severe and the patient did not present any other symptoms or signs, it was not considered necessary to stop clozapine. During the next three months, with close monitoring, the eosinophilia and the skin rash slowly resolved.

Conclusions This is a case of a patient who presented mild eosinophilia and skin rash, associated to clozapine, with spontaneous resolution. We draw attention to the need of close monitoring and exclusion of other causes of eosinophilia and rash. Furthermore, other hematologic disorders should be considered besides agranulocytosis, namely eosinophilia, when prescribing clozapine.

Disclosure of interest The authors have not supplied their declaration of competing interest.

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EV1067

Polycystic ovarian syndrome in patients with schizophrenia treated with atypical anti-psychotics: A case control study



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Objective Objective was to compare the prevalence of probable polycystic ovarian syndrome (PCOS) in females treated with atypical anti-psychotics with normal controls.

Aims To compare the prevalence of PCOS in patients treated with atypical anti-psychotics and normal controls. To study the hormone profiles in these two groups.

Methods Cases consisted of 102 reproductive age females with schizophrenia treated with atypical anti-psychotics for ≥ 6 months and had gained $\geq 10\%$ body weight. Control group was 123 age and BMI matched females. Menstrual history, physical examination for hirsutism, acne, androgenic alopecia, anthropometrics measures, Ultrasound abdomen and hormone analysis were done.

Results Mean age of cases = 33.17 years (SD 8.9) and controls = 33.08 years (SD 5.6). Mean BMI of cases = 25.92 (SD 5.2) and controls = 25.03 (SD 4.3). Polycystic ovarian morphology of ovaries on ultra sound scan was significantly more in cases 49 (48%) than controls 16 (13%) ($P < 0.001$). Probable PCOS was significantly more in atypical anti-psychotic treated females ($n = 22$, 21.56%) than in normal controls ($n = 10$, 8.13%) ($P = 0.04$). Atypical anti-psychotic treated patients with PCOS had significantly lower mean LH levels 6.69 mIU/L than those without PCOS 10.30 ($P = 0.35$). There was no significant difference in testosterone, FSH, prolactin, TSH and free T4 levels.

Conclusion Treatment with atypical anti-psychotics is associated with higher prevalence of PCOS. This has not been reported previously. The hormonal profile in these patients may be different with low testosterone and LH levels.

Disclosure of interest The authors have not supplied their declaration of competing interest.

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EV1068

Unconventional side effects of antidepressants: Focus on emotional blunting



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Objectives The aim of this study was to investigate the unconventional side-effects of selective serotonin reuptake inhibitors (SSRIs) and tricyclics (TCAs) antidepressants during long-term treatment of depression, with a special focus on emotional blunting and, in particular, on the possible changes of some features of loving relationships.

Methods Two hundred outpatients (130 women and 70 men, mean age \pm SD: 43.4 ± 11.1 years) were enrolled. They were suffering from mild or moderate depression, according to DSM-5 criteria, treated with one antidepressant for at least six months and involved in a long-term loving relationship. A specifically designed test, the so-called "sex, attachment, love" (SALT) questionnaire was built to assess the possible changes of the loving relationship.

Results The results showed differences between the two genders, in particular women taking TCAs reported more sexual side effects than men, whereas men taking SSRIs complained a reduction of the feelings of love and attachment towards the partner.

Conclusions Antidepressants seem to have a dimorphic effect on some elements of loving relationships, however these results need to be further explored.

Disclosure of interest The authors have not supplied their declaration of competing interest.

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EV1069

Citalopram-induced delusions in an older adult



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Introduction Selective serotonin reuptake inhibitors (SSRIs) are the most prescribed antidepressants worldwide. In older adults, citalopram is generally well tolerated and safe in the therapeutic dose range of 20 to 40 mg/day. In literature, there are cases of SSRI-induced psychosis, but mainly with fluoxetine. There are only three reported cases of citalopram-induced delusions, however, these case-reports did not involve an older adult.

Objectives and aims To provide a case of citalopram-induced psychosis in an older adult, followed by the review of available literature.

Methods A case report is presented and discussed followed by a literature review.

Results A 64-year-old woman without somatic illnesses was referred by a general practitioner with depressive symptoms. One week after initiation of citalopram 10 mg/day she suddenly developed delusions, predominantly in the early morning. No other medical evidence was found that could explain her delusions. After discontinuation of citalopram her delusions quickly resolved.

Conclusion This is the first case report of a SSRI-induced delusion in an older adult. Citalopram has been reported to be one of

the safest SSRIs. Although most SSRI's have a mild side-effect profile, care should be taken when initiating SSRIs since unpredictable adverse effects may occur.

Disclosure of interest The authors have not supplied their declaration of competing interest.

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EV1070

Anti-psychotics: To withdraw or not to withdraw?



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Introduction Anti-psychotics constitute a class of psychotropic drugs used for the treatment and prophylaxis of several disorders, including schizophrenia, bipolar disorder and psychotic depression. Frequently, clinicians are asked by their patients to withdraw this medication. In some cases, that may be related to notable side effects. However, it may actually indicate an inadequate control of the psychiatric disorder with poor insight.

Aims The goal of this work is to systematically review the scientific literature in order to understand if there are consistent data that support anti-psychotics withdraw in specific clinical situations.

Methods The literature was reviewed by online searching using PubMed®. The authors selected scientific papers with the words "anti-psychotics" and "withdraw" in the title and/or abstract, published in English.

Results and discussion Anti-psychotics improve prognosis and enhance patients' quality of life. There are few data in the literature regarding recommendations that support anti-psychotic withdraw in psychiatric patients. Very specific conditions must exist for withdrawing anti-psychotics, like neuroleptic malignant syndrome, cardiac side effects, and change of diagnosis or prolonged remission after a first and single psychotic event. When that decision is made, it should be done slowly and carefully and both the patient and his family should be involved.

Conclusions There is no evidence in the literature that supports withdraw of anti-psychotics for the majority of psychiatric situations. When specific conditions are present that possibility must then be considered, however, with careful consideration and after discussion with the patient and parties involved in patient's care.

Disclosure of interest The authors have not supplied their declaration of competing interest.

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EV1071

Selective serotonin reuptake inhibitors, anti-psychotics and metabolic risk factors in schizophrenia and bipolar disorder



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Objective The aim of this study was to investigate the relationship between metabolic factors and use of selective serotonin reuptake inhibitors (SSRIs) combined with olanzapine, quetiapine or risperidone.

Method Data from a cross-sectional study on 1301 patients with schizophrenia or bipolar disorder were analyzed. The main outcome variables were levels of total cholesterol, low- and high-density lipoprotein (LDL and HDL) cholesterol, triglycerides and glucose.

Results One defined daily dose (DDD) per day of an SSRI in addition to olanzapine was associated with an increase in total cholesterol of 0.16 (CI: 0.01 to 0.32) mmol/L ($P=0.042$) and an increase in LDL-cholesterol of 0.17 (CI: 0.02 to 0.31) mmol/L ($P=0.022$). An SSRI serum concentration in the middle of the reference interval in addition to quetiapine was associated with an increase in total cholesterol of 0.39 (CI: 0.10 to 0.68) mmol/L ($P=0.011$) and an increase in LDL-cholesterol of 0.29 (0.02 to 0.56) mmol/L ($P=0.037$). When combined with risperidone, no such effects were revealed. No clear-cut effects were seen for HDL-cholesterol, triglycerides and glucose.

Conclusion The findings indicate only minor deteriorations of metabolic variables associated with treatment with an SSRI in addition to olanzapine and quetiapine, but not risperidone. These results provide new insight in the cardiovascular risk profile associated with concomitant drug treatment in patients with severe mental illness, and suggest that SSRIs can be combined with anti-psychotics without a clinically significant increase of adverse metabolic effects.

Disclosure of interest Co-author Dr. Ole Andreassen has received speakers' honoraria from GSK, Lundbeck and Otsuka.

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EV1072

Clozapine: Since the very beginning?



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Introduction Psychosis in childhood and adolescence could be defined as having hallucinations, with the hallucinations occurring in the absence of insight. A broader definition includes symptoms such as delirious thoughts, disorganized speech, disorganized behavior, cognitive and mood symptoms and what is called negative symptoms. Several researches have been done focused in the treatment of first episode of psychosis showing clozapine as a keystone in the treatment of psychosis, especially in refractory first episodes.

Objectives Clozapine has unique efficacy in improving treatment-resistant patients with chronic schizophrenia but the moment of instauration remains unclear. There have always been doubts about the right moment to start clozapine, after two or more previous anti-psychotics or as first option.

Materials and methods We report a 18-year-old woman with family history of severe psychosis. Her mum reasserted patient's symptoms contributing to a longer period of non-treating psychosis (about 10 months). Auditory hallucinations, incongruent mood and

incoherent language appeared for the first time at the age of 17. High doses of two consecutive anti-psychotics were tried without remission and finally clozapine was initiated with clinical improvement.

Discussion In clinical practice, a subgroup of psychotic patients experience, significant ongoing positive symptoms despite of using first line anti-psychotic medication.

Conclusion Most recent research; suggest that clozapine may have an important role in the early treatment of first-episode patients, even becoming a first line option to consider.

Keywords Clozapine; First episode psychosis

Disclosure of interest The authors have not supplied their declaration of competing interest.

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EV1073

Long acting injectable aripiprazole: An observational study



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Introduction Several trials have shown the efficacy of long acting injectable (LAI) second-generation anti-psychotics compared with other anti-psychotics. LAI aripiprazole is a novel therapeutic tool in the management of patients with schizophrenia.

Aims The present study aimed to evaluate the clinical outcomes of patients who initiated treatment with LAI aripiprazole, by comparing their clinical outcomes prior and after initiating treatment with LAI aripiprazole.

Methods This observational, retrospective, mirror study assessed a series of socio-demographic and clinical variables during the 12 months prior to commencing LAI aripiprazole, while on another anti-psychotic medication, and the first 12 months of LAI aripiprazole. The sample included a series of consecutive patients receiving LAI aripiprazole at the Doctor Peset university hospital health area, in Valencia (Spain). The variables analyzed in the study included: emergency room visits, number and average length of hospitalizations, relapse, rate of abandonment of treatment and number of anti-psychotics needed as maintenance treatment.

Results The preliminary analysis showed a reduction in the rate of emergency room visits and the number of relapse and total hospitalizations while on LAI aripiprazole; however, there is no a reduction of the average length of hospitalizations. A reduction in the number of anti-psychotics as maintenance treatment was not appreciated, however, there was an improvement in treatment adherence.

Conclusions The preliminary results showed that LAI aripiprazole is an useful option that could suppose a benefit concerning treatment adherence, a decreased in number of relapses and hospitalizations and use of health resources.

Disclosure of interest The authors have not supplied their declaration of competing interest.

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EV1074

A pharmacologic option to reduce hospital admissions and relapses of patients with severe mental illness



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Introduction Some diseases relapses involve functional impairment that sometimes takes years to recover. We present our

experience using long-acting aripiprazole as maintenance therapy in patients diagnosed with psychotic episode, acute mania (bipolar disorder) or personality disorder, who were previously treated with another anti-psychotic.

Aims Analyze what treatment were they taking before aripiprazole depot. Determine the number of hospital admissions and relapses before and after long-acting aripiprazole treatment.

Methods Descriptive analysis based on a sample of 37 patients, aged 18–65 years, treated during one year with anti-psychotics at two community mental health units.

Results Reduction of hospitalization average: 0.59/year with non-long-acting-aripiprazole anti-psychotic, 0.18/year with long-acting aripiprazole (66.6%).

Conclusion Long-acting aripiprazole appears to reduce the number of hospitalizations and relapses compared to other anti-psychotics. However, the sample size is small and more studies are needed.

Disclosure of interest The authors have not supplied their declaration of competing interest.

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EV1075

Tobacco and anti-psychotics side effects



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Introduction It's known that, patients with schizophrenia smoke more tobacco than general population, and that tobacco is a potent inducer of cytochrome P450 isoenzyme 1A2 (CYP 1A2). In addition, clozapine and quetiapine, drugs frequently used in the treatment of schizophrenia, are CYP1A2 substrates. So, tobacco smoking may reduce blood levels of clozapine and quetiapine.

Objective To revisit the influence of changes in tobacco consumption in clozapine and quetiapine side effects.

Methods Case report.

Results A 48-year-old male diagnosed of schizophrenia following DSM IV-TR criteria. He required five hospital admissions from 2008 to 2013 because of psychotic episodes. Since 2013, he was asymptomatic receiving clozapine, 600 mg/day, and quetiapine, 1200 mg/day. Recently, he came to the emergency service due to sudden extreme sedation, thinking impairment, sialorrhea, and walking disability. The patient denied treatment abuse and his family confirmed this statement. When asked about toxics he referred progressive tobacco reduction in the last 3 months (from 60 to 20 cigarettes/day). Bearing in mind the relationship between clozapine and quetiapine metabolism and tobacco, treatment was slowly reduced until the doses of clozapine 500 mg/day and quetiapine 400 mg/day. One week after admission, side effects disappeared, psychotic symptoms were not detected, and the patient was discharged.

Conclusions Inquiring about changes in tobacco consumption may be useful when anti-psychotics side effects appear suddenly without an alternative explanation.

Disclosure of interest The authors have not supplied their declaration of competing interest.

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EV1076

Sex and age factors in neuroleptic malignant syndrome diagnosis frequency



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Introduction It is not known whether sex and age are risk factors for neuroleptic malignant syndrome (NMS).

Objectives To examine sex and age distributions in NMS patients based on a systematic review of the literature.

Aims Estimate the sex-specific relative risk of an NMS diagnosis.

Methods EMBASE and PubMed databases were searched in November 2014 using broad, unrestricted criteria to identify any published observation of NMS. Any physically (online or hard copy) accessible and interpretable (using language translation software) report published from January 1, 1998 through November 1, 2014 was considered for inclusion. Secondary sources (e.g., reviews) were included when primary sources could not be accessed. All cases for which the patient's sex or the sample's sex distribution was provided were included, except for redundant reports and cases in which NMS was not the most likely clinical diagnosis. Sex ratio and age distributions were examined using standard graphical techniques and measures of association.

Results Twenty-eight independent NMS sex ratio estimates were included. Most sex ratio estimates (75%) indicated male preponderance, with a median of 1.47 (95% CI: 1.20–1.80). NMS incidence peaked at age 20–25 years and declined steadily thereafter; males consistently outnumbered females at all age intervals. Major study limitations are the heterogeneity of case ascertainment procedures and the potential for publication bias.

Conclusions NMS patients are 50% more likely to be males, and NMS is most likely to occur in young adulthood. Men, and all young adults, appear to be at increased risk for NMS.

Disclosure of interest The author has not supplied his/her declaration of competing interest.

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EV1077

A Comparison of DSM-IV and international expert consensus diagnostic criteria for N.M.S



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Introduction Neuroleptic malignant syndrome (NMS) requires prompt recognition for effective management, but there are no established diagnostic criteria.

Objectives To validate the recently published international expert consensus (IEC) diagnostic criteria for NMS, which assign priority points based on the relative importance of each criterion for diagnosing NMS.

Aims Determine optimal diagnostic cutoff for priority point score.

Methods Data were extracted from 221 archived telephone contact reports of clinician-initiated calls to a national telephone consultation service from 1997–2009; each case was given a total priority point score based on the IEC criteria. DSM-IV-TR research criteria, in original form and modified to accept less than 'severe' rigidity, served as the primary diagnostic reference standard. Consultants' diagnoses served as an additional reference standard. The optimal priority point cutoff score was determined using receiver operating characteristic (ROC) curve analysis.

Results Area under the ROC curve ranged from 0.715 (95% CI = 0.645–0.785, $P < 0.001$) for consultant diagnoses to 0.857 (95% CI = 0.808–0.907, $P < 0.001$) for modified DSM-IV-TR criteria. The latter was associated with 69.6% sensitivity and 90.7% specificity.

Conclusions Agreement was best between IEC criteria with a cutoff score of 74 and modified DSM-IV-TR criteria (sensitivity 69.6%,

specificity 90.7%); this cutoff score demonstrated the highest agreement in all comparisons. Consultant diagnoses showed much better agreement with modified, compared to original, DSM-IV-TR criteria, suggesting that the DSM-IV-TR criterion of "severe" rigidity may be more restrictive than what most knowledgeable clinicians use in practice.

Disclosure of interest The authors have not supplied their declaration of competing interest.

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EV1078

Advantages of second-generation long-acting injectable anti-psychotics: Focus on hospital admission rates in southeast Tuscany



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Introduction Several studies suggested that second-generation long-acting injectable anti-psychotics (SGA-LAIs) might be effective on preventing relapse and admission/readmission rates among patients affected by schizophrenic and bipolar disorders. Moreover, studies highlighted that SGA-LAIs may reduce costs and healthcare resource utilization (HRU) among community psychiatric settings.

Objectives The objective of the present study was to evaluate whether the increased use of SGA-LAIs among community psychiatric services in southern Tuscany was related to:

– reduced costs and HRU;

– reduced hospital admission/readmission.

Methods Data consisted of both regional registry and data prospectively collected at admission and/or follow up assessments. Patients included were: patients affected by schizophrenia/schizoaffective or bipolar disorders, treated with SGA-LAIs.

Results The increased use of SGA-LAIs was related to a significant reduction of admission and/or readmission rates, as long as a significant reduction in costs and HRU among the community services included in the study.

Conclusions The present findings suggest that SGA-LAIs might have a positive cost/effectiveness profile and could reduce hospitalizations, costs and HRU among a community sample. This could be related to a better tolerability of SGA-LAIs compared to FGA-LAIs, and less adverse effects. More studies on community samples should focus on the cost/effectiveness profile of SGA-LAIs.

Disclosure of interest The authors have not supplied their declaration of competing interest.

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EV1079

Clozapine efficiency in tardive syndromes induced by anti-psychotic treatment



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Introduction Tardive syndromes (TS) resulting from prolonged exposure to dopamine receptor blocking agents are frequent. Clozapine is considered to have a low risk of causing new onset TS and accounts therefore as an interesting option in patients with invalidating TS.

Objectives Our study aims to describe clozapine indications in patients experiencing TS.

Methods Presentation of the clinical cases of five patients, who experienced different kinds of TS secondary to 1st and 2nd generation anti-psychotic treatment.

Results We present the cases of AB aged 41, MJ aged 40, HM aged 31 and AS aged 30, diagnosed with schizophrenia; and FB aged 24, diagnosed with schizoaffective disorder. Adverse side effects to conventional anti-psychotics such as limb and trunk tremors were described for AB, choreic limb movements, axial and segmental dystonia for MJ, AS, FB and oculogyration for FB. All patients were switched to atypical anti-psychotics without improvement of the TS. The switch to clozapine, associated with abotulinum injection for MJ, led to regression of the TS and improvement of clinical signs. In fact, according to several studies, clozapine seems to be an interesting option when invalidating TS occurs. The low prevalence of TS under clozapine can be explained by its low affinity for striatal-D2 receptors, its anti-serotonin and anti-cholinergic effects.

Conclusions Clozapine should be considered in symptomatic patients who develop TS while receiving other anti-psychotics. Further research on mechanism of TS and clozapine effect on TS is needed.

Disclosure of interest The authors have not supplied their declaration of competing interest.

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EV1080

Isolated rhabdomyolysis caused by olanzapine: About a clinical case



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Introduction Atypical anti-psychotics are increasingly prescribed, given their tolerance. Among these anti-psychotic olanzapine, known for its adverse metabolic effects. By against an adverse event type rhabdomyolysis with olanzapine appears uncommon (<1%) and few clinical cases have been reported in the literature.

Aim The aim of our study is to illustrate with a clinical case the occurrence of an isolated rhabdomyolysis with olanzapine.

Materiel and method Starting from the study of the case of a patient with rhabdomyolysis with olanzapine we studied the literature data. Clinical vignette: it is about a patient aged 25 followed for bipolar disorder type I. He responded to the association olanzapine and valproic acid then to valproic acid only. His last hospitalization for manic relapse dating to September 9, 2015 occurred in a context of treatment discontinuation. Upon admission the patient underwent an oral treatment based olanzapine and valproic acid. A dosage of creatine phosphokinase (CPK) done systematically, on September 11 showed high levels of (CPK) to 973 (U/L) without clinical signs of neuroleptic malignant syndrome. The electrocardiogram and biological tests results were normal. Other etiologies can lead to elevated (CPK) were eliminated. The persistent elevation of CPK motivated the arrest of olanzapine. The evolution was marked by a return to normal CPK rates after 15 days. The olanzapine was replaced by haloperidol and vaproic acid maintained. The pharmacovigilance investigation conclude to the accountability of olanzapine in this rhabdomyolysis.

Conclusion Second generation, anti-psychotics are known for their better tolerance compared to conventional antipsychotics. However, they are not devoid of side effects.

Disclosure of interest The authors have not supplied their declaration of competing interest.

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EV1081

Rechallenge clozapine after agranulocytosis in refractory schizophrenia. A case report



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Introduction Clozapine, is widely prescribed for treatment of refractory schizophrenia, but its use may be limited by potentially serious adverse effects. The most feared complication remains agranulocytosis [absolute neutrophil count (ANC) < 500/mm³], which occurs in 1% of patients. Guidelines recommend immediate cessation until the granulocyte count normalizes, but little is known about the subsequent treatment and the possibility of restoring clozapine.

Objectives To know procedures that allow clozapine rechallenge after induced agranulocytosis in refractory schizophrenia.

Methods We present a clinical case of agranulocytosis and evolution after simple reinstitution of clozapine.

Results A 38-year-old woman diagnosed refractory schizophrenia. After 10 years with clozapine (300 mg/day), we find neutropenia (ANC 1420/mm³) in a monthly control blood count with progression to agranulocytosis (ANC 460/mm³) in the following month. We suspend clozapine and started olanzapine (20 mg/day) with restoration of haematological values in a period of one month. The patient had psychotic decompensation at two months after the change with lack of response to different psychopharmacological strategies for five months. According to the hematology department we decided to re-introduce clozapine (200 mg/day) in combination with olanzapine with complete clinical remission. Between the 3rd and 9th week after rechallenge we observe a progressive decline in ANC, while remaining within the range of normal. From the 9th week and in the last 6 months neutrophil counts remained stable.

Conclusions Although, more research is needed to establish the safety to rechallenge of clozapine after agranulocytosis, it must be an alternative to consider when other treatment strategies fail.

Disclosure of interest The authors have not supplied their declaration of competing interest.

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EV1082

Combination of aripiprazole and olanzapine in first episode psychosis patient with metabolic syndrome: A case report



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There are numerous factors that predispose patients with schizophrenia to develop metabolic syndrome and become

overweight including: physical passivity, unhealthy diet and anti-psychotic treatment. The prevalence of anti-psychotic-related metabolic disturbances has been reported to vary from 23% to 50% and clozapine and olanzapine had the most pronounced potential to cause metabolic syndrome. We present the case of 32-year-old male who has been diagnosed with first episode schizophrenia spectrum psychosis and has been treated for 3 months in the community mental health center. He was medication-compliant and was prescribed olanzapine 10 mg a day and had initial remission of symptoms. The reason behind referral to our department of psychiatry was development of metabolic syndrome. Immediately upon admission to our department basic panel blood tests (minerals, creatinin, glucose, tryglicerides and cholesterol) as well as complete blood count were done. Patient reported gaining weight of more than 5 kilograms since the initiation of the olanzapine treatment. Results of the performed metabolic tests in addition to abnormal BMI and slightly higher blood pressure have indicated presence of metabolic syndrome. In order to try to reverse metabolic syndrome aripiprazole was commenced adjunctive to olanzapine. During the first week the dosage of aripiprazole was 2.5 mg/day, second week 5 mg/day and then increased to 10 mg a day. Three weeks after adding aripiprazole to olanzapine lab values of holersterol, triglycerides, fasting glucose as well as BMI were significantly lowered and symptoms of the metabolic syndrome were mitigated. Treatment was well tolerated.

Disclosure of interest The authors have not supplied their declaration of competing interest.

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EV1083

Amisulpride-induced agranulocytosis: A case report

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Introduction Agranulocytosis is a potentially life-threatening haematological side effect induced by typical and atypical neuroleptic. When agranulocytosis is associated with a specific anti-psychotic, the medication should be discontinued. This severe side effect is troublesome.

Case report We report the case of a 60-year-old man, treated with amisulpride for schizophrenia, who developed an agranulocytosis. This patient had been treated with first and second generation anti-psychotic drugs during his life and had already been exposed to many neuroleptics without any signs of toxicity. However, after three days of the introduction of amisulpride he presented a rapid onset agranulocytosis (leukocytes 1.2 G/L and neutrophils 0.4 G/L). After discontinuation of amisulpride, blood count returned to normal. The favorable evolution after discontinuation of treatment: the normality of biological and cytological examinations is in favor of a causal relationship between this severe neutropenia and introduction of amisulpride.

Conclusion This case report highlights the risk of amisulpride in inducing agranulocytosis, a risk underestimated in regard of the clozapine risk to induce agranulocytosis or neutropenia. For this reason, it seems reasonable to recommend performing a blood count before introduction and during the treatment by anti-psychotics.

Disclosure of interest The authors have not supplied their declaration of competing interest.

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EV1084

Hepatotoxicity related to anti-depressive psychopharmacotherapy: Implications of quantitative signal detection

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Introduction Drug-induced liver injury is a major problem of pharmacotherapy and is also frequent with anti-depressive psychopharmacotherapy.

Objectives/aims However, there are only few studies using a consistent methodologic approach to study hepatotoxicity of a larger group of antidepressants.

Methods We performed a quantitative signal detection analysis using pharmacovigilance data from the Uppsala monitoring center from the WHO that records adverse drug reaction data from worldwide sources; we calculated reporting odds ratios (ROR) as measures for disproportionality within a case-/non-case approach for several frequently prescribed anti-depressants.

Results Both positive controls, amineptine (ROR 38.4 [95% CI: 33.8–43.6]) and nefazodone (ROR 3.2 [95% CI: 3.0–3.5]), were statistically associated with hepatotoxicity. Following amineptine, agomelatine (ROR 6.4 [95% CI: 5.7–7.2]) was associated with the second highest ROR, followed by tianeptine (ROR 4.4 [95% CI: 3.6–5.3]), mianserin (ROR 3.6 [95% CI: 3.3–3.4]) and nefazodone.

Conclusions In line with previous studies our results support the hypothesis that agomelatine and several other anti-depressants may be associated with relevant hepatotoxicity. However, the used data and applied method do not allow a quantitative evaluation of hepatotoxicity or assessment of substance-specific differences regarding the extent of hepatotoxicity.

Disclosure of interest The authors have not supplied their declaration of competing interest.

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EV1085

Trazodone in treatment of interferon-induced anxiety in persons with viral hepatitis C

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Introduction The interferon therapy is associated with numerous adverse psychiatric effects, such as tension, irritability, insomnia, etc.

Goal The goal of this study was to examine the severity and the frequency of anxiety in persons with chronic hepatitis C receiving pegylated interferon alpha combined with ribavirin. We have also tried to assess the efficiency of trazodone in treatment of symptoms of anxiety in patients receiving pegylated interferon.

Method The total of 36 patients whose diagnosis of chronic hepatitis C has been confirmed both serologically and pathohistologically, receiving interferon therapy, ages 22 to 60, participated in this study. The control group consisted of 32 patients, all with same diagnosis, corresponding with those in the study group in terms of gender, age duration of the illness and the level of education. All patients received pegylated interferon alpha 2a, administered subcutaneously once per week, along with oral ribavirin. The research used the following instruments of clinical

assessment: structural clinical interview–SCID, ICD–10; Hamilton anxiety rating scale–HAM-A, and the self-report scale for assessment of anxiety–state-trait anxiety inventory–STAI-Form Y. The testing using these instruments was conducted four weeks after the start of the treatment, then after eight weeks, after 12, 24 and 48 weeks, i.e. at the end of the treatment. The patients in the study group received 150–300 mg of trazodone per day, starting at the week 6 of interferon treatment.

Results The research showed that in the beginning of the interferon treatment approximately one quarter of the patients exhibited symptoms of anxiety in both groups. The administration of trazodone showed beneficial effects in reduction of anxiety induced by the treatment with pegylated interferon.

Disclosure of interest The author has not supplied his/her declaration of competing interest.

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EV1086

Effectiveness of long-acting aripiprazole in schizoaffective disorders: A naturalistic longitudinal study



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Introduction Intramuscular paliperidone palmitate (PP) is a long-acting, atypical anti-psychotic for once monthly intramuscular (IM) administration in the treatment of patients with schizophrenia.

Objective To study the effectiveness (efficacy and quality of life) of ARP in the maintenance treatment of schizoaffective disorder.

Methods A non-randomized, prospective naturalistic study was performed in out-patients with schizoaffective disorder unsuccessfully treated with oral anti-psychotics. Efficacy of ARP over time was evaluated by using brief psychiatric rating scale (BPRS 24-items), quality of life was evaluated by using QL-Index, both at T0 and at most recent visit (T1). Data were analyzed with Student's *t*-tests and Pearson correlations (α value, two tailed). Paired *t*-test was applied for BPRS and for QL-Index total scores (T0–T1).

Results Data were available for 8 outpatients consecutively prescribed ARP and naturalistically treated attending at the psychiatric clinic, university of Sassari. Mean time on ARP treatment was 207.14 days (sd 137.2). BPRS mean total score at T0 was 57 (sd 13.2) and at T1 was 39.7 (sd 10.8). QL-Index mean total score was at T0 5.43 (sd 1.6) and at T1 7.14 (sd 2.7). Paired sample test showed a statistically significant difference in decreasing symptoms at BPRS over time ($P=0.001$) and QL-Index total score ($P=0.023$). The analyses showed a significant improving at the following BPRS sub-items: anxiety ($P=0.005$), mood elevation ($P=0.014$) conceptual disorganization ($P=0.048$), emotional withdrawal ($P=0.05$), tension ($P=0.02$) and distractibility ($P=0.03$).

Disclosure of interest The authors have not supplied their declaration of competing interest.

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EV1087

Successful treatment of OCD-bipolar co-morbidity with clozapine – aripiprazole combination



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Introduction Co-morbid obsessive-compulsive disorder (OCD) in bipolar disorder (BD) negatively affects clinical course and outcome, and considerably complicates its treatment.

Objective To show a therapeutic approach still rarely used in case of resistant bipolar disorder associated with OCD.

Methods Presentation of the clinical case of Mr. M.H., who is treated in our department since 2008 for OCD-bipolar co-morbidity, followed by a literature review.

Results Mr. M.H. is a 29-year-old male patient. He developed BD associated to OCD at age 20. In order to control bipolar symptoms, the patient received several trials of anti-psychotics combined with mood stabilizers with little improvement. Resistant BD was diagnosed, and clozapine 300 mg daily introduced, leading to significant improvement in bipolar symptoms but worsening in OC symptoms. Treatment of OCD with fluoxetine and with cognitive-behavioral therapy (CBT) was unsuccessful. Introduction of aripiprazole 20 mg daily led to decided improvement of OC-symptoms. After one year, clozapine was gradually tapered down to 150 mg daily without reappearance of bipolar symptoms but further improvement of OC-symptoms.

Conclusion Treatment of OCD-bipolar co-morbidity is difficult given the risk of manic switch with antidepressants and the risk of benzodiazepine dependence. CBT could represent an alternative, however, it did not show any efficacy in our patient. Worsening of OCD under clozapine is described in the literature. Adjunction of aripiprazole to clozapine seems an interesting therapeutic option: it diminishes OC symptoms without destabilizing the patient's mood state.

Disclosure of interest The authors have not supplied their declaration of competing interest.

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EV1088

Interactions between SSRI's and statins: Clinical relevance versus statistical significance



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Introduction Depression and hypercholesterolemia are two of the most commonly treated conditions in the developed countries, while the lipid-lowering agents and antidepressants are among the most widely prescribed drugs in the world. There is a common concern that selective serotonin reuptake inhibitors (SSRIs) can trigger statin adverse effects, especially myopathy. However, the supporting evidence originates from studies in-vitro and big epidemiological studies. Recent pharmacokinetic insights indicate that the magnitude of pharmacokinetic interaction between SSRIs and statins is likely to be below the threshold for clinical significance.

Objectives and aims Explorative study on pharmacokinetic effects of SSRIs on statin drugs.

Methods We performed a detailed literature review through PubMed, EMBASE and Cochran's Library to assess the clinical relevance of combined SSRIs and statin use. To address pharmacokinetic interactions between two drug groups, we focused on:

- cytochrome P450 enzyme metabolism of statins;
- CYP enzyme inhibition by SSRIs;
- SSRIs–statin drug interactions;
- non-CYP pharmacokinetic pathways.

Results With regard to pharmacokinetic drug interactions and the risk of statin related myopathy, escitalopram, citalopram, and paroxetine are to be safe in co-therapy with all statins. Rosuvastatin and pravastatin are almost certain to be safe in co-therapy with all

SSRIs. Fluoxetine and sertraline are also likely to be safe, even when combined with atorvastatin, simvastatin, and lovastatin.

Conclusion Though the absolute risk of concomitant use of SSRIs with statins seems to be negligible, even this risk can be minimized by using lower statin doses and monitoring the patient.

Disclosure of interest The authors have not supplied their declaration of competing interest.

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EV1089

Hyponatremia associated with selective serotonin-reuptake inhibitors



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Introduction Psychotropic agents have been implicated in the cause of hyponatremia, including the majority of selective serotonin reuptake inhibitors (SSRIs). The reported incidence of hyponatremia caused by SSRIs varies widely up to 40%. Important risk factors are older age and concomitant use of diuretics. Though there are numerous retrospective studies available, an update of current knowledge SSRI induced hyponatremia is warranted.

Objectives and aims To review the incidence, risk factors, mechanism, times of onset and resolution, and treatment of hyponatremia associated with selective serotonin-reuptake inhibitors (SSRIs).

Methods An English language literature search was conducted using Pubmed, EMBASE and Cochrane library (December 1980–December 2015) using the search terms selective serotonin-reuptake inhibitor, hyponatremia, syndrome of inappropriate secretion of antidiuretic hormone, citalopram, escitalopram, fluoxetine, fluvoxamine, paroxetine, and sertraline.

Results Numerous case reports, observational studies, and case-controlled studies, as well as one prospective clinical trial, have reported hyponatremia associated with SSRI use, with an incidence of 15%. Risk factors for the development of hyponatremia with SSRIs include older age, female gender, and concomitant use of diuretics, low body weight, and lower baseline serum sodium concentration. Predisposing factors, such as volume status, diuretic use, or concomitant use of other agents known to cause SIADH, may predispose to the development of hyponatremia. In published reports, hyponatremia developed within the first few weeks of treatment and resolved within 2 weeks after therapy was discontinued.

Conclusion Practitioners should be on the alert for this potentially life-threatening adverse event, especially in older adults.

Disclosure of interest The authors have not supplied their declaration of competing interest.

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EV1090

Drug safety warnings in psychiatry: Adverse drug reactions' signaling from 2002 to 2014



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Monitoring drug-related side effects in psychiatric patients is highly recommended. In fact, frequent exposure to long-term polypharmacotherapy, poor compliance to pharmacological treatment and co-morbidity with organic illnesses requiring the prescription of other drugs are causes of pharmacokinetic/pharmacodynamic interactions. These vulnerability factors result in a certain increase in ADRs (adverse drug reactions). This study performs an analysis of the Italian medicine agency (AIFA) data, in the section "signal analysis", to attempt an assessment of the safety warnings among the different psychotropic drug classes, belonging to the ATC class: N03 (anti-epileptics), N05 (anti-psychotics), N06 (psycho-analeptic drugs). Then we analyzed, in a descriptive way, the different association between the drug and the related ADR, evaluating the different safety profiles, in relation to experimental studies, supporting the importance of the signal. In the last years, among the new 25 ADRs, 10 were related to antidepressant drugs (8 SSRI, 1 mirtazapine, 1 agomelatine). In relation to anti-psychotic drugs, 6 new correlations were found between drug and ADR onset, mainly among atypical anti-psychotics. Other correlations (6 above all) were found among anti-epileptic drugs. Among benzodiazepines, a signal linked to rhabdomyolysis onset was found. It is also recommended an evaluation of safety profile in relation to zolpidem prescription. The results of our systematic review are a motivational input, considering the continuous increase of safety warnings, to attentively monitor drug's prescription. Spontaneous ADRs' signaling is a classical system to provide the required attention in relation to a potential risk.

Disclosure of interest The authors have not supplied their declaration of competing interest.

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EV1091

Protection of proteins and lipids of blood plasma by different lithium salts under ethanol-induced oxidative damage



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Introduction The creation of new lithium compounds with antioxidant activity is relevant problem for psychiatry. The aim of this work was study of the protective effect of lithium salts against ethanol-induced oxidative damage to proteins and lipids of human blood plasma in vitro.

Methods We used lithium ascorbate and lithium carbonate 0.6 mmol/L which correspond to the therapeutic dose (in terms of lithium ions). Antioxidant carnosine (β -Ala-L-His) was used as comparison drug. We used the blood of 12 healthy donors. The heparinized blood samples were incubated in presence of tested preparations for one hour at 37 °C. The final ethanol concentration in samples was 0.5%. Oxidative modification of proteins was determined as the level of carbonylated proteins with 2,4-dinitrophenylhydrazine, lipid peroxidation products—as the level of TBA-reactive products by spectrometry. Statistical analysis was performed with "Statistika 10" program.

Results The addition of ethanol in the blood led to a significant increase in carbonylated proteins and TBA-reactive products in the plasma (carbonylated proteins: without ethanol 0.26 ± 0.01 nmol/mg of protein; with ethanol 0.33 ± 0.02 nmol/mg; TBA-reactive products: without -3.2 ± 0.1 nmol/mL; with -4.0 ± 0.2 nmol/mL, $P < 0.05$). In the presence of carnosine such increase of oxidized products of biomolecules is not observed, i.e. carnosine had a protective effect against ethanol-induced oxidative

damage. Lithium ascorbate showed a protective effect like carnosine. Lithium carbonate revealed no detectable influence on biomolecules in the conditions of our experiment.

Conclusion Lithium ascorbate has a protective effect on blood plasma proteins and lipids under ethanol-induced oxidative damage of biomolecules.

Disclosure of interest The authors have not supplied their declaration of competing interest.

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EV1092

Drug prescriptions associated with long acting. Pharmacoeconomic aspects



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Introduction The polypharmacy is a very controversial subject; it brings together problems of interaction between drugs, side effects, and rationality of co-prescriptions, pharmacoeconomic aspects. The long acting is useful to solve adherence to treatment but they are often prescribed in polytherapy.

Method The aim of this studies is to compare long-acting haloperidol, fluphenazine, risperidone and paliperidone regard to prescribing associations and pharmacoeconomy. Also we want to consider for each long-acting which and how many drugs are associated and the implications in terms of pharmacoeconomics. We examined all prescriptions (126 patients) over a period of 12 months in a mental health center, identifying which long acting had the best pharmacoeconomic profile.

Results Despite being the less prescribed and not being associated with other psychiatric drugs, paliperidone palmitate shows the best pharmacoeconomic profile.

Conclusions The costs of a drug are in relationship not only with unit price but also with the question of safety in order to oppose the overmedication.

Disclosure of interest The authors have not supplied their declaration of competing interest.

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EV1093

Rasagiline and venlafaxine: The serotonin syndrome



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Rasagiline is a highly potent irreversible monoamine oxidase (MAO)-B inhibitor, antiparkinsonian drug that may be used with caution in patients treated with antidepressant drugs because of the possible appearance of severe adverse effects. It is presented the case report of a woman treated with rasagiline and venlafaxine that presents confusion and a serotonin syndrome. Pathogenesis, physiopathology and treatment are discussed. Growing evidence suggests that Parkinson disease and depression are linked. Antidepressant drugs and PD treatment should be used with caution because of possible drug interaction.

Disclosure of interest The authors have not supplied their declaration of competing interest.

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EV1094

A rare instance of tardive dyskinesia with SSRI use: A case study



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Introduction Case presentation of a middle aged lady Mrs. C.K., who developed tardive dyskinesia (TD) after a trial of an SSRI.

Case report A 49-year-old Australian aboriginal lady, presented with involuntary movement of her face (bucco-linguo masticatory), movements after a 3 months trial of sertraline (maximum dose of 100 mg daily) for her depressive illness. There was no history of trials with anti-psychotics or any other medications, which may have caused the oral dyskinesias. Routine examinations including cognitive testing, EEG and MRI revealed no pathological findings. Her sertraline was ceased and she was commenced on mirtazapine 15 mg at night, which was hiked to 30 mg after 1 week and continued on this dose over the next 3 months. She exhibited good improvement in her depressive symptoms and a significant attenuation of her TD's. Involuntary movement scale rating: she was rated on the abnormal involuntary movement scale (AIMS) and showed gradual improvement in the severity of her orofacial dyskinesic movement. Her scores were—initial presentation (scored 22/36); at 4 weeks (9/36); 8 weeks (6/36) and at 16 weeks (4/36).

Discussion Although TD's are seen in approximately 1 to 5% of mental health patients treated with anti-psychotics (and some other medications like Levodopa, Metochlorpromide, etc.), research studies on SSRI's causing TD's are rare and few (Leo et al., 1996; Gerber et al., 1998).

Conclusions To alert and educate clinicians about a relatively rare adverse-effect of SSRI producing an involuntary movement disorder.

Disclosure of interest

The author has not supplied his/her declaration of competing interest.

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EV1095

Sexual dysfunction associated with antidepressants and how to prevent it. Is vortioxetine effective?



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Introduction One of the most common, and many times hidden, secondary effects of antidepressant drugs use is sexual dysfunction (SD). It has been noted that as many as 20% of patients will discontinue treatment with an SSRI, with one-third of these patients doing so due to adverse reactions.

Methodology A review was conducted aiming to clarify the pathogenesis of sexual dysfunction in depressed patients or taking antidepressants and how to prevent and manage it. The literature search was conducted in PubMed data reviewing articles dating between 2015 and 2016.

Results (1) the sexual response cycle is negatively affected in individuals suffering from major depressive disorder, even before initiation of any psychotropic medication. The serotonergic system plays a largely inhibitory role on sexual desire, orgasm, and ejaculation with involvement of the hippocampus and amygdala. Tricyclic antidepressants increase the level of prolactin and indirectly suppress the level of testosterone. (2) Bupropion and vortioxetine are the only antidepressants that have level 1 evidence supporting that

they either have a more favorable SD profile. (3) SD with vortioxetine was not statistically higher when compared with placebo, and was statistically lower compared with other SSRIs or SNRIs. (4) There is evidence that antidepressants that are also 5-HT1A receptor agonists (e.g. vortioxetine and vilazodone) may facilitate sexual performance.

Conclusions In case of SD pharmacologic and non-pharmacologic options are available. Vortioxetine seems to be a good pharmacologic option, with better NNH than SNRI and less SD.

Disclosure of interest The authors have not supplied their declaration of competing interest.

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EV1096

Aripiprazole once monthly outpatient experience



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Introduction Aripiprazole once monthly (AOM) is one of the most recently introduced antipsychotics with a different mechanism of action, which seems to bring clinical and tolerability implications [1].

Objectives We describe the patient profile that may benefit from AOM treatment.

Methods This is a single-centre, retrospective, one year follow-up study of 13 cases of ambulatory AOM use. We analyze clinical and functional evolution, and the tolerability profile of patients in a real clinical practice basis.

Results Mean age was 53.69; 53.8% were males and 46.2% females. The most frequent diagnosis was Schizophrenia and other chronic psychosis (69.3%). Only 7.7% had co-morbidity with substance use disorder (cocaine); 61.6% were on previous treatment with other injectable anti-psychotics; 84.6% of the sample received AOM as monotherapy. Reasons for switching to AOM are shown on Fig. 1. Events during switching are shown on Fig. 2. Outcomes with AOM long-term treatment were positive in 84.61% of cases and are shown on Fig. 3.

Conclusions Switching to AOM could be considered as a good strategy to improve tolerability, functionality and ultimately adherence to treatment in patients in middle age of life with a chronic psychotic disorder [2].

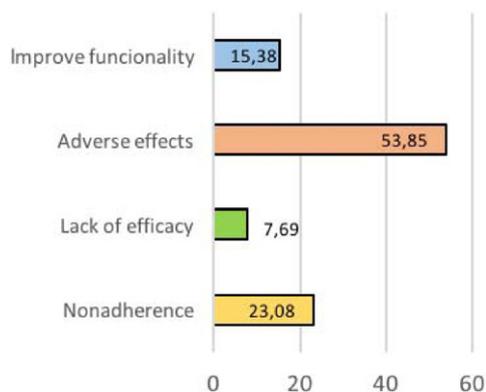
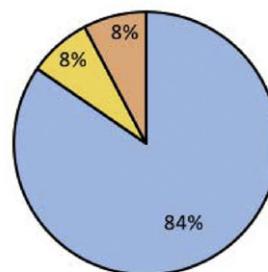


Fig. 1 Reasons for switching.



None Withdrawal Hospitalization

Fig. 2 Events during switching.

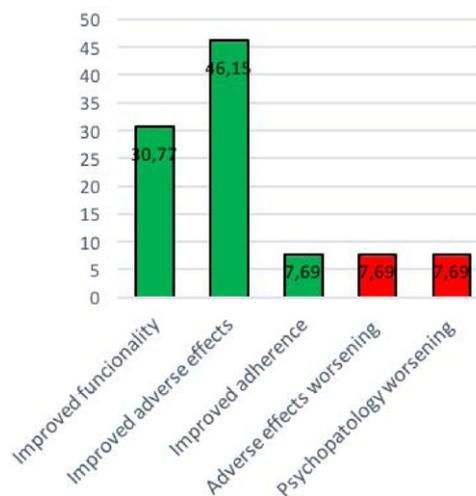


Fig. 3 Outcomes with AOM.

Disclosure of interest The authors have not supplied their declaration of competing interest.

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EV1097

Clinical vignette – Aripiprazol long acting injection monotherapy as long-term treatment for bipolar disease



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Introduction Over the last decade a number of effective maintenance treatments for bipolar disorder (BPD) have been developed. Lithium remains the best-established option, but valproic acid, lamotrigine, olanzapine, and quetiapine are also effective maintenance drugs. However, oral administration contributes to lower adherence rates with these drugs. In the United States and Europe,

aripiprazole is approved for the acute management of manic and mixed episodes and maintenance in BPD. It presents the advantage of a low risk of metabolic side effects, sexual dysfunction, and sedation, which can facilitate treatment adherence and help improve clinical outcomes.

Objectives The authors present an illustrative case on which aripiprazol long acting injection monotherapy was effective as maintenance treatment in a patient with long history of BPD with several hospital inpatient admissions and very poor therapeutic adherence.

Methods Case report based on the patient's file. Narrative review of articles available in PubMed about the use of aripiprazol in BPD.
Results For this patient, aripiprazol long acting injection has proved to be an excellent choice for long-term treatment of BPD. The once-a-month injection promotes therapeutic adherence, which in this case was combined with involuntary outpatient treatment, ensuring therapeutic compliance.

Conclusions Aripiprazol has been shown to be safe and effective in the maintenance treatment in BPD. It shows similar efficacy and a superior tolerability profile when compared with other well-established treatments. Further studies are needed, warranted by its potential advantages, particularly on patients with poor insight and adherence.

Disclosure of interest The authors have not supplied their declaration of competing interest.

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EV1098

Treating bipolar disorder in pregnancy

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Introduction Bipolar disorder is a chronic psychiatric illnesses characterized by alternating episodes of mania/hypomania and major depression, or with mixed features. Acute exacerbations and maintenance treatment with appropriate pharmacotherapy are mandatory. Long-term treatment with mood-stabilizing medications is typically required. The incidence of bipolar disorders in women during the primary reproductive years is very high, and the episodes of mania or depression are thought to occur in an estimated 25%–30% of women with bipolar disorder during pregnancy.
Objectives Provide a clinically focused review of the available information on the effectiveness and safety of the different pharmacotherapies in the treatment of bipolar disorder during pregnancy.
Methods A bibliographic review is made of the pregnancy in bipolar disorder, based on the data published in PubMed.

Results Clinical decision making about the use of mood stabilizers and atypical anti-psychotics by pregnant women can be conceptualized as balancing the competing risks imposed by withholding or stopping pharmacotherapeutic treatment against that of continuing or initiating pharmacotherapy during pregnancy. Some of the most effective pharmacotherapies have been associated with the occurrence of congenital malformations or other adverse neonatal effects in offspring. There is few information about the safety profile and clinical effectiveness of atypical anti-psychotic drugs when used to treat bipolar disorder during pregnancy.
Conclusions Treating women with bipolar disorders during pregnancy is a challenge. There are no uniformly effective or risk-free treatment options. Fully informed decision-making requires the review of the risks of both untreated maternal bipolar disorder and risks associated with potentials interventions.
Disclosure of interest The authors have not supplied their declaration of competing interest.

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EV1099

A case report of an acute confusional state related with perampanel

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Introduction Perampanel (PER) is a new selective, non-competitive AMPA glutamate receptor antagonist. PER is generally well tolerated, with dizziness, somnolence, headache, and fatigue as the most common treatment-emergent adverse events, however neuropsychiatric adverse reactions; particularly irritability and aggressiveness can be expected.

Objective We describe a patient who developed and acute confusional state presumably related to treatment with PER.

Aims At the conclusion, the participants should be able to remember that PER is associated with psychiatric side effects.

Methods Collect the data of the clinical history of the patient, who was admitted in the acute psychiatry ward of our hospital.

Results A 32-year-old woman diagnosed with pharmacoresistant juvenile myoclonic epilepsy, was referred to the emergency department because of severe behavioral disturbances, insomnia, irritability and aggressivity after increasing the dose of PER from 6 to 12 mg. Physical exploration, drug screen and blood tests were all normal. No abnormalities were found in CT, EEG and MRI, and then she was referred to psychiatric ward. At her admission, she presented fluctuations of her mental state and level of consciousness. She was diagnosed with acute confusional syndrome induced by PER, and consequently PER was stopped and risperidone was initiated. In the 4th week symptomatology remitted.

Conclusion Anti-epileptic drug's (AEDs) are associated with psychiatric side effects. Patients with epilepsy have higher risk develop psychiatric symptoms and behavioral disturbances. There is evidence to suggest that AMPA receptors are involved in the pathogenesis of psychiatric conditions. Such mechanisms could be responsible of the psychiatric symptoms observed. Neuropsychological profiles of AEDs are important considerations for treatment selection, particularly in children and adolescents.

Disclosure of interest The authors have not supplied their declaration of competing interest.

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EV1100

A retrospective study of drug – drug interactions in patients treated with pharmacotherapy in the biggest Slovenian correctional facility

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Background Drug-drug interactions (DDIs) are known to lead to treatment failure.

Objectives In most European countries there are no data on DDIs in patients within correctional facilities.

Aim The main aim of this paper is to present the most frequent DDIs in the biggest Slovenian male, Slovenian correctional facility Dob to avoid serious DDIs in future.

Methods A retrospective study was carried between September 2015 and June 2016 on 141 patients on substitution treatment (methadone, suboxone and buprenorphine) and 125 other prisoners with mental disorders in need for psychiatric treatment were



included. All study data were extracted from the patients' medical files of the psychiatric dispensary in the prison Dob. DDIs were determined by different interaction classes with Lexicomp Online™ 19.0 version and only X (major interactions and should be avoided) and D (minor interactions and avoid if it is possible) were included.

Results Together 220 patients were included. Number of patients with at least 1 interaction, were 139 (63.2%). Number of patients with at least 1 X interaction, were 59 (26.8%). Number of patients with more than one (1) X interactions was 15 (6.8%). More than half of the patients (56.4%) were treated by hypnotics and 38.4% with benzodiazepines. The most frequent X DDIs were: buprenorphine, methadone and sulpride with antipsychotics (clozapine and quetiapine) and antidepressants (e.g. escitalopram, fluoxetine).

Conclusions In patients treated with methadone and buprenorphine there are frequent DDIs resulting in contraindications for prescribed combination of drugs. If an antidepressant is to be used in patients prescribed methadone and buprenorphine, sertraline is recommended.

Disclosure of interest The authors have not supplied their declaration of competing interest.

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EV1101

Changes in the trend of anti-psychotics prescription in elderly patients in a general hospital in Singapore 2005–2013

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Objectives This was a descriptive study of the prescription trend of anti-psychotics for elderly patients in a general hospital in Singapore.

Methods Elderly patients aged >65 who received at least 1 prescription of anti-psychotics during 2005, 2007, 2009, 2011 and 2013 in Tan Tock Seng Hospital, Singapore, were selected. Data was obtained from the hospital computerized prescription records.

Results The total number of elderly patients who received anti-psychotics increased from 865 in 2005 to 1990 in 2013. Following the official warning issued by the health sciences authority in 2004 regarding the increased risks of cerebrovascular events in elderly patients taking olanzapine and risperidone, prescriptions for risperidone reduced between 2005 to 2013 (20.74% vs. 11.79%, 95% CI: 0.07–0.10, $P < 0.0001$). However, the percentage of prescriptions of other atypical anti-psychotics such as quetiapine increased from 27.47% to 58.48% (95% CI: 0.29–0.33, $P < 0.0001$), in 2005 and 2013 respectively, and prescriptions for olanzapine remained relatively stable at 6.65% in 2005 and 8.94% in 2013 ($P > 0.05$). With the black box warnings extended to typical anti-psychotics 3 years later, the percentage of prescriptions of typical anti-psychotics decreased between 2005 to 2013, e.g. haloperidol (33.19% vs. 13.39%, 95% CI: 0.17–0.22; $P < 0.0001$), sulpiride (6.58% vs. 2.83%, 95% CI: 0.03–0.05, $P < 0.0001$) and chlorpromazine (3.85% vs. 1.85%, 95% CI: 0.01–0.03, $P < 0.0001$).

Conclusions After the first safety warning the percentage of prescriptions for risperidone dropped significantly, and there was a significant increase for quetiapine. The percentage of haloperidol, sulpiride and chlorpromazine prescriptions declined after both warnings. Anti-psychotics use in the elderly continues to be prevalent.

Disclosure of interest The authors have not supplied their declaration of competing interest.

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EV1102

Psychiatrists' opinions on long-acting anti-psychotics drugs: Perceived differences and identification of the ideal patient for each of these medications



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Introduction Long-acting anti-psychotic drugs (LAI) are increasingly used in clinical practice, owing to their ability to improve adherence.

Objectives and aims To understand the variables that inform treatment choice, within the LAI anti-psychotics, in the daily clinical practice.

Methods Fifteen attending psychiatrists from the university clinic of Siena and the community mental health service USL 7 Siena and Val d'Elsa were asked to answer a questionnaire comprising 4 questions, and asking for their clinical experience regarding olanzapine, risperidone, haloperidol, zuclopentixol, paliperidone and aripiprazole LAIs.

In particular, they were asked to indicate:

- which LAI has been their mostly used;
- what have been the most relevant side effects;
- an efficacy score ranging from 0 to 5;
- who the ideal patient for each of these medications could be.

The answers were statistically assessed and the final results described as a percentage of the total.

Results The results are shown by the Tables 1 and 2.

Conclusions LAI are still heterogeneously used in the daily clinical practice: their actual use depends on the individual experience with a specific drug as well as on their costs and the availability of resources within the medical service. The most used LAI resulted to be risperidone, although haloperidol LAI is still considered to be the most effective one. Those psychiatrists interviewed had an overall good opinion about the most recent LAI such as paliperidone and aripiprazole. This is due to their good tolerability, which allows them to be administered more safely to the youngest, in order to preserve their good functioning.

Table 1

LAI	% of psychiatrists who said it is the most used	Most relevant side effects	Efficacy score
Olanzapine		Metabolic syndrome (100%)	3,85/5
Risperidone	53,3%	Prolactin increase (100%)	3,93/5
Aripiprazole	20%	<ul style="list-style-type: none"> • no side effects (60%), • akathisia (40%) 	3,26/5
Zuclopentixol		<ul style="list-style-type: none"> • sedation (60%), • extrapyramidal (40%) 	3,4/5
Haloperidol		EPS (100%)	4,13/5
Paliperidone	20%	<ul style="list-style-type: none"> • no side effects (60%) • prolactin increase (40%) 	3,8/5

Table 2

	Ideal Patient	If there are positive symptoms	If there are negative symptoms	If there is relevant organic comorbidity	If young age	If substance abuse	If aggressive
Olanzapine	Schizophrenia, with anxiety agitation and insomnia	60%	14%	7%	21%	7%	60%
Risperidone	Schizophrenia with severe positive symptoms (delusions, hallucinations) and isolated affective symptoms, who could take oral supplementation with Risperdal for 15 days	92%	60%	40%	50%	60%	85%
Haloperidol	Schizophrenia with positive symptoms without affective symptoms	100%	7%	14%	20%	6%	100%
Zuchlopentixol	Psychosis with psychomotor agitation	80%	42%	50%	30%	50%	90%
Aripiprazole	Schizophrenia with obsessive symptoms or comorbidity with Bipolar Disorder or personality cluster b symptoms	42%	85%	85%	85%	85%	0%
Paliperidon	Schizophrenia with severe positive symptoms (delusions, hallucinations)	80%	65%	71%	85%	85%	50%

Disclosure of interest The authors have not supplied their declaration of competing interest.

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EV1103

Genital cenestopathy in psychotic depression responds to augmentation with aripiprazole and pregabalin: A case report

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Introduction Psychotic depression is a well-known entity, with recent data confirming the use of antidepressant and anti-psychotic co-treatment. Psychotic symptoms can be mood incongruent and present further difficulties for treatment.

Case summary A 51-year-old female presented to our hospital, with symptoms of genital cramping, paresthesiae, feelings of unease in the vulva and depressive mood. In December 2014, the patient was diagnosed with genital polyps, which were successfully removed by curettage. The patient continued feeling various genital symptoms, which she associated with social and family stressors. After short initial outpatient treatment, the patient was admitted to our ward for complete assessment. Psychological assessment revealed psychotic elements, high anxiety and

a passive aggressive personality. Abdominal ultrasound, lumbal spine radiography, psychiatrist exam and computerized tomography of the brain showed no abnormalities. The patient was diagnosed with psychotic depression and referred to further outpatient treatment. Her drug regimen consisted of venlafaxine, risperidone, clonazepam and carbamazepine, which led to slight initial improvement. However, the patient still referred persistent symptoms as well as sedation as an adverse effect, so risperidone was switched to aripiprazole, and carbamazepine to pregabalin. The initiation of this treatment has led to complete withdrawal of symptoms and the patient has since maintained stable remission.

Conclusion Aripiprazole is well suited to the female population because of its lack of hyperprolactinemia, and its combination with pregabalin may be an option for augmenting treatment in psychotic depression with cenestopathy.

Disclosure of interest The authors have not supplied their declaration of competing interest.

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EV1104

Hyperprolactinemia and anti-psychotics: Prevalence and risk factors



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Introduction Hyperprolactinemia is a frequent side effect observed in patients treated with anti-psychotic drugs. The frequency of clinical signs usually correlates with elevated serum prolactin levels.

Objectives To estimate the prevalence of hyperprolactinemia among patients treated with a single anti-psychotic and specify the risk factors for its occurrence.

Methods Cross-sectional study performed in a period of 6 months in the psychiatric department of Mahdia's hospital, for all patients seen in the consultation and treated with a single anti-psychotic for 12 weeks, with a stable dose, and meeting the inclusion and exclusion criteria of the study. Prolactin blood tests have been performed and confirmed by a second one in case of abnormality objectified in the first lab test results. A magnetic resonance imaging (MRI) was intended for patients with prolactin levels greater than 150 ng/mL.

Results Ninety-two patients were gathered. Prevalence of hyperprolactinemia was 34.8% of which 7.6% had prolactin levels greater than 150 ng/mL. Two macroadenomas' cases were detected. The analytical study found 7 factors significantly correlated with hyperprolactinemia, which are: female sex, substance use, the presence of side effects, prescription of atypical anti-psychotics, the anti-psychotic treatment prescribed: haloperidol/amisulpride, doses of anti-psychotic greater than 1000 mg equivalent to chlorpromazine and the combination of psychotropic drugs.

Conclusion Prolactin blood test should be a systematical analysis for all patients treated with anti-psychotics, to prevent the short and long term side effects.

Disclosure of interest The authors have not supplied their declaration of competing interest.

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EV1105

Clozapine treatment of adolescent refractory emergent emotionally unstable personality disorder: Challenges in diagnostics and therapeutics



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Despite recent advances precision diagnostic criteria on how best to diagnose and treat EUPD remains debated. Therapeutic indication and appropriate use of anti-psychotics including clozapine in this patient group remains unclear. It is debated about personality disorder being diagnosed in children and adolescents, overall it is much more acceptable for adolescents to be given a diagnosis of 'emerging' personality disorder if they exhibit clinical features of such. Clozapine has been used (as an off-license treatment) in adults diagnosed with personality disorder improving psychopathology and quality of life. These patients have been tried on numerous other treatments. In a secure unit for adolescent girls who meet the criteria for a diagnosis of emergent personality disorder who posed serious risks to themselves and others three were given a trial of clozapine The off license use of clozapine was tried in all three patients showed a reduction in incidents, reduced need for polypharmacy and improvement in their qualities of life. One cannot account for these changes being the result of clozapine alone; however, these cases add to the growing body of evidence of the benefits of clozapine in patients with emergent personality disorder.

Disclosure of interest The authors have not supplied their declaration of competing interest.

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e-Poster Viewing: Psychophysiology

EV1106

Use of eye-tracker device to detect attention deficits in adults with ADHD



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Introduction Adult patients with ADHD may go unrecognized. This can result in psychosocial and functional decline.

Objectives To investigate the use of objective testing, with an eye-tracker device in the diagnosis of adult patients with ADHD.

Methods Case control study. Inclusion criteria were aged 18–65, minimum 5 years of education and literate in English. Exclusion criteria were visual impairment, amnesia and learning difficulties. ADHD was diagnosed with Conners' adult ADHD diagnostic interview (group A, $n=15$) and were matched for gender and age against normal controls (group B, $n=33$). Participants completed four computer-based tasks while their eye movements were recorded. The tests included (i) Stroop effect test, (ii) Stroop effect test with visual aid, (iii) perceptual selectivity test and (iv) Saccadic interference. accuracy (%) and response time (msec) for tests (i–iii) measured while for test (iv), saccade count, average saccade amplitude and average fixation duration.

Results Stroop test accuracy showed a statistically significant difference between group A and group B ($P=0.004$). Stroop response time also showed a statistically significant difference between the two groups ($t=3.228$, $df: 46$, $P=0.001$). For test (ii), there was a significant difference for response time ($t=2.326$, $df: 46$, $P=0.024$) but not for accuracy. For test (iii), the results were statistically significant for accuracy; ($t=2.682$, $df: 46$, $P=0.010$) and for response time ($t=4.028$, $df: 46$, $P=0.001$). There were no significant differences in the saccadic interference test.

Conclusion Adults with ADHD have a longer response time and perform less accurately than controls. Thus, these data demonstrate that there is a use for objective tests (tests i–iii) in the diagnosis of adult ADHD.

Disclosure of interest The authors have not supplied their declaration of competing interest.

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EV1107

Trauma-related dissociation: Psychological features and psycho-physiological responses to script-driven imagery in borderline personality disorder



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Background Defense reactions to threatening situations are vital adaptations to stress that protect organisms from injury and ensure survival. We retrospectively investigated the role of peritraumatic dissociation (PD) in the occurrence of severe psychopathology and dissociative patterns of reactions in borderline personality disorder (BPD).

Methods We recruited 28 patients with a clinical diagnosis of BPD and 15 healthy controls. The BPD group was divided according to the level of PD (low vs. high): BPD and PD ($n=15$) and BPD only ($n=13$). We conducted an extensive investigation of history of trauma, clinical status, and measurements of emotional and physiologic responses to recall of personalized aversive experiences.

Results Participants with BPD and high PD displayed highest degrees of trauma exposure and clinical symptoms. Their significant heart rate decline during the imagery of personal traumatic events was opposed to the heart rate increases exhibited by the other two groups and may indicate a dissociative reaction pattern. Skin conductance responses did not differentiate between groups. Several emotional responses to imagery provided also support of the idea that PD may play a role in memory processing of traumatic events and thus in the aggravation and maintenance of symptoms in particularly severe forms of BPD.

Disclosure of interest The authors have not supplied their declaration of competing interest.

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EV1108

Smooth pursuit eye movements in psychiatric inpatients



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Introduction Eye movements are used in several studies as a biomarker in order to evaluate cortical alterations in psychiatric disorders. Pursuit eye movements' deficits were found both in

schizophrenia and in affective disorder patients. Nevertheless, these findings are still controversial.

Objectives Set up a system to record and evaluate the eye movements in psychiatric patients.

Aims To verify the applicability of a smooth pursuit task in a sample of psychiatric inpatients and to prove its efficiency in discriminating patient and control group performance.

Methods A sample of psychiatric inpatients was tested at psychiatric service of diagnosis and care of AUSL Romagna-Cesena. Eye movement measures were collected at a sampling rate of 60 Hz using the eye tribe tracker, a bar plugged into a PC, placed below the screen and containing both webcam and infrared illumination. Subjects underwent to a smooth pursuit eye movement task. They had to visually follow a white dot target moving horizontally on a black background with a sinusoidal velocity. At the end of the task, a chart of the eye movements done is shown on the screen. Data are off-line analyzed to calculate several eye movement parameters: gain, eye movement delay with respect to the movement of the target, maximum speed and number of saccades exhibited during pursuit.

Results Patients compared to controls showed higher delay and lower gain values.

Conclusions Findings confirm the adequacy of this method in order to detect eye movement differences between psychiatric patients and controls in a smooth pursuit task.

Disclosure of interest The authors have not supplied their declaration of competing interest.

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EV1109

Affective disorders, psychosis and lipid levels: Is there a connection? Linking psychopathology, clinical exams and neurobiology



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Introduction Published research regarding the relationship between lipid levels in affective disorders has been contradictory. Additionally, most studies correlating psychosis to lipid serum concentrations only concern schizophrenic patients.

Objective To access the relationship between serum lipid levels with the diagnosis and pathophysiology of affective disorders.

Methods Diagnostic data (ICD-10: F31–32), including mood and psychotic features, were prospectively collected for all patients admitted at the affective disorder ward at Centro Hospitalar Psiquiátrico de Lisboa (Portugal), during the third trimester of 2016. Serum concentrations of triglycerides and total/HDL/LDL cholesterol were evaluated using standard laboratory tests. Statistical analysis was performed for possible correlations between serum lipid levels and:

- different stages of bipolar disorder (BD);
- elevated versus depressive mood (unipolar and bipolar);
- depressive mood (BD versus non-BD);
- psychotic features.

Results Sixty-three patients admitted were enrolled in this study: 47 presented with BD (32 manic, 10 depressives and 5 mixed episodes) and 16 presented depressive disorders. Statistical analysis (R software) revealed that depressed bipolar patients had significantly higher triglyceride ($P=0.026$), total and LDL cholesterol ($P=0.525$) levels than other states; mixed episodes presented higher HDL levels ($P=0.542$). Although not significant, manic patients' HDL levels were consistently elevated compared

to depressive ones, whom presented with lower values overall. Finally, when adjusted for age, psychotic patients showed lower levels of total ($P=0.031$) and LDL cholesterol ($P=0.052$) compared to non-psychotic patients.

Conclusions There is a potential link between serum lipid levels and diagnosis/psychopathology of affective disorders. Further research is needed to characterize its pathophysiological relevance.

Disclosure of interest The authors have not supplied their declaration of competing interest.

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EV1110

Coping, schemas and cardiovascular risks – Study protocol



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Introduction According indicators from the OECD in 2015, cardiovascular diseases remain the main cause of mortality in most OECD countries. But main risk factor, as smoking, obesity, hypertension or physical activity do not explain that Slovak republic was the worst from OECD countries with number 404 age-standardized rates per 100,000 population.

Objectives Determine which psychological, psycho-physiological and anthropometrics factors are at risk of cardiovascular diseases: **Aim** The aim is to determine, which risk psychological, psycho-physiological and anthropometrics markers are remarkable in time, when individual subjectively perceives himself as health. Based on the analysis of these correlates will be identified predictors, mediators and moderators of the cardiovascular diseases from the area of psychological variables, which accentuates the clinical picture of a patient with cardiovascular disease. Another aim is to identify specific risk factors for target advice on a lifestyle modification and creation of an interdisciplinary methodology for the prevention of cardiovascular diseases.

Methods Project is aimed to clarify the relation between psychological factors (measuring by personal inventories as temperament predispositions, maladaptive schemes, coping, personality characteristics), balance of autonomic nervous system (by measuring HRV, skin conductance, muscle tension, respiration, and surface temperature), anthropometrics characteristics (BMI, weight, height) with potential symptoms of cardiovascular diseases confirmed in cardiac evaluation (12-lead ECG), blood pressure, examination of pulse wave, and data of arteriographic examination.

Conclusions The results of the study can help to the better understanding of the interface between psychological factors and cardiovascular problems, which help to find new diagnostic, preventive and treatment approaches.

Disclosure of interest The authors have not supplied their declaration of competing interest.

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EV1111

Benefits of the functional ensemble of temperament framework in assessment of mental disorders: Examples



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Introduction An integration between psychiatry, neurochemistry and differential psychology gives an evidence-based framework for the diagnosis of mental illness rooted both in modern neurophysiology and clinical observations.

Objectives To investigate whether, a neurochemical model of temperament might (FET) provide a better discrimination between major depression (MD), anxiety (GAD), co-morbid depression and anxiety and delusional disorders than existing emotionality-based temperament models.

Methods Three studies compared the profiles on temperament and personality disorder inventories in patients who were diagnosed and treated for named disorders across four adult age groups (17–24, 25–45, 46–65, 66–84).

Results The FET distinguished between MD and GAD in line with the DSM descriptors and showed significant differences for the traits of motor endurance and motor tempo (much lower values in MD), and neuroticism (much higher value in GAD). The results showed benefits of differentiation between physical and social types of fatigue as a symptom of MD and that high impulsivity and low plasticity can be also considered symptoms differentiating between mental disorders. Moreover, high sociability appeared as a symptom associated with high dominance–mania tendencies. The FET framework appeared to be sensitive to age and sex differences: higher anxiety and anti-social symptoms appeared to be more prominent in the younger age (unlike depression symptoms), and declined with age.

Conclusions This study suggest the utility of using a functional approach to both taxonomy of temperament and classification of mental disorders and the benefits of systemic differentiating between 12 functional aspects of behavior, with special attention to non-emotionality-related aspects of behavior.

Disclosure of interest The author has not supplied his/her declaration of competing interest.

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EV1112

Self-transcendence and excessive TV commercial viewing in senior pupils



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Self-transcendence is an important component of mental health and emotional well-being, and associates with everyday stress. The aim of this study was to reveal the relationships between excessive TV commercial viewing and self-transcendence. Forty-two healthy senior pupils aged 14–17 years participated in the study. We used the temperament and character inventory by cloning, cloning tridimensional personality questionnaire, the school anxiety test by Philips, Maddi Hardiness survey, and the emotional intelligence self-evaluation by Hall. We found that excessive TV commercial viewing has been linked to self-transcendence, which directly correlates with empathy and school anxiety. There was an inverse correlation between self-transcendence and self-directedness. We also found interrelations between self-transcendence and reward dependence, mediated by the noradrenergic brain system. We argue that the propensity for watching TV commercials and self-transcendence may determine the activity of monoaminergic brain systems along with the constitutional traits and personality characteristics.

Disclosure of interest The authors have not supplied their declaration of competing interest.

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EV1113

Association of behavioral “Theory of Mind” Test performance with neurophysiological and vegetative parameters in schizophrenia patients and healthy subjects



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Introduction Theory of Mind (ToM) deficit is investigated by psychological and neurobiological methods using a range of social cognitive tests, including the verbal test Hinting Task. However, it remains unclear whether there is a connection between ToM results and the physiological characteristics in norm and in pathology.

Objectives We performed the comparison of Hinting Task performance in patients with schizophrenia and healthy subjects; analysis of correlations between Hinting Task performance with physiological parameters; discriminant analysis in order to classify subject groups according to predictors, including psychological and physiological parameters.

Methods We measured Hinting Task, spectral power of the EEG mu-rhythm (SP) and heart rate (HR) at rest and during a motion imagery task in 114 right-handed subjects, 1st episode patients with schizophrenia (SCH1) $n=29$, chronically ill patients with schizophrenia, duration of illness more than 5 years, (SCH2) $n=23$, and healthy subjects (HC) $n=62$.

Results Hinting Task rate: $HC > SCH2$ ($P < 0.01$), $HC \geq SCH1$ ($P = 0.07$), $SCH1 = SCH2$ ($P = 0.3$). Only SCH1 Hinting Task score was associated with a complex of physiological parameters in the resting state [Multiple $R = 0.78$, $F(3.25) = 13.31$, $P < 0.0001$]. Discriminant function analysis of HC and the combined SCH group [$F(7.106) = 7.078$, $P < 0.0000$]. The samples were classified at 89% and 71%, respectively, including HR ($P < 0.000001$), SP in the resting state in C4 ($P < 0.001$), C3 ($P < 0.01$), SP changes in C3 ($P < 0.05$) and Hinting Task ($P = 0.2$).

Conclusions Hinting Task Hinting Task is a part of classification model of norm and schizophrenia. Patients with first episode and chronically ill patients with schizophrenia do not differ in the studied parameters.

Disclosure of interest The authors have not supplied their declaration of competing interest.

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e-Poster Viewing: Psychosurgery and stimulation methods (ECT, TMS, VNS, DBS)

EV1114

The legacy of Walter Jackson Freeman II (1896–1972): The lobotomist



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Introduction Walter Jackson Freeman II was born the grandchild of William Williams Keen, one of world's most renowned surgeons from Philadelphia and the son of an otorhinolaryngist, which may have been contributed to his interest in medicine. Freeman started his medical career in a psychiatric hospital and over the years, he operated thousands of patients. He was a protagonist in American psychosurgery and therefore, he often has been referred as the "lobotomist".

Objectives To present the scientific papers of Walter Jackson Freeman on psychosurgery.

Aims To review available literature and to show evidence that Freeman made a significant though controversial contribution to the development of psychosurgery.

Methods A biography is presented and discussed followed by a literature review.

Results In this whole career, "the lobotomist" operated more than 3500 patients and performed mainly operations on the frontal areas. However, he operated human brains without due regard for his patient's mental abilities and emotional well-being after their lobotomy. Despite his work was praised, there was also a lot of criticism on his methods.

Conclusion Despite the dubious reputation, Freeman can be remembered as an ambitious doctor who made a significant contribution to the development of psychosurgery. However, unfortunately he crossed medical and legal boundaries.

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EV1115

A systematic review of transcranial magnetic stimulation use for treating autistic spectrum disorders: Preliminary results



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Autistic spectrum disorders (ASD) are a group of neurodevelopmental disorders that manifest as deficits in social communication and interaction, and restricted, repetitive behaviors and interests. ASD affect at least 1% of the population and are associated with lifelong disability and early death. There are no effective biological treatments for ASD, although non-invasive neuromodulation has sparked great interest as a possibly useful therapeutic approach. Here, we present preliminary results of a systematic review on the effectiveness of transcranial magnetic stimulation (TMS) in ASD treatment. Using appropriate syntax we searched Pubmed, Web of Science, Science Direct, and Educational Resources Information Clearinghouse. Following standard PRISMA statement (Preferred Reporting Items for Systematic Reviews and Meta-analyses) procedures, we selected 12 eligible studies, comprising four controlled and four uncontrolled trials on the effects of TMS on ASD core symptoms, and 9 controlled and three uncontrolled trials on TMS effects on cognitive performance in ASD. The 12 studies totaled 233 subjects. Although combined effect sizes favor TMS in all four groups of studies, conclusions are limited by the high study heterogeneity. Furthermore, only three of the controlled studies used sham TMS as the control intervention, and only two studies followed up the therapeutic effects after the last TMS session. Side effects, none of them serious, occurred in 6.4% of treated subjects. Our main conclusion is that there is currently little evidence that sustains the commercial offer of TMS for treating ASD. Better-designed studies are badly needed to fully elucidate the role of TMS in the treatment of ASD.

Disclosure of interest The authors have not supplied their declaration of competing interest.

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EV1116

Place of electroconvulsive therapy in the treatment of depression in France: A comparative study between clinical practice and international recommendations



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Objectives To study the place of electroconvulsive therapy (ECT) in the treatment of major depressive disorder in France and compare it with international recommendations and algorithms.

Method Multicenter, retrospective study in 12 French university hospitals. Diagnosis, delay between the onset of the episode and the first day of ECT, previous treatments have been identified. Only patients treated for major depressive disorder between 1 January 2009 and 1 January 2014 were included.

Results A total of 754 patients were included (middle age 61.07 years, sex ratio 0.53). The diagnoses listed were: first major depressive episode (14.95%), bipolar depression (38.85%) and unipolar recurrent depression (46.19%). The delay before ECT, was 11.01 months (13,98), and was significantly longer for first episodes (16.45 months, $P < 0.001$) and shorter in case of psychotic symptoms (8.76 months, $P < 0.03$) and catatonic symptoms (6.70, $P < 0.01$).

Conclusions The delay before ECT appears on average, four times longer than recommended by treatment algorithms for the management of major depressive disorder. This long delay could be explained by a very heterogeneous access to this treatment in French territory.

Disclosure of interest The authors have not supplied their declaration of competing interest.

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EV1117

A tribute to Jose M.R. Delgado (1915–2011): The pioneer of electric brain-stimulation



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Introduction José Manuel Rodríguez Delgado (1915–2011), a Spanish physiologist, was among the first scientist to perform electric brain stimulation in both animals and humans. His work on brain-stimulation research during the 1960s and 1970s was innovative but also controversial.

Objectives To present the scientific papers of Jose Delgado on psychosurgery.

Aims To review available literature and to show evidence that Jose Delgado made a significant contribution to the development of psychosurgery.

Methods A biography and private papers are presented and discussed followed by a literature review.

Results Delgado showed that with electrical brain stimulation one could evoke well-organized complex behavior in primates. A rhesus monkey was stimulated with an electrode implanted inside the red nucleus, followed by a complex sequence of events. After stimulation of an area three millimeters from the red nucleus, the rhesus monkey just yawned. Delgado also investigated the mechanisms of aggressive behavior in other animals. Stimulation of the caudate nucleus by remote control in a fighting bully resulted in sudden paralysis. In some human patients suffering from depression, euphoria was induced after stimulation of the septum.

Conclusion Delgado pioneered the brain electrode implantation in order to electrically stimulate specific brain areas for treatment epilepsy and of different types of mental illness. He was severely criticized. His studies, however, paved the way for new modulation techniques such as the development of deep brain stimulation.

Disclosure of interest The authors have not supplied their declaration of competing interest.

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EV1118

Manic switch in bipolar patients treated with electroconvulsive therapy for treatment-resistant depression: The experience at the mood disorder unit of Milan (Italy)



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Introduction Despite appropriate treatment, 30–40% of depressed patients, both unipolar and bipolar, do not achieve improvement, with high morbidity and mortality. For bipolar patients another risk is the switch into mania due to antidepressant treatment. The concern about the switch, suggests to administer antidepressants at lower doses, in combination with mood stabilizers and second generation anti-psychotics.

Objectives We performed an observational study on a sample of 23 bipolar patients treated with ECT for severe TRD in last 3 years, in order to evaluate the risk of switch.

Methods Twenty-three bipolar inpatients, undergoing bitemporal ECT twice/week, with MECTA spectrum device. Main demographic and clinical data collected. Hamilton rating scale for depression (HAM-D). Clinical response defined as 50% reduction of HAM-D score at the endpoint from baseline; remission as HAM-D score at the endpoint < 8. Young Mania rating scale (YMRS) weekly in order to assess switch into mania.

Results Thirteen (56.5%) females, 10 (43.5%) males, mean age 60.1 ± 10.3 years. Mean age at onset 35.5 ± 13.6 years. Mean number of episodes: 7.1 ± 3.6. Mean duration of current episode: 33.4 ± 24.9 weeks. Mean HAM-D basal score: 30.0 ± 5. Each patient underwent a cycle of ECT (mean No. 6.7 ± 3.3). Pharmacological treatment was administered upon clinical need. Response rate 87%, remission rate 43.5%. Three out of 23 (13.04%) patients had transient hypomanic switch, spontaneous recovery within 7 days after the last ECT.

Conclusions Our experience confirms that ECT is a powerful antidepressant, especially in patients with severe long-lasting depression, refractory to treatment. ECT is also a safe procedure: no adverse effects were reported. The manic switch rate is comparable with antidepressant drugs.

Disclosure of interest The authors have not supplied their declaration of competing interest.

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EV1119

From hypomania to mania after correcting severe hypoglycemia: A case report to recall insulin shock therapy



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Introduction In the early 20th century, shock therapies developed worldwide as the most effective means to treat severe mental illness. In 1927, Manfred Sakel introduced the newly discovered insulin as a means to treat opioid-addicted patients, by relieving withdrawal symptoms. After noticing that some psychotic patients notably recovered from their psychotic symptoms after accidental insulin comas, he extended this technique to schizophrenic patients, arguing that up to 70% of his patients improved with this therapy. Insulin shock therapy soon spread all-over the world and became one of the most important treatments for severe mental illness. Regardless of the high-rate complications, insulin shock therapy only declined after the introduction of anti-psychotic drugs.

Objective Description of a clinical case.

Methods Non-systematic review of literature and case report.

Results A 70-year-old female with type-1 bipolar disorder and type-2 diabetes was referred to a psychiatry emergency department (ED) for 2-week behavioral disorder, featuring restlessness, agitation, insomnia, verbiage and persecutory delusions. In the ED, she presented calm, cooperating, with a subtle humor elation and slight disinhibition. The speech was somewhat confusing, but with

normal debit. Delusional thought or hallucinations were not evident. Severe hypoglycemia was first detected by capillary glucose measurement and confirmed by a blood test. After the blood glucose was corrected she became gradually more restless, talkative, disinhibited, with clear humor elation, compatible with a manic state.

Conclusion We discuss if this case might be explained by the severe hypoglycemia and its correction, linking it to insulin shock therapy, reviewing this procedure's history, controversies and current developments.

Disclosure of interest The authors have not supplied their declaration of competing interest.

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EV1120

ECT in major recurrent depressive syndrome with Parkinsonism syndrome



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A 71-year-old woman with history of major recurrent depressive syndrome responsive to clomipramine (last episode at 50-year-old) with the following medical records: ischaemic stroke with progressive cognitive impairment to the extent of requiring wheelchair.

Current episode Depressive symptoms, with suicidal thoughts, anxiety, tremor and low food intake in the last month (due to choke phobia) with up to 10 kg of weight loss.

Diagnosis Major recurrent depressive syndrome resistant to treatment with Parkinson syndrome.

Treatment Lorazepam 10 mg/day levodopa 150/carbidopa 37.5 mg/day, LART Electroconvulsive therapy (Thymatron SYSTEM IV) was also carried out 3 times a week until 15 sessions were reached.

Discussion This case illustrates the successful response with LART ECT towards major recurrent depression syndrome associated with a pharmacological parkinsonism maintained over the long-term (one year with ECT). There are sufficient evidences showing that the ECT has an effect in the dopaminergic system at different levels: dopamine release, dopamine neurotransmission and linkage with its receptor, and these effects differ between an acute stimulation and when repeated stimulation is carried out. It must be taken into consideration the fact that concomitant existence of depression and parkinsonism could represent another indication for ECT, since the pharmacological management of these patients is highly complex and could even more if we bear in mind that one of the therapeutic options towards the antidepressant potentiation (atypical anti-psychotics) can worsen the symptomatology.

Disclosure of interest The authors have not supplied their declaration of competing interest.

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EV1121

Bilateral continuous theta burst stimulation (cTBS) for treatment resistant auditory hallucinations and synesthesia in schizophrenia – A case report



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Introduction While 1-Hz repetitive transcranial magnetic stimulation (rTMS) has been found to be effective in reducing auditory

hallucinations (AH), its effects are transient. cTBS, a patterned-rTMS technique induces sustained long-term-depression-like effects. Here, we demonstrate efficacy of twice daily, bilateral-cTBS in a patient with treatment-resistant AH, reflex hallucinations and vision-touch synesthesia.

Method A 25-year-old male with 5 years history of treatment-resistant AH (2nd/3rd person), vision-touch synesthesia and reflex hallucinations. He was on a combination of 200 mg clozapine and 300 mg amisulpride for the last 6 months with no improvement. He received two-weeks of twice daily, bilateral-cTBS [40,1 s-trains (bursts of 3-pulses at 50 Hz every 200 ms) given continuously at 90% motor threshold] over the temporoparietal junctions located using the International 10/20 system. Amisulpride was stopped and clozapine was increased to 300 mg/day. Change in AH and synesthesiae were assessed using auditory hallucination rating scale (AHRS) and clinical interview.

Result AHRS scores reduced from 35/41 to 0/41 at the end of 2 weeks, with substantial improvement being noticed at the end of the fifth day. Synesthesiae and reflex hallucinations also showed similar trends in improvement. No serious adverse events.

Discussion Integration of auditory, visual and tactile perceptions is an important function of the temporoparietal junction. administering cTBS to this region bilaterally reduced our patient's perceptual abnormalities. Increasing dose of clozapine could be a confounding factor, however, the rapidity of treatment response enables us to attribute part of the improvement to cTBS.

Disclosure of interest The authors have not supplied their declaration of competing interest.

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EV1122

Electroconvulsive therapy management in benzodiazepine-resistant catatonic syndrome: A Case report



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Catatonia is a rare but potentially lethal neuropsychiatric syndrome. Despite its historical association with schizophrenic disorders, it is more frequent in affective ones, and is currently considered an independent pathological entity. The basis of the treatment, regardless of the cause, is the use of benzodiazepines and electroconvulsive therapy (ECT), without a clear consensus on the combined treatment. Regarding ECT, the frequency and number of effective sessions has not been clearly established. Therefore, clinical evolution is the main factor to be considered in order to determinate the appropriate treatment regimen, although the daily application of ECT is preferred, at least for the first week. We report the case of a 41-year-old patient with paranoid schizophrenia, who presented with a benzodiazepine resistant catatonic syndrome. The clinical picture included stupor, mutism, negativism, severe stiffness, catalepsy, waxy flexibility and diaphoresis, with slight CPK increase but with no other extrapyramidal symptoms, fever more than 39 and hemodynamic instability, which allowed to exclude a neuroleptic malignant syndrome. A blood analysis, lumbar puncture, CT, EEG and viral serologies were performed with inconclusive results. The patient required ICU admission and ECT treatment and we used the Bush-Francis Catatonia Rating Scale to evaluate the evolution of symptoms. Six daily treatments with ECT led to an almost full recovery of the patient. Further case series regarding the clinical management of this syndrome are needed, in order to reach consensus on an effective ECT regimen.

Disclosure of interest The authors have not supplied their declaration of competing interest.

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EV1123

Depression and Parkinson's disease: Biological therapies



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Introduction Depression occurs in approximately 40% of patients with Parkinson's disease. Parkinson's disease is commonly associated with psychiatric morbidity, which includes depression, anxiety, and dopaminergic psychosis. These compound the patient's predicament. Fortunately, a variety of effective treatments are available.

Objective The purpose of this e-poster is to provide an update of the research regarding depression in Parkinson's disease.

Methods Describe a case report. A 56-year-old man, with previous diagnosis of Parkinson's disease. We used SSRIs, but they were not enough to successful treatment so we decided to use ECT.

Results Our patient failed to respond to medication or develop intolerable medication side effects. Electroconvulsive therapy (ECT) should be considered for this group of patients. Contrary to popular belief, ECT is a widely used and safe treatment for depression when medication fails. ECT has been shown to be effective and safe in PD for treating both depression and dopaminergic psychosis. Several studies also report varying periods of motor improvement following ECT in PD. A study is currently underway at UBC to examine this phenomenon in a controlled setting. ECT improves depression, may permit a reduction in antidepressant medications, and has intrinsic antiparkinsonian properties.

Conclusions ECT, has repeatedly been shown to have beneficial effects in PD, but has never gained acceptance as a clinical treatment option. We review the literature on the use of ECT in PD, pointing out that ECT has beneficial effects on both the core motor symptoms of PD as well as the commonly occurring psychiatric co-morbidities.

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EV1124

The role of neuroplasticity in the treatment of cognitive impairments by means multifactor neuro-electrostimulation of the segmental level of the autonomic nervous system



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Introduction Cognitive deficit is a consequence of organic lesions of the central nervous system. Activation of neuroplasticity is a way of effective treatment. There is a suppose that the autonomic nervous system (ANS) involves in the regulation of neuroplasticity.

Objectives We developed a technology for non-invasive electrical stimulate segmental and suprasedgmental parts of ANS [1].

Methods Developed technology is implemented in the "SYMPATHOCOR-01" device. The device produces spatially distributed field of current pulses between two multiple electrodes

located on the neck. The targets of impact are cervical ganglia of the sympathetic trunk and vagus nerve.

Results The restoration of blood supply in artificial ischemia calf muscles and recovery of behavior patterns during acute phase of the adjustment disorder were received as a result of application technology in experiments on rats [2]. An increase global neurometabolic activity on SPECT was shown in clinical studies [2]. Application device for two weeks in children with ADHD led to reduction of inattention and hyperactivity symptoms [2].

Conclusion We suggest that the demonstrated clinical effects are the results of activate of neuroplasticity by impact on ANS structures. It is necessary to conduct fundamental studies by means of neurovisualization methods (fMRI, PET) for the confirmation action of these mechanisms.

Disclosure of interest The authors have not supplied their declaration of competing interest.

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EV1125

Modified electroconvulsive therapy in pseudocholinesterase deficiency: A case report



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Introduction Pseudocholinesterase (PCHE) deficiency is an inherited condition, in which recovery from anesthetic agents like succinylcholine and mivacurium is slow and complicated with prolonged paralysis of respiratory muscles in susceptible patients. Succinylcholine is used very frequently as a muscle relaxant during the procedure.

Objectives In Bakirkoy research and training hospital for psychiatric and neurological diseases, 24.310 patients were hospitalized for acute conditions and 3490 of these patients were treated with electroconvulsive therapy (ECT) in 3 years. We present a very rare case that we encountered in our practice; a severe PCHE deficiency case that could have complicated the modified ECT procedure unless necessary precautions were taken.

Aims Detection of PCHE levels of all patients eligible for ECT is part of our pre-ECT assessments procedure, and the case presented here shows the benefits of this method.

Methods The patient is a 29-year-old woman, with a 15 year history of schizophrenia. She was hospitalized for homicidal risk and refusal of treatment. Inadequate clinical response with pharmacological interventions and continuous aggressive excitations directed us to consider ECT.

Results After the detection of PCHE deficiency (PCHE level: 126 U/L), we performed the modified ECT with propofol and rocuronium instead of succinylcholine as usual. Sugammadex 100 mg was used for fastening the recovery. Response to treatment, which is recorded with positive and negative syndrome scale, was good and we completed 9 ECT sessions without complication.

Conclusions Screening for PCHE levels in the pre-ECT assessments is efficacious in order to decrease the complications of the ECT procedure.

Disclosure of interest The authors have not supplied their declaration of competing interest.

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EV1126

Electroconvulsive therapy in drug-resistant paranoid schizophrenia on patient with transplanted kidney – Case study

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The 22-year-old female patient had her first direct encounter with a psychiatrist in 2009 due to low mood, anxiety, anhedonia, lack of energy and olfactory hallucinations. Diagnosed with delusional depression syndrome, she was treated with SSRI group, and then combined with LLP group. In 2009, she was hospitalized in the Ward of kidney diseases and dialysis due to severe

kidney failure, HA affecting the heart and the kidneys and facial nerve paralysis. In May 2012, she had a kidney transplanted from the deceased donor, which led to graft-versus-host disease. She received immunosuppressive therapy. In October 2012, she was diagnosed with paranoid syndrome. She was initially treated with levomepromazine 75 mg/d and amisulpride 800 mg/d (no results), then Olanzapine 20 mg/d and aripiprazole 15 mg/d (no results). After 10 week hospitalization she was discharged in a slightly improved mental state. Three weeks later, she was hospitalized again in a psychiatric institution where she received olanzapine 20 mg/d and haloperidol 6 mg/d (no results). Due to the severe mental condition, she was qualified for electroconvulsive therapy. In the end, the therapy met with the general positive reviews of consultants of different specialties. After 7 (of the 18) treatments the patient reached a significantly improved mental state with almost no sign of psychotic experiences and with a better day-to-day functioning. To the best of the authors' knowledge, it is the first case of ECT on the patient who was the subject of a kidney transplant, and is one of the very few that have taken place in the entire world.

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EV1127

Cultural reflections in practicing exposure therapy for social anxiety

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Evidence-based practice of exposure therapy has long been adopted as an effective therapy for treating anxiety disorders including social anxiety. In many situations, it is the chosen therapy for such a debilitating disease. Due to its proven efficacy and readiness applicability, it has proven to be the 1st choice of therapy for social anxiety across different life spans from adolescents to geriatrics. Yet, cross-cultural differences have seldom been considered in the approach towards managing social anxiety. Many differences lie between populations and countries in defining what is accepted and what is not with regard to social interactions. Even across the one country, many differences may color the perception of appropriate social communication. Hence, no one-size-fits all can be adopted here. Some interactions are accepted and encouraged while others are basically banned. Thus, during the application of exposure therapy, therapists should modify the conceptual framework while still trying to abide with the fundamental notion of therapy of exposure experiments. In doing this, many therapists may be challenged in their work. While still lacking a strong body of research, clinical experience can provide us with some helpful innovations for successful practice. Our aim is to provide therapists and psychiatrists across the Arab world with tools for applying successful therapy for social anxiety. A series of case studies are discussed to present some innovations in applying Cognitive Behavior Therapy for patients suffering from social inhibitions. Moreover, essentials of past research are reviewed and needs for further research directions in the field are discussed.

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EV1128

Therapeutic approach to complicated grief—An example of group psychotherapy in psychiatric patients



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Introduction Complicated Grief (CG) affects 7–10% of the grieving individuals in the general population. However, the incidence is much higher in psychiatric patients, reaching 70% in most samples. These individuals present many risk factors for such condition, demanding a particular attention and treatment approach. Most studies have shown that pharmacological treatment may help relieving depressive and anxiety symptoms, although they do not promote a consistent improvement of the grieving scenario. Several meta-analyses have recognized different psychological interventions as effective in dealing with the loss, decreasing psychological suffering and promoting adaptation. It is accepted that the benefits of the intervention overcome any possible harm.

Objectives To evaluate the impact of a group intervention (12 sessions) in pharmacologically stabilized psychiatric patients presenting with CG.

Methods Patient selection was performed through a clinical interview and the fulfilment of the following psychometric tests: Complicated Grief Inventory; the Impact of Events Scale; Beck Depression Inventory; Social Support Scale. These assessment tools were also used to evaluate the impact of the intervention performed.

Results After the psychotherapeutic intervention, there were significant differences in the levels of depressive and post-traumatic stress symptoms.

Conclusion Group intervention in CG has proven effective in this population, specially regarding depression and post-traumatic stress levels.

Disclosure of interest The authors have not supplied their declaration of competing interest.

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EV1129

Trait mindfulness at baseline predicts increases in telomerase activity over time



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Introduction Preliminary investigations of cross-sectional samples have linked trait mindfulness with measures related to the hypothalamic–pituitary–adrenal (HPA)-mediated stress response and to the inflammatory system, suggesting that this is one potential pathway linking mindfulness based interventions and health. However, no previous studies explored the association between the trait mindfulness construct and markers of cellular ageing.

Methods In the current study we examined in a sample of healthy mothers ($n=92$) of a child with Autism Spectrum Disorder (i.e. women showing high levels of chronic psychological stress) the prospective associations between a multidimensional scale of trait mindfulness, the Five Facet Mindfulness Questionnaire (FFMQ), and telomerase activity (TA), a marker of cellular ageing and telomere homeostasis. Participants' trait mindfulness and TA were assessed at baseline as well as 9 and 18 month follow-up.

Results Analysis showed that higher levels of baseline mindfulness on FFMQ observation and describe subscales were related to increase in TA from baseline to 9 month ($r=0.27$, $P=0.03$ and $r=0.24$, $P=.04$, respectively). Additionally, the FFMQ Describe subscale was related to increase in TA from baseline to 18 month ($r=.30$, $P=.02$). Results are reported following covariate adjustment of age, BMI, ethnicity, and education.

Discussion Our results showed that higher levels of baseline mindfulness are associated with higher increases in TA after 9 months and 18 months, with increased TA reportedly being associated with decreased oxidative damage, increased telomere length and overall more functional cellular physiology. These findings support a role of mindfulness-related interventions to increase general and mental health.

Disclosure of interest The authors have not supplied their declaration of competing interest.

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EV1130

The role of psychotherapy in improving the quality of life and social rehabilitation of patients with Psoriasis



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Introduction Psychotherapy can ease physical symptoms of patients with skin pathology.

Objectives To study features of social and psychological maladaptation and quality of life in patients with psoriasis.

Aim To study psychotherapy role in quality of life improvement and social rehabilitation of patients with psoriasis and their family members for the period 2000–2015 in the Belarusian population.

Methods One hundred and twenty four patients with cutaneous psoriasis, 12 patients with psoriatic arthritis and 42 healthy persons were studied. Quality of life, types of attitude towards the disease, level of social frustration, depression, level of social maladaptation, psychological defense mechanisms and patients attitudes towards psychotherapy were assessed.

Results There were detected among patients with psoriasis (especially with arthropathy form): social maladaptation, higher level of social frustration and depression ($P<0.05$), decrease in quality of life ($P<0.001$), the wider range of psychological defense mechanisms (negation, regression, substitution, reactive formation, $P<0.05$). Maladaptive types of attitude towards the disease were presented in 24% patients with psoriasis and almost in 41% patients with arthropathy.

Conclusions Psychotherapy can have a high potential for social rehabilitation and quality of life improvement for patients with psoriasis. Obtained data in social maladaptation indicate family therapy as an important therapeutic part for patients with psoriasis. Moreover, knowledge about patients psychological defense mechanisms can help to choose a direction and methods of individual psychotherapy of social maladaptation. This research shows also that psychotherapeutic approach and family psychotherapy remains underestimated in Belarus.

Disclosure of interest The authors have not supplied their declaration of competing interest.

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EV1131

The evolution of cognitive behavioural therapy – The third generation and its effectiveness



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Introduction First wave cognitive behavioural therapy (CBT) focuses essentially on classical conditioning and operant learning and second wave on information processing. They are based on the premise that certain cognitions, emotions and physiological states lead to dysfunctional behaviour and so, by eliminating the first ones, changes in behaviour will take place. Third wave CBT appeared in an attempt to increase the effectiveness of first and second wave by emphasizing contextual and experiential change strategies.

Objectives/Aims To make a review on the actual state of the art of third wave CBT, focusing on MBSR (Mindfulness-Based Stress Reduction), MCBT (Mindfulness-based Cognitive Behavioural Therapy), DBT (Dialectical Behaviour Therapy), ACT (Acceptance and Commitment Therapy) and CFT (Compassion Focused Therapy).

Methods Research on PubMed using the terms “third wave cognitive behavioural therapy”.

Results Methods and targets differ between MBSR, MCBT, DBT, ACT and CFT. Depression, anxiety and borderline personality disorders are some of those targets. However, a transdiagnostic approach is the hallmark of all third wave therapies: mental processes or emotions transversal to many psychiatric disorders such as shame, self-criticism, experiential avoidance or cognitive fusion are the main focus, emphasizing the context and human experience over any categorical diagnosis.

Conclusions Third wave cognitive behavioural therapy is an emerging approach born from the need to improve and complement first and second waves. Although very promising, it is still a recent approach and data to support its superiority over the conventional therapies is missing.

Disclosure of interest The authors have not supplied their declaration of competing interest.

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EV1132

Should I save my marriage?: Addressing couple relationships by means of art therapy intervention

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Objective This study investigates the case of a female patient, who was experiencing marital problems and had separated from her spouse, with whom an art (drawing) therapy process was carried out.

Aim It was aimed to address the relationship of the couple by supporting the ego and increasing self-awareness skills by means of art materials (drawings) in the process of the situational crisis.

Method Case study.

Result With this case study, it was aimed to make emphasis on the impact of drawing sessions as a means of using art in therapeutic relationships for self-awareness and opportunity for development in a situational crisis during marriage.

Conclusion During the process of individual art therapy, nine sessions and eight drawing tasks were conducted. The case patient, OS, had been separated from her spouse for 2 months. In the first session, a personal history was taken, the scores of the state-trait anxiety scale was evaluated and a therapy plan was jointly developed. Each action was carried out by providing specific instructions. Each session was evaluated within the same week in a supervision meeting with an expert experienced in art therapy and the next session was planned. OS, who developed self-awareness as a result of the sessions, evaluated his/her expectations and boundaries in his/her relationship and discovered the connections with her own nuclear family. In a session with OS one year later, she gave the information that she had started to share a house with her spouse.

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EV1133

Doctor-patient relationship: The impact of mindfulness on empathy

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Introduction The doctor-patient relationship has an increasingly important place in medical studies. Empathy is one of the quality criteria of the relationship. The development of mindfulness in medical schools is booming.

Objectives To investigate the relation between empathy and mindfulness among residents and doctors.

Methods Doctors and residents were asked to complete a demographic questionnaire – questions on their personal development

practices – and two scales. The Mindful Awareness Warning Scale (MAAS) is a unidimensional scale measuring attention and mindfulness and Jefferson Physician Empathy Scale (JSPE) is a scale measuring the clinical empathy across 3 dimensions: “perspective taking”, “compassionate care” and “in the patient’s shoes”. Multivariate linear regressions were performed to analyse the correlation between each score of JSPE and explanatory variables.

Results One hundred ninety-three questionnaires were analyzed: 87% were general practitioners, the average age was 34 years old (SD 11) and 69% were women. Regarding personal development practices, 18% practised mindfulness meditation regularly or occasionally (23% for yoga and 31% for relaxation). No correlation between the scores of JSPE and the MAAS score was found. However, doctors who practiced mindfulness had a highest score of “compassionate care” (95% CI [1.26; 4.91], $P=0.0012$).

Conclusions The mindfulness would be an effective tool for the development of the welfare of the doctors, and improving the quality of empathy and therapeutic efficacy. To support these data, it would be interesting to conduct an interventional study by offering French doctors and interns the possibility of following courses of mindfulness.

Disclosure of interest The authors have not supplied their declaration of competing interest.

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EV1134

The effect of art group psychotherapy with photograph in chronic psychiatric disorders: A pilot study

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Photograph was used as a therapeutic tool for the first time in 1856 by Dr. Hugh Diamond. Photos are considered to be representations of a person’s reality. The possibility of producing visual images when a client has verbal expression difficulties, photography provides a more structured way of expressing ideas and emotions and to be a means of projective-symbolic communication. Photo therapy with chronic psychotic patients may contribute to development of perception of reality, part-whole relationship, integration, distinction of external-internal world, symbolization capacity and improve ego functions. The aim of this study was to determine the effect of phototherapy on symptomatology, functionality, emotional regulation, cognitive skills and coping skills in patients with chronic psychiatric disorders. In accordance with this aim, the study was carried out with 14 outpatients diagnosed as chronic schizophrenic or psychotic disorder. Seven patients received routine medical care plus 28-week psychotherapy with photograph and 7 patients received only routine medical care. Patients were assessed in pre and post-treatment with Beck Depression Inventory, Beck Anxiety Inventory, Difficulties in Emotion Regulation Scale, Global Assessment of Functioning, Ways of Coping Inventory and Neuropsychological Test Battery. Wilcoxon Signed Ranks Test used for statistical analysis. The therapy method resulted in statistically significant reductions in the level of depression and general symptom levels and statistically significant improvement in cognitive abilities and functionality ($P<.05$). There was also statistically significant improvement in positive reappraisal subscale of coping ways. These findings may indicate that photo-oriented art group therapy might show positive effects on the course of chronic psychotic disorders.

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EV1135

Psychotherapeutic interventions in transition unit

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Introduction The In-patient units are very closed and highly controlled healthcare resource and then patients have to join the community rapidly, and in sometimes feeling unprotected and with their needs non covered. We created a transition unit with a program of psychotherapeutic intervention, to offer an adequate transition between the acute episode and the incorporation to the community.

Objective We describe the characteristics of the psychotherapeutic group, the aims and the results of the interventions.

Methods Psychotherapeutic transition unit was created to offer intensive attention and control demand that is not possible to control in the community. The objects are to prevent re-admissions and relapse because of abandonment of treatment in patient with personality disorder and suicide attempts, and first episode, affective or psychotic. Patients are selected from the in-patients unit with inclusion criteria, and start going from the unit before discharge. The intervention is once per week, with a duration between 60–90 minutes. There is not a number of sessions, and we have approximately 10 patients per sessions.

Results Since the beginning of the psychotherapeutic interventions, re-admissions have been decreased in patients with diagnosis of personality disorder (most histrionic and borderline disorder) with multiple admissions because of suicide attempt, some had been discharged. In another group of patient we have prevented relapses.

Conclusions Psychotherapeutic interventions will be effective in patients with high risk of re-admissions and relapses. It is early to have solid conclusions, but the preliminary results encourage the continuation of the program.

Disclosure of interest The authors have not supplied their declaration of competing interest.

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EV1136

The outcome of a counseling intervention. The experience of the counseling service UPO

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Background Counseling addresses the emotional social, work, school and physical health concerns that people may have at different stages in their lives. It focuses on typical life stresses and more severe issues. It may be addressed to individuals, groups, organisations.

Aim and methods The objective of our study was to assess the outcome of a counseling intervention offered to students of the University of Piemonte Orientale, aged between 18 and 20 years. Baseline features and reasons for consultation will be described and the outcome will be assessed with CGI (Clinical Global Impression) and HONOS (Health of the Nation Outcome Scales) at T0 (time 0),

T1 (4 weeks) and T2 (8 months). We will present the data of the period between 1st January 2014 to 31st December 2016.

Results/discussion Data analysis is ongoing. The results will be discussed in the light of the current literature about counseling services for university student.

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EV1137

Effect of cognitive-behavioral therapy and spiritual-religious intervention on improving coping responses and quality of life among women surviving from breast cancer

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Objective The present study aims to evaluate the effectiveness of cognitive behavioral therapy (CBT) and spiritual-religious intervention in improvement coping responses and quality of life among women surviving from breast cancer.

Methods This was a semi-experimental study. Forty-five breast cancer survivor referred to cancer research center at Shahid Beheshti university of medical Sciences in Tehran, assigned in 3 groups randomly (CBT group, spiritual-religious group and control group). The interventions were eight sessions cognitive-behavioral therapy and spiritual-religious intervention. The participants were evaluated through quality of life questionnaire published by european organization for research and treatment of cancer (QLQ-30C-ver3) and coping responses inventory (CRI). The data were analyzed using covariance.

Finding Although both intervention groups improved in coping and quality of life, it was not statistically significant ($P < 0.08$).

Conclusion Although both intervention groups improved in coping and quality of life but there is no differences between two groups.

Keywords Breast cancer; CBT; Coping responses; Quality of life; Spiritual-religious intervention

Disclosure of interest The authors have not supplied their declaration of competing interest.

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EV1138

Multiple suicide-attempts in adolescence: Psychodynamic understandings on the process of integration of hallucinated bodily experiences

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Introduction Suicidal adolescents have a severely damaged body/mind relationship where issues pertaining to adolescence and psychache are tightly intertwined causing dissociation, hallucinations and concreteness. In this conundrum, the suffering mind swings from being identified and split from the body favouring self-harm and bodily together with visual hallucinations.

Objectives Investigating and working through suicidal concreteness together with the role and meaning of hallucinations in adolescents with a story of multiple suicide attempts.

Aims Achieving a first integration and appropriation of the emotional experience with the establishment of the boundaries between mind/body, inside/outside giving up hallucinations.

Methods Prolonged intensive psychodynamic work focusing on self-representation, the working through of persecutory internal objects causing rage, hostility and attacks on the affective links with the environment allowed a gradual process of integration of the self with the decrease of suicidality.

Results The working through and containment of persecutory internal objects led to the possibility to unconsciously give up hallucinations and integrate the emotional experience in the mind together with the development of first effective boundaries between inside/outside.

Conclusions An intense work of containment and working through of persecution and rage in the early stages of the psychotherapeutic treatment of adolescent multiple attempters can significantly favour the relinquishment of hallucinatory mechanisms and self-harm as a way to cope with intolerable anguish and psychache. This favours the process of in dwelling of the psyche in the soma as described by Winnicott.

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EV1139

Cognitive analytic therapy and mentalizing function

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Introduction Cognitive-Analytic Therapy (CAT) has settled as an integrative approach from Ryle and Kerr's model in the 70's widely accepted in England and Australia, although increasingly European countries have decided to include this model in their public mental health services. Even though its formulation allows the treatment of almost any pathology ensuring good results, it has been traditionally applied to the treatment of personality and eating disorders. Some authors seem to link this efficacy with training in mental states and reciprocal role procedures identification, justifying the improvement through the increase of the reflexive function.

Aim and objectives The aim of this study is to determine the effect of CAT in mentalizing ability and social functioning in patients attending consultation.

Methods For this purpose a CAT intervention was performed in 6 adults, administering the Inventory of Interpersonal Problems (IIP-64) and the Mindful Awareness Assessment Scale (MAAS) before and after treatment.

Results The results show a statistically significant reduction in interpersonal problems, as well as a non-significant increase in the mentalizing ability.

Conclusions Cognitive Analytic Therapy has shown being effective in increasing social functioning, however we have not been able to demonstrate significantly its efficacy in the reflexive function.

Discussion Implications in the clinical setting are discussed.



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EV1140

The new aspect of psychotherapy in our clinical psychiatric unit: The effort it took to make it work; and the first results

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Introduction Our two units take care of a rather big number of people (about 170 000). Various activities are proposed for outpatients and the idea was expressed to initiate art therapy.

Objectives We first analysed the possibility of starting this new mediation equally in the two units. A team was formed: a clinical psychiatrist and two registered nurses, one being an art therapist as well. We started this activity with a small group of out patients in April 2016.

Aims The registered nurse – art therapist was provided with appropriate space, art material and furniture by hospital sources. The other unit will send the nurse for training in art – therapy: leave and grant are provided by the hospital. Her project is different and yet complementary.

Methods The group was validated and evaluated by the art therapist and the psychiatrist. The organization of the activity is left to the art therapist. A questionnaire was filled out by art therapist before beginning the art therapy and at regular intervals.

Results Patients are engaged by this therapy and come on regular basis. They chose painting to express themselves and leave their productions in the room after they are finished.

Conclusions The newly opened psychotherapy – art therapy has brought many positive changes in our hospital for working staff as well as for the patients.

Disclosure of interest The authors have not supplied their declaration of competing interest.

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EV1141

Object relations and self-esteem in young adults with schizophrenia in long-term psychodynamic group psychotherapy

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Introduction Psychodynamic concepts describe object relations deficits in patients with schizophrenia originating from their earliest developmental stage, which is due to reduced ability of direct caregivers to adequately stimulate the child, as well as genetic factors. During psychodynamic group psychotherapy, members



through psychotherapy gradually release the old family roles and experiment with new models of behaviour and thus change internalized object representations.

Aim The aim of this study was to investigate changes in object relationships and self-esteem in the psychodynamic group psychotherapy in young patients suffering from schizophrenia.

Subjects and methods The study included a total of 41 patients diagnosed with schizophrenia. Before joining the psychodynamic group therapy and after two years of participation in the treatment, all patients completed a test of object relations and the Rosenberg self-esteem scale.

Results Comparison of the results in two time periods showed downward trend results in all tested dimensions of object relations, a statistically significant difference was found for dimension symbiotic fusion: after two years of participation in the psychodynamic group psychotherapy, patients had significantly expressed less need for symbiotic relationships. Self-esteem was higher in the second period of testing, but without statistical significance.

Conclusion Taking into account the limitations of this study, we can conclude that the results are encouraging. During psychodynamic group processes in young patients with schizophrenia there is a trend of positive changes in terms of object relations and self-esteem and a significant reduction in the need for symbiotic merging.

Disclosure of interest The authors have not supplied their declaration of competing interest.

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EV1142

The effectiveness of three psychotherapies of different type and length in the treatment of patients suffering from anxiety disorder



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Introduction Data on the comparative effect of short and long-term psychotherapy in anxiety disorder is scarce.

Aim To compare the effectiveness of two short-term therapies and one long-term psychotherapy in the treatment of patients with anxiety disorder.

Methods Altogether 50 outpatients with anxiety disorder as the only axis I diagnosis, were randomly assigned to long-term psychodynamic psychotherapy (LPP), short-term psychodynamic psychotherapy (SPP), and solution-focused therapy (SFT) and were followed for 5 years. The outcome measures were psychiatric symptoms, working ability, need for psychiatric treatment, remission, and cost-effectiveness.

Results During the first year of follow-up, no significant differences in the effectiveness between the therapies were noted. During the following 3 years, LPP and SFT more effectively reduced symptoms, improved work ability, and elevated the remission rate than SPP. No significant differences between LPP and SFT were seen. At the end of the follow-up, the use of auxiliary treatment was lowest in the SFT group whereas remission rates or changes in psychiatric symptom or work ability did not differ between the groups. The average total direct costs were about three times higher in the LPP group than in the short-term therapy groups.

Conclusions The difference in effectiveness of LPP and SFT was negligible, whereas SPP appeared less effective. Thus, the resource-oriented SFT may be a cost-effective option in this selected patient group, while unconsidered allocation of patients to LPP does not appear to be cost-effective. Given the small number of patients,

no firm conclusions should, however be drawn based on this study.

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EV1143

The use of art therapy in complex treatment on the quality of remission in patients with melancholy in major depressive disorder



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Introduction According to studies done in recent years regarding the treatment of patients with melancholy in major depressive disorder, a shift of interest from studies evaluating the effectiveness of therapy to the study of remission is seen. Despite significant progress in the development of pharmacotherapy of depressive disorders, difficulty in achieving rapid reduction in depressive symptoms and stable remission in patients with melancholic depression necessitated the search for new approaches to the treatment of this pathology.

Aims Evaluating the effectiveness of art therapy in treatment in patients with melancholy in major depressive disorder on the quality of remission.

Methods The study involved 135 patients – 60 male and 75 female patients aged from 18 to 30 years old. The main group of patients apart the combined treatment also participated in group art therapy with the use of drawing techniques, while the control group – statutory standard therapy.

Results The results of the use of art therapy in complex treatment in patients with major depressive disorder is detected primarily in reducing of the level of anxiety at the early stages of treatment (60% of patients have noticed decreasing of melancholic state), as well as improving the quality of life in remission period.

Conclusion These results support the use of art therapy in treatment in patients with melancholy in major depressive disorder during period of active treatment, and after achieving clinical remission contributes to achieving and maintaining high-quality and stable remission with full restoration of quality of life and social functioning.

Disclosure of interest The authors have not supplied their declaration of competing interest.

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EV1144

Pollyanna syndrome in psychotherapy-or pseudotherapy. Counseling, consoling or counterfeiting?



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Pollyanna syndrome, the name being taken from a book of the same title, means “an excessively or blindly optimistic person.” The occurrence and danger of such attitudes in psychotherapy is discussed. Such attitudes may occur both in patients and their therapists. Either of them may say “things will not be so bad...” attempting to console not him/himself but the other party. The main aim of psychotherapy is to facilitate taking responsibility and decisions. But there are also other aims, identical to those attributed to philosophy in ancient times, namely, “to treat the soul” or, clinically speaking, to provide consolation. This is usu-

ally achieved by attributing meaning and purpose to suffering and set-backs. In the paper, I discuss how the therapist could avoid the trap of being and coercing the patient to be “optimistic, positive, and strong” when the situation does not necessarily warrant such an attitude. Philosophy may be of help here. One may apply theodicy, that is, the philosophical attempt to explain and justify the evil existing in God’s world. Another possibility is Ericksonian approach of utilization, paradoxical intervention, using metaphors and hypnotic techniques in order to let the patient come up with his own, intimate resources facilitating recovery. Logotherapy, which is an existential approach is recommended, either as such or as a part of REBT. In short, the difference between an ineffective and an effective approach is the difference between being optimistic and being realistic.

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EV1145

Attempting reconciliation with cross-examination in couple therapy



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Many traps and conflicts can be encountered by the therapist trying to facilitate communication and to promote agreement between couples or between an angry teenager and his/her parent. The cross-examination technique is a useful tool in such situations. It involves humour but it is also confrontational, it shifts the burden of initiating and continuation of the dialog onto the parties involved, it teaches responsibility, respect and sensitivity to the other’s points of view and, after exposing the “sore points”, it leaves the couple in a position to discuss possible solutions. Elements of other psychotherapeutic approaches (mirror technique, paradoxical intentions, empty chair technique, Ericksonian approach) are included as well. Elements of logic aimed at recognizing the fallacies and assumptions between the couple are also used.

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EV1146

Clinical usefulness of confrontations in the initial interview



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Principal objective of this work is to illustrate the clinical usefulness of confrontations in the initial interview. Balint, Kernberg, Sullivan, Fromm-Reichmann are the authors, among many of them, who pointed out importance of the initial interview and the consequences of the interview for the future psychotherapeutic work. Initial interview represents two persons; therapist and person who needs help who meet for the first time and do not know anything about each other. Interaction between therapist and the patient through communication is a major source of information about potential patient in the initial interview. The nature of disorder, capacity of motivation for psychotherapy can be evaluated in the current interaction with the person who needs help. Confrontation is a routine technique in psychoanalysis and psychotherapy, unilateral and potentially dangerous, especially when working alliance is not established and that is the case in the initial interview. Purpose of confrontation in the initial interview is to collect information about patient, his psychopathology, his structural personality features, presence of defensive operations, capacity and motivations to work and what kind of psychotherapy is best suited for him.

Confrontation can be very harmful so it requires tact, patience and timing. Incorrect use of confrontations which are poorly conceptualized, premature could stop the flow of the material, make sense of chaos in the interview, increasing anxiety and risk the possibility of leaving interview.

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EV1147

Roll of the third wave therapies in the treatment of schizophrenia



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Introduction The schizophrenia is a frequent mental disorder. The symptoms affect the emotions, cognition, perception and other aspects of the behaviour. In the last years have been developed different interventions and psychological treatments in order to improve the personal and social functioning of these patients. Among the new proposals is the called “third wave”.

Objectives Determine the efficacy of third generation therapies in the treatment of schizophrenia.

Methods We have performed a systematic review of the existing bibliography in PubMed/Medline, Cochrane and Dialnet, using the combination of different keywords “acceptance and commitment therapy, mindfulness, psychosis, schizophrenia, third wave of therapies, based cognitive therapy”.

Results The based cognitive therapy for the psychosis (CBT) was designed for the treatment of the residual symptoms of schizophrenia, however in the present there are over 30 randomized trial publications were is evaluated the efficacy of CBT in psychosis, on positive and negative symptoms, functionality and affectivity. It is most effective in acute episodes.

Conclusions The treatment with the third generation therapies reduces the positive symptoms of schizophrenia and improves depressive and anxiety symptoms. The CBT and the mindfulness are the most studied. There are scientifically therapeutic options for the treatment of patients with schizophrenia in combination with pharmacotherapy.

Disclosure of interest The authors have not supplied their declaration of competing interest.

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EV1148

The introduction of psychotherapy in psychiatric outpatients in the last four years in a Greek hospital



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Introduction The use of psychotherapy is an important part of treating psychiatric disorders, in combination with medication taking. However, despite its importance, psychotherapy is still underused from individuals with psychiatric problems in Greece.

Objectives To examine the use of psychotherapy, among psychiatric outpatients, in the last four years.

Aims To investigate whether there are differences in the use of psychotherapy, in combination with medications, to treat psychiatric disorders, from 2012 to 2015.

Methods In this study participated 5,551 patients, 2,760 males (49.7%) and 2,791 females (50.3%). The mean age was 45.54. Convenience sampling method was used and participants were recruited

from the General Hospital of Nikaia, 'Ag. Panteleimon', in Athens, Greece, from 01/01/2012 to 31/12/2015. SPSS software was used to analyse the data.

Results There were significant differences between the four years (2012–2015) with regard to the use of psychotherapy, in combination with medications, from psychiatric patients as χ^2 (21): 753.057, $P < 0.001$. More specifically, only 0.1% of psychiatric patients undertook psychotherapy in addition to taking medications, in 2012, and this increased to 2.7%, in 2013, 13.8% in 2014 and 18.6% in 2015.

Conclusions There was an increase in the use of psychotherapy, in combination with medication taking, during the four last years, from 2012–2015. However, the percentage of patients undertaking both psychotherapy and taking medications is still low. This has important clinical implications as the use of psychotherapy plays a significant role in achieving optimal health outcomes of psychiatric patients.

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EV1149

Countertransference in psychotherapy of paranoid patients



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The complexity of psychotherapy is based on the very nature of the paranoid process. The therapist must not only have a good understanding of the paranoid process, but also needs to be especially careful regarding the transference-countertransference emotions. Long-standing experience in psychotherapeutic work with paranoid patients, in the individual and group setting, has enabled us to systematize countertransference reactions. Dominant projective mechanisms require a high ability to contain emotions from the therapists. The most prominent is aggression, in regard to which the countertransference feelings appear, ranging from aggression to exposedness, impotence, and victimization. The therapist must constantly separate feelings which represent his "blind spot" from those which he perceives as a patient's part in therapist himself. The latter countertransference enables the therapist to experience the internal object of the patient by the mechanism of projective identification. Beside the aggression, the feelings from the narcissistic spectrum related to topics of value, competence, rivalling, idealization, and devaluation represent a significant countertransference problem. The countertransference feelings in group psychotherapy are of lower intensity, and rarely focused on the therapist himself. In the group, there is also the possibility of significant intensification of the projection of aggression, when the whole group is focusing the projections onto the therapist. In the group milieu, commonly emphasized countertransference feelings are related to the position in the group, competence, autonomy, and dependence. The understandings and way of coping with countertransference emotions determine the potential for creating the safe emotional ground in psychotherapy.

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EV1150

Comparisons of narrative psychotherapy to conventional CBT for the psychotherapy of psychosis and bipolar disorder



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Introduction There is ongoing debate about both the value of psychotherapy in psychotic disorders and the best type of psychotherapy to use if necessary.

Methods We conducted narrative psychotherapy with 18 adults, all diagnosed as having bipolar disorder with psychotic features and/or schizo-affective disorder. Outcome data consisted of the Positive and Negative Symptom Scale, the Clinical Global Impressions Scale, the Young Mania Rating Scale, the Hamilton Anxiety and Depression Scales, the My Medical Outcome Profile, Version 2 (MYMOP2), and the Outcome Rating Scales of Duncan and Miller. We compare the outcomes of our patients to those of a matched comparison group receiving conventional psycho-education and cognitive behavioural therapy. Patients were seen for a minimum of 16 weeks over an average of 22 weeks. Average age was 31.5 years with a standard deviation of 8.1 years.

Results The narrative therapy group showed statistically significant reductions in all outcome measures compared to the conventional treatment group. They continued treatment significantly longer and had fewer re-hospitalizations. They were less distressed by voices.

Conclusions A narrative psychotherapy approach using dialogical theory and therapy ideas is a reasonable approach for the psychotherapy of psychosis. Review of psychotherapy notes showed that narrative approaches allowed the therapist to align with the patient as collaborator in considering the story presented and was therefore less productive of defensiveness and self-criticism than conventional approaches. The therapy included techniques for negotiating changes in illness narratives, identity narratives, and treatment narratives that were more conducive of well-being and recovery.

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EV1151

System of integrative psychotherapy of somatoform and psychosomatic disorders patients



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The main goal of the investigation was the integrative psychotherapy system established. On the basis of the examined 350 patients with somatoform disorders and 250 patients with chronic psychosomatic diseases, we have elaborated a test that allows to evaluate quantitatively the influence of the disease on patients' social functions. We created the integrative psychotherapy system with cognitive-oriented, suggestive and autosuggestive implementations. Elucidation of peculiarity of personal perception of the disease served as basis of elaboration of purposeful system of psychotherapy, consulting, and psychological support for psychosomatic patients with high-effectiveness 1.5–3 years catamnesis in 85% patients. Psychotherapy should be used first of all as a target-oriented. Our experience showed the necessity of the use the integrative models of psychotherapy, parted on stages. On the first stage, the receptions of cognitive and suggestive psychotherapy are used. There is group therapy on second stage. On the third stage elements of the autogenic training mastered. The system examination high efficacy was shown.

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EV1152

Contribution of EMDR therapy in the management of personality borderline: About a clinical case

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EMDR therapy is a new approach to psychotherapy that uses alternating bilateral stimulation, either through the movement of the eyes or through auditory or cutaneous stimuli, to induce rapid resolution of symptoms related to past events. The protocol of EMDR therapy is based on a set of principles that are essential to a humanistic and integrative approach to medicine and health: confidence in the self-healing capacity of each individual, the importance of history personal approach, a person-centered approach, restored power, the importance of mind-body bonding, well-being and performance improvement. Several controlled studies have demonstrated the remarkable effectiveness of EMDR therapy for post-traumatic stress disorder resolution. Indeed, to date, EMDR therapy is one of the best documented methods of treating post-traumatic stress disorder in the scientific literature. We report here the clinical case of a young lady with post-traumatic stress disorder complicated by depressive disorder, on borderline personality, and as comorbidity a polyaddition to tobacco, alcohol and cannabis, and in whom EMDR therapy proved its efficacy in the management of her disease, enabling her to return to a better life.

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EV1153

Time perspective in multiple sclerosis patients: Looking for clinical targets for psychological interventions

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Introduction Interaction with time is a fundamental human characteristic that varies significantly in situations of severe chronic disease. Multiple sclerosis (MS) refers to medical conditions with severe damage to the nervous system, which have poor prognosis for patients.

Objectives and aims To explore the relation between clinical variants of multiple sclerosis and time perspective in MS patients for goals of psychological interventions.

Methods A total of 104 MS inpatients (25 men and 79 women aged 19 to 64) filled out Russian version of Zimbardo time perspective inventory (ZTPI) developed by A. Sircova, E.T. Sokolova, and O.V. Mitina, 2008. Seventy-three patients were diagnosed for relapsing-remitting multiple sclerosis (RRMS) and 31 patients for secondary progressive multiple sclerosis (SPMS).

Results Analyzing the difference in ZTPI values in MS patients one could notice that RRMS patients showed a greater focus on positive past, while SPMS patients indicated a higher priority on the future. No gender specifics were identified in MS patients with different clinical variants of the disease ($P > 0.05$).

Conclusions The data revealed could be related to the fact that SPMS patients having more severe clinical variant of MS were forced to the issues of living with the disease planning. They were

ready to assess and to prepare for possible negative consequences of the disease. They also sought the most efficient use of available resources for their own future and future of their loved ones. The resulting evidence can be used to determine clinical targets for psychological interventions in MS patients.

Disclosure of interest The authors have not supplied their declaration of competing interest.

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EV1154

Music orchestrating health feelings and senses given to the music present at the hospital during hemodynamic procedures: Cardiac catheterization and coronary angioplasty

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Several studies indicate that music has soothing effects and is effective for reducing stress and anxiety in coronary patients. The effects of stress on the cardiovascular system have also been proven. However, the meanings assigned to music when used during hemodynamic procedures are unknown, as are the meanings of the experience of these procedures. The aim of this research is to understand the senses and feelings of music for patients undergoing hemodynamic procedures, identify and interpret the fantasies and emotions related to, and study the possibility of deploying in hospitals the "Musical Method for Hemodynamic Procedures", being developed by the author. This research is based on a clinical-qualitative methodology. The sampling method is the theoretical saturation. The semi-structured interview was used in order to obtain data that was submitted to content analysis. The subjects are patients undergoing hemodynamic procedures in hospital SEMPER, Brazil. We conclude that within the experience of listening to music while undergoing catheterisation 100% of the patients claimed they had overcome the experience of stress and felt calm, tranquillity, peace and happiness. Some patients described the music as a companion, as something that diverts their attention from fear, transporting them to an imaginary place, to another dimension. The episodic memory, the capacity to recognize a musical excerpt for which the spatiotemporal context surrounding its former encounter can be recalled, was also important, with surprising results in the case of patients who underwent catheterisation in the presence of music and, later, angioplasty without the presence of music.

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EV1155

The specifics of psychotherapy of nuns

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Introduction Nuns undertaking psychotherapeutic treatment are a particular group of patients. As human beings, they experience similar emotions, everyday worries, crises and difficulties as everyone else during social interaction, but at the same time they fill a

special role in society. Presented behaviours, reactions to stressful situations, unaccepted emotional states that appear to be maladaptive, are often intensified by the rules of monastery life.

Objectives The aim of this investigation was to uncover the most significant issues in terms of the specificity of therapeutic work with nuns.

Methods The subjects were 12 patients (nuns) with the diagnosis of depressive-anxiety disorder (F41.2 according to ICD-10 criteria). Over the course of the last 10 years (since 2005) we observed the therapy processes of 12 nuns. The psychotherapy group consists of 12 patients at our ward. Every time there was only one nun in the group.

Results This study gives an overview of issues and problems reported by the nuns: their sex significantly determines their position in the community of consecrated sociality, their obligations to perform specific work, the rules to follow as well as the resulting consequences for the functioning of mental health.

Conclusions In the process of psychotherapy is important and necessary to distinguish between theological and psychological aspects, between what is secular and what is spiritual. The psychotherapy group's as well as the therapist's perception of a nun is of special importance as it is sometimes difficult to distinguish between her social role and her needs, desires, difficulties and conflicts as a human being.

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EV1156

Outcomes assessment: Psychometric properties of the Spanish adaptation of the outcome questionnaire (OQ-45)



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Introduction The outcome questionnaire (OQ-45) has been one of the most frequently used instrument to measure clinical outcomes in psychotherapy. Probably due to its subscale structure, its applicability for a variety of disorders and life struggles, its sensitivity to change by repeated measurements and its predictive ability. Given its popularity, OQ-45 has been translated into several languages.

Objective As the Spanish version has not been published, through this poster it is going to show the reliability and the dimensional structure of the OQ-45.

Method One hundred and thirty-nine patients in clinical settings have completed the Spanish version. Three different confirmatory factor analysis have been calculated to analyze the construct validity.

Results The Cronbach Alpha of the instrument was adequate .92, but also, in the three dimensions: symptoms distress (.90), interpersonal relations (.78) and social role (.66). Through the CFA was proved that the Four-factor bi-level model structure [$\chi^2_{(900)} = 3930.47, P < .001, AGF = .86, CFI = .91, RMSEA = .061 (.049 \text{ to } .073)$] suited appropriately, in fact, more properly than the three-factor correlated or the three-factor with a second order factor models.

Discussion The three-factor bi-level model structure of the OQ-45 is confirmed indicating an empirically and clinically relevant measure of client functioning. In this model each item loaded on one of the three subscales originally created. Besides, each item also captures common variance represented by the general factor of overall maladjustment, where this factor may indicate the degree to which respondents are functionally impaired. Thus, OQ-45 is an instrument that could be used for monitoring treatment efficacy and for making informed decisions about clinically significant changes.

Disclosure of interest The authors have not supplied their declaration of competing interest.

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EV1157

A prospective intervention in patients with complicated grief



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Introduction Most reactions to grief are adaptive. However, there is the possibility that some individuals present a complicated grief disorder, where there is a pathological intensification of symptoms lasting more than 6 months, deserving special treatment.

Objectives/aims Evaluate the effectiveness of two types of intervention in complicated grief: group intervention (GI) and cognitive-narrative (CN) therapy.

Methods Patients in a complicated grief process were selected ($n = 70$), and distributed in three groups: cognitive-narrative therapy group (CNTG), group intervention group (GIG) and a control group (CG). Inclusion criteria: adults, with a reference to mourning situation, with personal meaning, for over six months and results in ICG ≥ 30 points (cutoff). The Inventory of Complicated Grief (ICG), the Center for epidemiologic studies depression scale (CES-D) and the trauma questionnaire (ICD-11) were used. Follow-up was performed 3 months after the end of each intervention. Data analysis was performed using the statistical package from social sciences (SPSS 20).

Results With respect to complicated grief symptoms (CGx) and depression symptoms (Dx) there were statistically significant differences between the CNTG and the CG, but not with the GIG. There was no statistically significant effect in post-traumatic symptoms (PTx), even though both interventions had a slight decrease. When the CNTG and the GIG were directly compared, there was only a statistically significant difference between PTx.

Conclusions In our single center cohort, CNTG was a more effective intervention in complicated grief patients for CGx and Dx reduction. For PTx, no intervention was superior. Larger multi-center studies are needed to validate these results.

Disclosure of interest The authors have not supplied their declaration of competing interest.

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EV1158

Cognitive behavioral therapy and acceptance and commitment therapy as augmentation treatment for paediatric autoimmune neuropsychiatric disorders associated with streptococcal infections (PANDAS): A case report



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Introduction Paediatric autoimmune neuropsychiatric disorders associated with streptococcal infections (PANDAS) are a subgroup of conditions including obsessive-compulsive disorder (OCD), tic disorders, pre-pubertal and sudden onset, temporal association between streptococcal infections and associated neurological abnormalities. Some strategies were developed, including the use of antibiotic prophylaxis to prevent streptococcal-triggered exacerbations, and immunomodulatory interventions for the man-

agement of acute symptoms. Cognitive-behavioral therapy (CBT), which has been demonstrated to be the first-line treatment for OCD, can be a valid adjuvant during the difficult course of PANDAS to target acute symptoms and prevent exacerbations.

Objectives The study presented a case of a patient with PANDAS treated with antibiotic medication and CBT as augmentation.

Methods The 11-year-old patient (Y-BOCS pre-test score = 32), had been hospitalized for three weeks for acute onset of PANDAS. The clinical picture consisted of asthenia, contamination fears and washing compulsions, separation anxiety, severe depression and anxiety. Pharmacotherapy involved risperidone 2 mg/die and sertraline 250 mg/die for five months combined with antibiotic prophylaxis for two years. The CBT intervention started at discharge from hospital and included psycho-education on anxiety, intensive exposure and response prevention (2 hour sessions three times a week) for twelve months, cognitive restructuring, diffusion and mindfulness for the subsequent twelve months.

Results Anxiety and OCD symptoms substantially improved. The patient gradually started school again. Post-test score was 11 on the Y-BOCS.

Conclusions Along with psychiatric and antibiotic medications, CBT may be a valid augmentation strategy for PANDAS to reduce risk of exacerbations and enhance symptom improvement. Limitations are discussed.

Disclosure of interest The author has not supplied his/her declaration of competing interest.

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EV1159

Basic principles of supervision and its ethics in cognitive behavioral therapy



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Background Supervision is the systematic guidance of a therapist by a supervisor. It is a basic part of training and ongoing education in cognitive behavioral therapy (CBT). Self-reflection and ethical reflection are an important part of supervision.

Method The Pubmed database was searched for articles using the keywords supervision in CBT, therapeutic relations, ethics, transference, counter transference, schema therapy, dialectical behavioral therapy, acceptance and commitment therapy.

Results We discuss conceptual aspects related to supervision and the role of self-reflection and ethical reflection. The task of supervision is to increase the value of the therapeutic process in the client's best interest. Establishing the supervisor-supervisee relationship is based on principles similar to those in the therapeutic relationship. Additionally, supervision is oriented towards increasing the therapist's competencies. The CBT therapist's core competencies involve good theoretical knowledge, professional behavior towards clients, ability to use specific therapeutic strategies for maintaining the therapeutic relationship, sensitivity to parallel processes and accomplishment of changes, and adherence to ethical norms. Given the fact that during supervision, the supervisee may be at any stage of his/her training, supervision must take into consideration where the therapist is in his/her training and development and what he/she has or has not learnt.

Conclusions Both the literature and our experience underscore the importance of careful supervision of cognitive behavioral therapy. Numerous approaches are used in supervision, which is

associated with the abilities to self-reflect and to realize transference and counter transference mechanisms.

Disclosure of interest The authors have not supplied their declaration of competing interest.

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EV1160

Bion's group psychotherapy for dramatic personality disorders: An empirical study in a public mental health



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Educational objectives Psychotherapy is the most preferable intervention for personality disorder patients and group psychotherapy offers the possibility to increase the self-perception through resonance and mirroring processes. When a group is disorganized and emotionally tensioned generates regressive movements, which make it a basic assumption group.

Purpose To highlight the change of a group of patients after the inclusion of a new patient named Margherita.

Methods The patients were included within the group run by two psychotherapists after a cluster B personality disorder's clinical diagnosis (except for antisocial personality disorder), confirmed by SCID II and by a set of individual interviews aimed to prepare the patient to the inclusion within the group.

Results Margherita, from the first sessions, showed the tendency to coercively polarize the attention on herself through themes of discouragement and helplessness, posing a threat for the members' identity and resulting in a disorganization of the work group, which became a basic assumption group.

Conclusions The temporary disorganization of the group with the consequent regression to a worse functioning condition has subsequently allowed to revitalize the group and to avoid its dissolution. After the temporary regression, indeed, the work group was restored and started again to function even based on the new patient's problems.

Disclosure of interest The authors have not supplied their declaration of competing interest.

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EV1161

Why do I have to die twice? EMDR treatment after experience of clinical death



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Background Clinical death is etiologically non-specific state of reversible cessation of blood circulation and breathing, the two necessary criteria to sustain life. Serious consequences in form of anxiety and/or depression can remain after recovery.

Case report Male patient 55 y/o with no prior history of psychiatric difficulties, who experienced clinical death after cardiac infarction. Reanimation was successful and he was discharged with minimal if any cardiac consequences. During the hospitalization in Coronar unit he reacted with major depression, and aftermath with debilitating anxiety and panic attacks followed by avoidant behavior, obsessive thoughts, social withdrawal, and consequently, very poor quality of life, regardless of the favorable outcome of somatic (cardiac) illness. The patient did not want psychiatric

medications, so EMDR treatment was introduced. We assess negative cognition: why do I have to die twice? “Subjective unit of disturbance regarding the traumatic event (SUD) was 9”. Adhering to the EMDR protocol, the therapist helped the patient to re-process the traumatic event (the very moment when he was told that “he was died”). Complete desensitization and reprocessing were accomplished, SUD was 0, VoC was 7. Patient reached pre-morbid level of psychosocial functioning, doing his demanding job, and enjoying his social life.

Conclusion Near death experience has high traumatic potential with serious psychological consequences. EMDR is efficacious treatment for variety of anxiety disorders caused by psychologic trauma due to physical illness.

Keywords EMDR; Clinical death; Panic disorder

Disclosure of interest The authors have not supplied their declaration of competing interest.

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EV1162

The use of “pliable media” in promoting symbolization in the psychoanalytical psychotherapy of psychosis



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Introduction In psychosis, the capacity of symbolization is lost to different extents and patients live in a concrete world of objects. Moreover, the lack of boundaries between self/other, inside/outside severely impairs the capacity of these patients to understand and recognize reality from the delusional dimension.

Objectives Working through psychotic concreteness and accessing a first subjectivation of this experience, that leads to the development of a first symbolization.

Aims Achieving the possibility to access a first symbolization and begin a delicate process of appropriation of the emotional experience with the establishment of the boundaries between inside/outside.

Methods The use of “pliable media”, such as drawing, as therapeutic mediation allows a partial defraction of the violent transferential dynamics from the therapist and let unsymbolized material to emerge less destructively in the treatment fostering a first figurability.

Results The Squiggle game as “pliable medium” facilitates a first encounter in the therapeutic relationship and represents a primal transitional area that allows a gradual working through process to take place where the establishment of the boundaries between inside/outside could begin.

Conclusions We suggest that the use of “pliable media” in the early stages of the psychotherapy of psychotics can significantly favor a first encounter between patient and therapist and, at the same time, provides the first experience of a transitional space where a working through process leading to first representations can take place.

Disclosure of interest The authors have not supplied their declaration of competing interest.

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EV1163

Interoceptive exposure at the heart of emotional identification work in psychotherapy



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Introduction Emotional avoidance is a target process, offered by modern psychotherapies. Emotional exposure is often difficult to put in place when there is a major cognitive and behavioral avoidance. Education on emotional processes is necessary but often insufficient during individual follow-up.

Objectives The longitudinal study seeks to verify whether work on exposure and emotional identification influences the decreased level of anxiety and depression.

Aims Introduction of interoceptive exposition in psychotherapy decreases the frequency of emotional avoidance.

Method Group psychotherapy composed of two modules: interoceptive exposure and emotional identification was proposed to patients with anxiety and depressive disorders. A group of 6 participants was evaluated at three times: T0 before the start of the group, T1 post-module 1 and T2 post-group. Assessments of HAMA anxiety, MADRS depression, QEC cognitive avoidance, UPPS impulsivity, MCQ-30 metacognition and emotional regulation REQ-21 have been proposed.

Results Significant differences were observed between pre- and post-intervention scores (Friedman test). The HAMA anxiety rate ($P=0.006$) and the MADRS depression ($P=0.047$) decreased. Participants in the group were less likely to use QEC thought substitution ($P=0.009$) and urgency in their UPPS reactions ($P=0.03$). Moreover, their external dysfunction REQ. 21 decreases ($P=0.03$).

Conclusion Faced with emotional avoidance, work on emotional identification requires prior interoceptive exposure. It is a first stage of work that involves sensitizing to the presence of emotional bodily sensations. Group work facilitates exposure to emotion and its identification; decentration leading to emotional intensity decrease. The work on the interoceptive exhibition facilitates the emotional exposure while participating in the deactivation of the associative emotional network.

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EV1164

Borderline personality disorder – dilemmas and therapeutic challenges



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Treatment of borderline personality disorder has some specifics relative to other disorders, which are deriving from nature and structure of those people. Treatment is very slow, often with interruptions, and it presents a special challenge for contratransferal feelings but at the same time offers a possibility of continuous learning, for the patient and the therapist. Main characteristics of this personality disorder are the diffusion of identity, primitive defence mechanisms concentrated around the cleft and relatively preserved ability to rest reality. As classical psychoanalysis and psychoanalytical psychotherapy did not give results in therapy of this

disorder, Otto Kernberg took its basic techniques but used them adjusted for borderline personality disorder, developing so called transfer focused psychotherapy. This paper will present the main principles of this modification, applied in practice.

Keywords Borderline personality disorder; Transfer focused psychotherapy; Therapy principles.

Disclosure of interest The authors have not supplied their declaration of competing interest.

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EV1165

Psychosomatic inpatient treatment achieves in the medium term sustainable clinical improvement as well as a reduction in utilization of medical services-results of a one-year follow-up

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Background The research on sustainability of effectiveness of inpatient psychosomatic treatment is necessary for epidemiological and economic reasons as well as towards their legitimacy.

Objectives and aims To investigate whether the achieved clinical improvement by the inpatient treatment continues one year after discharge and whether the utilization of medical services display a significant reduction post-discharge compared to the year before admission.

Methods Naturalistic 1 year follow-up study of a cohort ($n = 122$). Three measuring time points: T1 (discharge), T2 (6 months after discharge; drop-out rate about 33%), T3 (12 months after discharge; drop-out rate about 49%). Assessment by means of standardized tests of changes in clinical variables, self-efficacy, quality of life, and personality between discharge and one year after discharge. Utilization variables (hospital days, days of incapacity, medication and doctor visits) were compared with ranges in the year before admission.

Results Improvements at discharge in general functionality, psychological and somatic stress, depressiveness, bitterness level, quality of life and self-efficacy remain one year after discharge sustainably. Furthermore, hospital days, days of incapacity, number of doctor visits and of prescribed drugs decreased significantly in comparison with the year prior to admission.

Conclusions Inpatient psychotherapy is effective not only in short-term but also in medium-term. One year after discharge clinically improvement at discharge time-point remains stable and the utilization of medical services decreased significantly. Longer periods of observation, identification of risk groups and of resilient prognostic factors, as well as ensuring post-discharge care are necessary in order to prevent relapses and to made early interventions.

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EV1166

Cognitive behavioral therapy in Internet addiction – A case series

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Internet use increased significantly in the last decade through the development of portable technologies, like laptops, smart-phones, tablets etc. Time spent on Internet could become a problem for many users, some of them reporting a sense of control loss, as they begin to stay more on-line than they initially wanted. Gaming, shopping, gambling, social networking, visiting pornographic sites, e-mailing, all these activities could transform an apparently inoffensive mean of communication into the trigger of a behavioral addiction. We applied individual cognitive-behavioral therapy (CBT) in three cases of Internet addiction, with cognitive re-structuring based on a diary of dysfunctional thoughts, relaxation techniques, and coping skills training, with good results. CBT was structured in bi-weekly sessions, of 30 minutes duration, for 6 weeks. Time spent on-line and daily functioning were the main variables monitored. A very important issue is to address all potential factors that could maintain the disorder, like social skills deficits, personality disorders, other co-morbid addictions, anxiety or depressive symptoms etc. Elements of motivational interview could be helpful especially at first visit, but also during therapy, when danger of relapse surfaces. Cue exposure with prevention of response is another technique that had proven itself useful in several sessions, when automatic thoughts challenge appeared to have reached a dead point. An informant like a close relative of the patient should be involved in the therapy whenever possible, due to the fact that Internet addiction therapy, like any other addiction therapy, need a third party to offer feed-back regarding patient's changes under treatment.

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e-Poster viewing: Quality management

EV1167

The quality of life at disabled child's parents

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This study is focused on presenting the quality level of the life of parents with disabled children and the determination if there are any differences between parents that are in a treatment process and those that have just started this treatment for their children. Another aspect where this study is focused, are the indicators of life quality. A sample made by disabled children parents ($n = 100$), who are in “QKZHMT” center in Kombinat and PLM in Vlora, underwent the measuring instrument with a total of 40 self reporting allegations as well as, they became part of the focus groups how they present differences in applied conditions of the compound factors of life quality. In this study the research question was: “are there differences in the reported levels of parents with disabled children life quality who have just started the children treatment program with those who have started it six month ago?” Part of the quality focus was: “the differences and similarities exploration of the parenting experience of the parents with disabled children”. These conclusions were reached, affected by the comparative statistical analysis conducted in this study, that there are no



statistical differences reported as well as in the overall life quality level as in its compound factors for both groups. The same result applies for the gender differences.

Disclosure of interest The authors have not supplied their declaration of competing interest.

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EV1168

Quality of life at work and motivation for research activities for residents of general practice in two different surgical departments in Greece



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Introduction Quality of life at work has very much to do with educational efforts during medical residence years. Constant changes of work environment for general practice residents, is a strong reason for high levels of stress at work.

Objectives Our study is to present the general rules of work for general practice residents in surgical departments in Greece and the quality of their lives and career motivation.

Methods We use information coming from two hospitals, a large city hospital which covers a population of 780.000 of citizens during all-night duties, and a provincial hospital, which covers a population of 50.000 citizens.

Results In both workplaces, general practice residents spend much of their education time in the emergencies department or the outpatient clinics of surgery. Stress is more intense in the large hospital, based on the number of patients examined per day and the frustration they receive at work. However, the heavy duty to accompany a patient for a transfer to other hospital is much more often in province, and then the stress is much more intense and lasting. Frustration is also often in the urban hospital where the residents of various specialties are more experienced and have more confidence due to their departments expertise. Satisfaction at work varies according to the personality of every doctor.

Conclusions Opportunities for scientific development through participation in scientific meetings was stronger in the provincial Hospital due to a good team of strongly motivated researchers that happened to be there and better work environment.

Disclosure of interest The authors have not supplied their declaration of competing interest.

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EV1169

First episode psychosis service (EPS): Evaluation of implementation in a rural Australian setting



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Introduction Recent decades, has seen an increasing focus on developing specific early or first episode psychosis services, in various parts of the world. There has been a growing awareness of the emotional impact of psychosis like trauma at onset, suicide and loss of social network. There is also a co relational link between the duration of untreated psychosis (DUP) and outcomes. The first

2–3 years following first episode onset have been argued to be a critical period for treatment.

Method Our study was an evaluation of an early psychosis service (EPS) in a rural Australian MHS 'experiencing' or 'at risk' of experiencing first episode psychosis. The guidelines were based on the Australian clinical guidelines for early psychosis (1998). The audit tool used was a checklist based on 10 treatment guidelines developed by the EPS special interest group evaluation sub-committee.

Results The overall results show that 7 out of the 10 treatment guidelines were well adhered throughout the implementation process. Guidelines strongly adhered to were numbers 2, 3, 5, 6, 7, 8, and 10, whereas guidelines 1, 4, and 9 were poorly adhered to.

Discussion The implementation process was found to be generally effective. The factors that influenced the effectiveness will be discussed in the poster.

Conclusion There were a number of trends when we looked at the overall results which included aspects of the guidelines that were done well and aspects that needed improvement which will be further discussed in the poster.

Disclosure of interest The author has not supplied his/her declaration of competing interest.

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e-Poster viewing: Rehabilitation and psycho-education

EV1170

Development of an interview schedule for assessing factors influencing educational outcome in students with schizophrenia



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Introduction Schizophrenia is a severe mental disorder with a relatively high toll on the quality of life of the patient and caregiver. It has a high financial, emotional and psychosocial burden. Surprisingly, optimum academic and educational outcomes in individuals with schizophrenia have been a neglected area of research and service provision.

Objectives Development of an interview schedule assessing the helpful and hindering factors affecting the educational attainment in persons with schizophrenia.

Methods Twenty-one participant were recruited (11 patients and 10 caregivers) from August 2014 to 2015 using purposive sampling and interviewed in a semi-structured qualitative fashion. Patients were between 16–25 years of age. Data collection and interpretation continued iteratively till saturation of factors was achieved. The list of factors (hindering/helping) was compiled and sent to a panel of 14 experts. They rated the schedule and the individual factors on a Likert scale. Reliability and validity parameters were tested and the final schedule was formulated.

Results The final schedule contained 17 hindering and 18 helping factors. Detailed instructions to the interviewer for administration of the schedule are included. The factors have been further subdivided into illness related and illness unrelated. Some of the major hindering factors were symptoms of illness, medication side effects, delay in treatment initiation, perceived conflict in parents, lack of motivation. The major helpful factors were adequate symptom control, withholding inpatient care, spirituality, and peer group acceptance.

Conclusions Service provisions for ensuring optimal educational achievement can be formulated by assessing the felt needs and hindrances of patients and their caregivers.

Disclosure of interest The authors have not supplied their declaration of competing interest.

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EV1171

Applicability and feasibility of the Italian version of the cognitive remediation program circuits: A pilot study



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Introduction Cognitive deficits are considered central and persistent features of schizophrenia and have a significant impact on outcome and quality of life. The computerized interactive remediation of cognition (CIRCuiTS) is a new computerized cognitive remediation program aimed at improving different cognitive domains in patients with schizophrenia. In particular, the program was designed to mainly rehabilitate executive functions, attention and memory by training each cognitive function through several exercises and by improving metacognition.

Objectives In the present study, CIRCuiTS was translated and adapted into Italian. The applicability and feasibility of the Italian version was evaluated. Moreover, preliminary data on the effectiveness of the program were investigated.

Methods Four patients with a diagnosis of schizophrenia were recruited for the study. We investigated the changes in neurocognition, psychopathology, self-esteem and functional outcome at the end of the remediation program. The level of satisfaction of operators and participants was evaluated by means of the client satisfaction questionnaire (CSQ).

For each patient, the entire program took place through 2 weekly sessions of 50 minutes for a total duration of 40 sessions.

Results CIRCuiTS produced an improvement in all domains of neurocognition, disorganization, self-esteem and real-life functioning in the areas "self-care" and "interpersonal relationships". Moreover, high levels of satisfaction were shown by CSQ for both, operators and participants.

Conclusion The Italian version of CIRCuiTS demonstrates high levels of acceptability and feasibility for both, patients and clinicians. Additionally, preliminary data suggest that the use of CIRCuiTS provides an improvement on several aspects of the disease.

Disclosure of interest The authors have not supplied their declaration of competing interest.

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EV1172

Coping skills training intervention on the quality of life of psychiatric patient's caregivers: A randomized controlled study



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Introduction The caregivers of the psychic patients experience decreased quality of life (QOL).

Aims The aim of this study is the determination of the effect of coping skills training on improved quality of life of these caregivers compared to traditional treatments.

Methods The samples consisted of 82 caregivers of psychiatric patients who were admitted in the educational hospital of Tehran for the first time from 2015 to 2016. The caregivers were randomly divided into two groups including Interventional group ($n=41$) who received an educational booklet in addition to coping skills training, and control group ($n=41$) who received usual care. A two-group randomized controlled trial was conducted, including WHOQOL-BREF questionnaire used to collect the data before and after 90 days.

Results The results demonstrated that there were significant changes in the quality of life of family after training ($P=0.05$). But this change was not seen in the control group. The comparison of the two groups after intervention indicated, that the scores of the intervention group were higher than the control group in all dimensions. But these scores were significantly different in the psychological health and the environmental health.

Conclusions To educate the coping skills interventions can have a positive effect on the quality of life of caregivers than usual care.

Disclosure of interest The authors have not supplied their declaration of competing interest.

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EV1173

The effects of animal-assisted therapy on happiness of chronic psychiatric patients in a nursing home in Tehran: A randomized controlled study



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Background Psychiatric patients who live in nursing homes may often feel a loss of autonomy, decision-making, and participation in social activities. They usually had little or no visitors and also they do not have any purpose for living. Pets may decrease this problem and improve their happiness.

Objectives The aim of this study is to evaluate the effects of animal-assisted therapy (AAT) on happiness of chronic psychiatric patients in nursing home.

Method The study design was a randomized controlled trial (RCT) with pre and post-test. Seventy males with chronic mental health disorder who were patients of the nursing homes were randomly divided into a pet therapy intervention group and control group. Patients in the experimental group received pet-therapy with bird as 6 weeks therapy comprising 6 sessions per week. All patients were evaluated by the Oxford happiness questionnaire before and after 6 weeks.

Results Analysis of covariance (ANCOVA) was conducted and pretest was considered as a covariate variable. The result demonstrated that the patients in the experimental group had significantly increased ($P<0.001$) happiness in posttest scores.

Conclusion It is important to consider ways of enhancing happiness in psychiatric patients who live in the nursing homes. Also, it is appearing that AAT can be helpful for them.

Disclosure of interest The authors have not supplied their declaration of competing interest.

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EV1174

Parental stress in autistic parents: The counseling effectsR. Ferrara^{1,*}, M. Esposito²¹ *École doctorale de Lausanne, Department of Biology and Medicine, Roma, Italy*² *Università "Sapienza" di Roma, social medicine, Rome, Italy** *Corresponding author.*

Introduction In parents of autistic children there are high levels of stress. For parents, counseling can help them face the world of autism through the many stressors they experiment.

Objectives To evidence a possible effect of the counseling intervention on parental stress.

Methods The sample consisted of 24 parents (mean age = 38.7) of children diagnosed with autism spectrum disorder related to the treatment centre "Una breccia nel muro". Parents' group was randomly divided into two subgroups, the first (EG experimental group) consists in 12 parents, which were included in a counseling treatment of six months (one meeting of 2 hours every 15 days), while the other subgroup parents, (CG control group) were not included. We used parenting stress index–short form (PSI-SF) before counseling intervention (T0) and after (T1) with every parent. PSI values stress level in following scales: parental distress (PD), parent-child dysfunctional interaction (PCDI) and difficult child characteristics (DC). **Figure 1** shows all the variables in each group at T0 and T1.

Results Then a 2-tail t-test was separately carried out for each group (Counseling Yes; Counseling No). Counseling Yes: PD ($t_{22} = .70, P = .49$); PCDI ($t_{22} = .72, P = .47$); DC ($t_{22} = 2.23, P = .03$); Tot Stress ($t_{22} = 1.04, P = .3$). Counseling No: PD ($t_{22} = .82, P = .42$); PCDI ($t_{22} = 1.7, P = .09$); DC ($t_{22} = .59, P = .56$); Tot Stress ($t_{22} = .72, P = .48$)

Conclusions Our data confirm the positive effects of counseling especially on the difficulties related to children (DC scale).

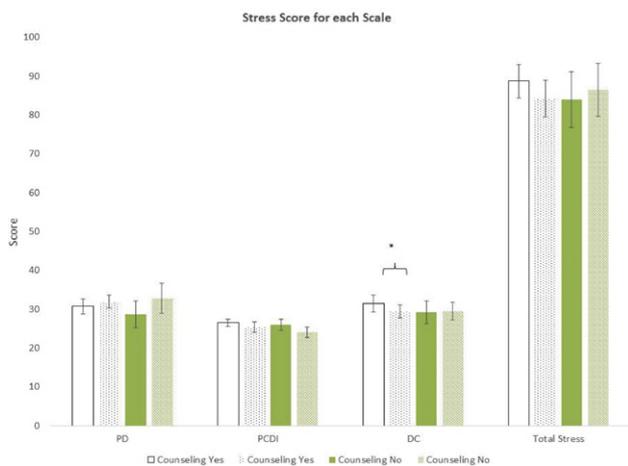


Fig. 1

Disclosure of interest The authors have not supplied their declaration of competing interest.

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EV1175

Integrating mental health care and vocational rehabilitation to improve return to work rates for people on sick leave because of common mental disorders

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Introduction Sick leave due to common mental disorders (CMD) has major negative influence on society because of the lost productivity, social benefits, and treatment costs, and OECD estimates that the cost is equivalent to 3.4% of the Danish gross domestic product. **Objectives** The Objective is to examine, whether integrating mental health care with vocational rehabilitation, conveys shorter return to work (RTW) time, compared to treatment as usual, after sick leave due to a CMD such as depression, anxiety, and stress-related disorders.

Aims The aims of the intervention of are to provide the shortest possible RTW time. Primary outcome is RTW time, and secondary outcomes are (a) time from RTW until recurrent sick leave and (b) symptom level a six months.

Methods Patients are included in one of two randomized controlled studies (anxiety or depression in one RCT, and stress-related disorders in another RCT), after referral from the municipality vocational rehabilitation (VR) center, after sick leave for at least four weeks. Patients, in both trials, are randomized into one of three groups, in a ratio of 1:1:1: (a) control group, where they receive treatment as usual in primary care and municipally located VR, (b) intervention group: mental health care (MHC) in the research project, and municipally located VR (not integrated), and (c) intervention group: MHC in the research project, integrated with a special project VR.

Results We are currently including, and as of December 2016, more than 300 are included. The total sample will be 1536 patients.

Disclosure of interest The author has not supplied his/her declaration of competing interest.

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EV1176

Academic stress and emotion regulation in the Iranian female students with high and low academic performanceS. Piryaeei^{1,*}, M. Mohebbi², M. Khademi Ashkzari¹, E. Khademi Ashkezari¹¹ *Alzahra university, educational psychology, Tehran, Iran*² *Tabriz university, educational psychology, Tabriz, Iran** *Corresponding author.*

Introduction This paper examines the similarities and differences between academic stress and emotion regulation and investigates that the association between emotion regulation and academic stress may be explained the level of academic success among female students.

Objectives This research suggests that students vary in their ability to regulate emotions and cope with academic stress, and these abilities may differ across the level of student's academic success. Identifying the academic stress and quality of emotion regulation strategies will lead to practical implications for promoting student's with low or high academic success.

Aims The present study aims to compare academic stress and emotion regulation in the female students with high and low academic performance.

Methods A total of 162 high school students (mean age = 15.26) were selected by cluster random sampling method. They were cat-

egorized as students with high (87 students) and low (75 students) academic performance by average of their academic performance. Emotion regulation questionnaire, educational stress scale for adolescents and academic performance were administered. One-way MANOVA was conducted on academic stress and emotion regulation.

Results The results of analysis were significant only for emotion regulation, $F(5, 156) = 5.34, P = .001$. Mean score of students with low academic performance in the emotion regulation was significantly lower than students with high academic performance.

Conclusions The extent to which variation in emotion regulation and coping with stress can be considered as a key factor of academic failure/success in educational settings.

Keywords Academic stress; Emotion regulation; High and low academic performance

Disclosure of interest The authors have not supplied their declaration of competing interest.

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EV1177

The neuropsychological approach to the consciousness in L.S.

Vygotsky – A.N. Leontiev – A.R. Luria school

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Introduction Existing polysemy in definitions of human consciousness creates the major difficulty in its understanding. With the development of intensive care modern methods, the number of patients survived after coma and dwelling in disorders consciousness conditions rises.

Aims Among, the most important practical questions of neuropsychology is estimation of the patient's consciousness current condition. The solvation of these problems requires precise denotation of consciousness neuropsychological criteria.

Methods All of definitions of consciousness in Russian psychological school, have the binarity as a common feature: in one hand, in view of the world, yourself, and another hand—extraction and differentiation of yourself from the ambient world (self-consciousness).

Results Neuropsychological model of consciousness (in particular, self-consciousness) includes all higher psychological functions (HPF). However, condition of none of them cannot be sufficient criterion of consciousness estimation. In Russian psychology it is suggested to study the consciousness through its own characteristic, among which one can designate reflexivity, which includes cognitions and personal meanings.

Conclusions It is possible to determine the quality of consciousness at a specific instant of time, through the system of human relations, as activity is motivated the knowledge is acquired, the affective side of the activity is determined, the self-consciousness is formed exactly through the personal meaning. Personal meaning can act as that quantity of consciousness (self-consciousness) analyses where the external reality and human attitude to this reality

are differentiated. One can judge about a degree of contact between a human and a real world by indirect difference between them.

Keywords Neuropsychological rehabilitation; Higher psychological functions; Consciousness; Self-consciousness.

Disclosure of interest The authors have not supplied their declaration of competing interest.

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EV1178

Specifics of psychological consulting of patients after TBI according to the structure of neuropsychological deficit



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Introduction Present article introduces the case of a patient who had traumatic brain injury (TBI) in 2010. During examination V. demonstrated mild sensory aphasia, frontal lobes deficit, memory disorder, limiting beliefs, lack of adequate coping strategies, emotional reactions and disability to describe his feelings and body awareness.

Objectives and aim Neuropsychological, correction and psychological counseling performance, considering neuropsychological deficit profile.

Methods counseling was carried out over six weeks in the form of 2 hour sessions once a week. Speech perception impairment was taken into consideration. The process was started with frontal lobe deficit correction. Goal management training was used in conjunction with external control of distractions. Training in structured organization of information has highly improved memorization. Techniques of CBT were used to work with cognitive distortions, dysfunctional beliefs, and self-restricting behavior. Body-oriented therapy was offered to cope with stress factors and vegetative reactions.

Results V. compensated memory disorder using external sources and motivation. Some adaptive strategies of interaction with people and the outer world were formed. He improved time management skills and learned to follow the priority of current task without distractions. Moreover, he actively started to use body-oriented techniques to regulate his emotional condition. A considerable progress was achieved in understanding his limits and difficulties in everyday life.

Conclusion Implementation of psychological consulting according to neuropsychological deficit profile may be effective in interdisciplinary holistic rehabilitation of patients after TBI.

Keywords Traumatic brain injury; Neurorehabilitation; Holistic rehabilitation.

Disclosure of interest The authors have not supplied their declaration of competing interest.

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EV1179

Disability as psychological barrier for employment in Russia, implications for rehabilitation



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Introduction In Russia there was a misconception about employment of people with physical or cognitive disability that served as a psychological barrier for both employers and applicants. The situation has recently changed and special vacancies for invalids are open in some companies. A patient in residual period of traumatic brain injury (2010) attended our rehabilitation center with the request for employment. He grew up in orphanage and he had no experience of searching for vacancies by himself, also he had reduced communication skills. Moreover, TBI resulted in strong executive functions impairment.

Objectives and aim Help V with employment.

Methods Holistic rehabilitation program was developed for V. so he had a training in computer skills, CV writing and communication with employer. Cognitive-behavioral therapy methods were used while working on understanding of his limits and acceptance of his disability, and goal management training was applied to reduce frontal lobes dysfunction.

Results After 1.5 months of counseling V. demonstrated significant improvement. He started to use e-mail and the Internet to find job openings. He was able to keep independent control of his activities. V. managed to accept his disability, so he declared it in his CV – it finally became crucial in his successful employment as clerk in a bank.

Conclusion Holistic approach, which includes social work, neuropsychological rehabilitation and psychological support, is promising to overcome psychological barrier in employment of disabled people.

Keywords Neuropsychology; Rehabilitation; Employment; Social adaptation; Cognitive training

Disclosure of interest The authors have not supplied their declaration of competing interest.

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EV1180

Quality of life of children and youngsters who attended the psycho-educational program “+ familia” (+family)



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The program “+ Família” part of the activities promoted by CLDS+ from Paredes de Coura in 2015, has enabled to act at the level of strategy development for qualifying families. The perceived quality of life of children and youngsters was evaluated in 2 moments: at the beginning ($n = 23$) and in the end ($n = 11$). We used the scale

kidscreen-10, translated and measured for the Portuguese population. At the first moment, the sample consisted of 65% of women and 35% man; 87% aged between 6 and 10 years old and 13% aged between 11 and 15 years old; 74% attended the 1st cycle of studies and 13% had some type of disability. Based on 4 of the questions, the perception of quality of life has improved, between the beginning and the end of the program implementation. So for the remaining 6 questions, quality of life was perceived in a more negative way in the same period. An intra subject analysis would have to be made in order to measure the results' bias due to the absence of 12 subjects in the final evaluation.

Disclosure of interest The authors have not supplied their declaration of competing interest.

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EV1181

Brief family psycho-education program for caregivers of inpatients with severe mental illness



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Introduction Family psycho-education is an essential part of the treatment for people with severe mental illness (SMI), however this relevant intervention is underutilized. Shortened variations of family psycho-education have been described in attempts to make it more attractive, efficient, and feasible.

Objectives/aims Considering the lack of manualized intervention for families in Brazil, our study comes up with a proposal to implement and to evaluate the feasibility of brief family psycho-education program (BFPP) during inpatient psychiatric treatment. **Methods** An extensive review using a combination of the words: “family psychoeducation”; “severe mental illness”; “schizophrenia”; “bipolar disorder” was conducted in PubMed/Medline with the aim to select reports of multifamily group psycho-educational programs. Studies involving adults with severe mental illness published until March 2016 were included.

Results After the review of literature and meeting with experts in SMI, the BFPP was developed collaboratively by bipolar disorders' team at Hospital de Clínicas de Porto Alegre (HCPA). The standard BFPP consists of four sessions: (1) causes, symptoms, course, prognosis and stigma of severe mental disorder; (2) treatment; (3) community resources, communication skills and importance of healthy and regular habits; and (4) problem-solving strategies: preventing relapses and establishing plans for crisis. Each session will occur weekly, lasting 90 min, with 8–12 caregivers. The patients did not attend the group.

Conclusion We purposed a standard, brief, cheap and simple intervention to apply. We believe that BFPP is highly suitable for caregivers of patients with SMI. We hope that this program demonstrates feasibility among participants and become a useful and effective intervention.

Disclosure of interest The authors have not supplied their declaration of competing interest.

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EV1182

Quality in community-based day center services for people with psychiatric disabilities from the attendees' perspective

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Community-based day centers in Sweden are well-established arenas for psychiatric rehabilitation. Little is, however, known of the attendees' perception of the quality of the service provided. Therefore, the aim of the study was to describe and investigate the quality of community-based day center services for people with psychiatric disabilities. A sample of 218 attendees (44% females) between 18 and 71 years old in 14 community-based day center services in Sweden completed the quality in psychiatric care-daily activities (QPC-DA) instrument. The results showed that people with psychiatric disabilities perceived the quality of community-based day center services as high and 87% perceived the overall quality as satisfactory. The highest ratings were found in encounter followed by support, daily activity-specific, secure environment, participation, and the lowest quality was found in secluded environment dimensions of the QPC-DA. Most notably, quality of service was rated higher by those with lower educational level, had waited shorter time to attend the center, and had better mental and physical health. However, particularly aspects of a secluded environment and participation (information) may be areas with potential for improvement. In conclusion, the results adhere to the importance of occupational balance, with periods of rest/privacy during the time at the center.

Disclosure of interest The authors have not supplied their declaration of competing interest.

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EV1183

Psycho-education in schizophrenia: Evaluation of a new schizophrenia questionnaire "SCHIWI" and predictors of knowledge gain

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Psycho-education is a well-known therapy within a multi-modal therapy concept for patients with schizophrenia and their relatives, as psycho-education is known to reduce relapse and duration of hospital stays. Here, evaluate a new questionnaire to show the gain of knowledge about schizophrenia, especially in combination with psycho-education during a hospital stay. Furthermore, we aim to find out more about the predictors for knowledge gain after participation in 4 to 8 psycho-educational groups. During 5 years (04/2011 to 08/2015) 517 patients and 223 relatives took part in our psycho-educational groups, 136 participants finished the study. In a test theoretical analysis it was shown that the questionnaire "SCHIWI" with 100 items has similar problems as previous questionnaires, but fulfils the criteria "discriminatory power" and "item-complexity" in a reduced version of 22 (was? Erbsen? Cremants?) and can be considered as a valid questionnaire. We could prove again that psycho-education leads to knowledge gain. Furthermore, we found the predictors "frequency of participation", "basic knowledge" and possibly "relationship to relatives" to be relevant for knowledge gain in patients. Due to the small number of participating relatives we were not able to find secure predictors here,



but we found indications that "previous experience with psycho-education", "subjective knowledge gain" and "education" could be predictors for knowledge gain. This study underlines the importance of psycho-education in the treatment of schizophrenia, but emphasizes the need to find out more about possible predictors in further research.

Disclosure of interest The author has not supplied his/her declaration of competing interest.

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EV1184

The possibilities of the improvement language competencies in children with dyslexia. The evaluation of the Tomatis therapy in children aged 6–10 years of age

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Audio psycho-phonological stimulation training is a method based on listening to various musical sounds by way of a special device called electronic ear. The goal of this therapy is to enhance damaged hearing and consequently facilitate greater stimulation of central nervous system and improve cognitive functions i.e. attention and learning abilities. The second goal was to evaluate the effectiveness of the Tomatis method in the treatment of cognitive functions in children with developmental dyslexia. Data were collected from forty children (age range 6–10 all of whom had various lexical impairments and diagnosed as dyslexia. All children IQ ranged 78–110. All subjects underwent therapy based on the Tomatis method. The relevance group constituted, by healthy ones. Further assessment included reaction time, over sensitivity of hearing sense, verbal fluency, attention, abilities of verbal learning and learning memory—immediate and long term. The effects of the therapy were measured after 9 months of stimulation. Statistically relevant improvement of most evaluated functioning parameters, including shorter time of adequate reaction to presented stimuli was observed. Not only did the patients have lower threshold of sensitivity of hearing sense, ability to localize sources of sound significantly improved ($P<0.05$) also. Subjects' verbal fluency, attention and immediate verbal memory were enhanced. The phonological abilities improved. Tomatis training significantly improved subjects' cognitive functioning. We could demonstrate its efficiency in relation to such parameters as reaction time, localization of sources of sound and over sensitivity to audio stimuli. The Tomatis method is a useful way of the speech treatment impediments.

Disclosure of interest The authors have not supplied their declaration of competing interest.

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EV1185

Ecopsychotherapy of mental health problems children and adolescents

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Ukraine is the problem of children's mental health. Contemporary one of the most urgent health problems in Ukraine. In recent



years a number of studies confirms the trend of mental pathology of growth with an increase in the number of clinical forms of psychotic register, including behavioral disorders in children. In turn, this is due to the increasing number of emergency situations (antiterrorist operations on the territory of Ukraine) for the last time. Ukraine now is an urgent need to establish a system of psychosocial rehabilitation of children with impaired mental development. International Charity Fund “Alexander Feldman Fund” in the Ecopark established the center for psychosocial rehabilitation of children and adolescents with psychological, emotional and behavioral disorders. The center created the conditions for the restoration of a bio-psycho-social harmony of the child in the conditions of modern urban-deformed medium. The aim of the center is to restore the level of social functioning and quality of life of children with ADHD, children with autism, cerebral palsy, Down syndrome and other neuropsychiatric disorders. The Center based on ecotherapy, also used animal therapy, garden therapy, play therapy, art therapy (studio for painting, sculpting). Individual and group work included various elements of cognitive-behavioral, rational, analytical child, relaxation, and other methods of psychotherapy.

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EV1186

Is social frustration typical of multiple sclerosis patients?

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Introduction Psychological problems of multiple sclerosis patients are often studied in context of distress and depression or quality of life concept. However, analysis of social frustration still has not been an object of research interest. Whereas ignoring patients' feelings of frustration and social worry may worsen the prognosis of treatment.

Objectives and aims To study if the social frustration prevalent among multiple sclerosis patients.

Methods We studied 104 multiple sclerosis patients during inpatient treatment in neurological unit. Male and female patients aged between 19 and 64 years were diagnosed relapsing-remitting multiple sclerosis (RRMS) and secondary progressive multiple sclerosis (SPMS). Psychological indicators of social frustration were assessed by using “The level of social frustration” questionnaire.

Results Lack of social frustration was revealed only in 5% of multiple sclerosis patients. The most frequent area of social frustration in the patients was the sphere of health and labor activity (45%). The second area of social frustration was dissatisfaction with the socio-economic status (37%), the third – the social status (26%). Both male and female patients were equally dissatisfied with their physical condition. Men were more frustrated with their material condition, women – with their inability to work. Some differences were also defined in clinical groups. RRMS patients were more frustrated in need for their status in the society, SPMS patients with their psychological and emotional state.

Conclusions The directions of typical social frustration in multiple sclerosis patients, associations with clinical and gender factors may be considered in system of treatment and rehabilitation.

Disclosure of interest The authors have not supplied their declaration of competing interest.

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EV1187

Building a psychosocial rehabilitation unit: The experience of centro hospitalar entre Douro e Vouga

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Introduction In Portugal, the National Mental Health Plan sought to reform the mental health care system, decentralizing mental health care by promoting community based services. Guidelines point to treatment of Psychotic Disorders with collaborative, person directed and individualized approaches.

Objective The authors propose to describe the development of a new psychosocial rehabilitation unit in a recently created psychiatric department.

Methods The CHEDV's psychiatry department (2009) serves a population of around 340,000. The Psychosocial Rehabilitation Unit (2015) aims to ensure a multidisciplinary and integrated response to users with major psychiatric disorders. The Psychosocial Rehabilitation Unit structures 4 axes of response: detection and initial approach of the disease, intervention in crisis, psychosocial rehabilitation and management of difficult patients.

Results CHEDV's psychosocial rehabilitation unit is responsible for the care of about 25 patients daily. Treatment activities range from specialized consultations, home visits, medication management and crisis telephone to social skills training, psycho-education, neurocognitive rehabilitation, occupational workshops and social intervention/orientation. The unit bases its work on constant communication within the team but also with all other carers of the patient (in or out of hospital).

Conclusions Bringing to the population a set of previously unavailable responses is the most blatant success of this unit that is helping people getting a better and closer care. To improve our work we aim at integrating the quantitative and qualitative psychometric evaluation of the patients. The lack of resources, necessity of further training, insufficient funding, and low political priority remain as the main barriers to community based mental health care.

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EV1188

Early signs of crisis in the perception of users and their family

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The identification of the early signs of crisis is globally considered one of the fundamental elements in the illness management practice of the psychiatric user. For this reason the mental health center of the city of Ravenna wanted to offer a personalized questionnaire to a 15 random-selected users and their families, with the aim of evaluating and analyzing the alarm signals in the participant's perception. The questionnaire has been created on the basis of other tests in the literature. It is divided in two parts, a “symptomatic”, related to the early signs of crisis, and an “environmental”, focalized on the potentially stressing situations for the individual. The administration took place within the individual and the family talks at the center. This project was implemented not only as a psycho-educational activity for the users and their family's, but also to amplify the knowledge of the staff on these signs. The results have shown how often there are points of difference in the perceptions of the early signs of crisis



of the users and their families and it is believed this could turn out to be an important factor to be worked on within the projects of psycho-education of the mental health center.

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EV1189

Psychological aspects in parents of children with disability and behavior problems



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Introduction Parents of children with disabilities are at increased risk of experiencing psychological stress compared to other parents. Children's high levels of internalizing and externalizing problems have been found to contribute to this elevated level of stress. Childhood disability often imposes a social and emotional burden for children and their families.

Objective With this study we evaluated several parents' psychological aspects and the emotional behavioral functioning of their children with disability.

Aim To investigate the possible correlation between parenting stress, level of depression in parents and behavior problems in their children, taking into account the differences between mothers and fathers.

Method Standardized forms (CBCL, PSI, BDI) were completed from 57 (28 mothers) parents of children aged from 6 to 18 years, focusing on psychological well-being includes depression, parenting stress, family resilience and family adjustment.

Results The mean age of our sample was 41.55 ± 5.4 . The level of depression and stress index were higher in mothers than in fathers. Parenting stress was significantly associated with children internalizing and externalizing behavior problems in children.

Conclusion The results of this investigation indicate the importance of examining relations between parenting stress and behavior problems in children with disabilities. Objective of ensuring the rehabilitation process aimed at the welfare of the family. These patterns have implications for both developmental theory and for service provision for individuals with disability and their families.

Disclosure of interest The authors have not supplied their declaration of competing interest.

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EV1190

Predictors of social function and quality of life in patients with traumatic brain injury



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Cognitive deficits as well as affective and physical symptoms are common after traumatic brain injury (TBI). However, little is known about how these deficits affect functional outcomes. The purpose of this study was to investigate the relationship between neuropsychological, affective and physical sequelae and outcomes such as social function and quality of life in patients with TBI. We studied these relationships in 57 patients with TBI over the course of 6 months post-injury. The patients completed neuropsychological assessments, including the Wechsler Adult Intelligence Scale-III,

the Rivermead Behavioural Memory Test, and verbal fluency test. Affective and physical symptoms were assessed by Beck Depression Inventory-II, Chalder fatigue scale, and Pittsburgh sleep quality index. Functional outcomes were assessed using the World Health Organization (WHO) disability assessment rated by others and the WHO quality of life assessment (WHO/QOL 26). The patients showed impairments in executive function assessed by verbal fluency test. The affective and physical assessments showed mild depressive mood and fatigue problem. Multiple regression analysis revealed that executive function and depressive mood were the best predictors of social function and quality of life, respectively. The findings of this study suggest that executive function and depressive mood are important factors to predict functional outcomes in patients with TBI.

Disclosure of interest The authors have not supplied their declaration of competing interest.

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EV1191

Deinstitutionalization and psychosocial rehabilitation



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Introduction Barbacena is a Brazilian city with 140,000 inhabitants, which was known as the "city of madmen" because of the excessive number of patients in psychiatric hospitals. In 2000 it began a deinstitutionalization process, and the patients were transferred to assisted residential services.

Objective Describe the process of deinstitutionalization and social rehabilitation of psychiatric patients.

Methodology The following characteristics were studied: sex, age, medication use, psychiatric diagnosis and the development of social skills.

Results In each therapeutic residence (RT) lives eight patients, supervised by upper and mid-level professionals. Since the implementation of RTs about 400 patients leave the psychiatric hospitals. Most had mental retardation (51.0%), followed by schizophrenia (31.0%). More than half (58.5%) were men. The age ranged from 29 to 97 years, with an average of 64.8 ± 12.4 . A decrease in the average dose of neuroleptics was seen after deinstitutionalization. Direct observation of patients in the RT, and the reporting of caregivers has shown that patients have developed wide range of social performance, such as dating, started at professional courses, attending exercise classes, travelling and learn how to use money.

Conclusion In despite of difficulties in the psychiatric reform process, the community-based treatment and psychosocial rehabilitation approach are the principal models of psychiatric care presently, and the residential services play an important role in this process. The authors emphasize the importance of community support, professional staff and rehabilitation programs as a condition for good outcomes.

Disclosure of interest The authors have not supplied their declaration of competing interest.

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EV1192

Review of physical health care in patients with chronic psychiatric conditions in a rehabilitation unit



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Introduction An important aspect to consider in chronic patients on psychotropic medication is their physical health status. Along with an aging population and the side effects of the medication it is key to identify complexities of their physical health that may be troubling the patient or can potentially effect the patient.

Objectives Using the standards for inpatient mental health rehabilitation services highlighted by AIMS Rehab.

we will assess if the current method used to highlight any physical health concerns are being met for the new patients admitted in to the unit from January 2016 to September 2016.

Aims Evaluate the quality of physical healthcare in Margaret Laurie House (Surrey and Borders NHS trust Rehabilitation unit).

Methods We designed a spreadsheet to capture the standards as outlined in 'physical healthcare' section of the AIMS Rehab document.

We obtained the relevant patient data using the System One electronic patient record. The system contains an embedded template where physical health parameters are entered so we were able to simply copy the data from these sections. We then translated this information into an Excel spreadsheet format.

Results The analysis of the data remains as work in progress at the current time. We anticipate low compliance with the 8 outlined standards (9.1.1–9.2.2). These were all considered type 1 standards; according to the AIMS rehab guidance the expectation is that the service must meet 100% of these standards. Upon re-audit we aim for 100% compliance.

Conclusion Work in progress-to be updated.

Disclosure of interest The authors have not supplied their declaration of competing interest.

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e-Poster Viewing: Research Methodology

EV1193

Psychometric properties of the Arabic version of adult hope scale



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Introduction The adult hope scale (AHS) was developed as measure of hope with a 12-item using an 8-point Likert-type scale (Snyder et al., 1991). Although there is an Arabic version of AHS, it is not identical to the original version in terms of the number of items response.

Objectives To evaluate the psychometric properties of the Arabic version of the AHS in undergraduate sample.

Methods The participants were undergraduate Kuwaitis (1000 males and (1000) females. The mean age of the males was (20.25 ± 0.05) years, and for females was (19.96 ± 1.44) with a significant age difference (t = 4.22, P < .000). The Arabic version of the AHS was administered to participants. The internal consistency reliability, factor structure, and convergent validity of the AHS with Life Orientation Test (LOT-R), oxford happiness inventory (OHI), and Satisfaction With Life Scale (SWLS), while the divergent validity of AHS were assessed with Beck Depression Inventory-II (BDI-II) and the beck anxiety inventory (BAI).

Results Internal consistency was satisfactory for the AHS (Cronbach's alpha = 0.83) for males and (Cronbach's alpha = 0.81) for females. The results revealed no significant gender differences on happiness (F = 1.68, P > .05). Principal component analyses (PCA) showed that a three-component solution explains %54.56 of the total variance for males and 51.99% for females. The AHS positively correlates with the following variables: SWLS (r = .43), LOT-R

(r = 0.40) OHI (r = .49) while the AHS correlates negatively with BDI-II (r = -.49) and with BAI (r = -.39).

Conclusions This study provides evidence for the reliability and validity of the Arabic AHS for Kuwaitis.

Disclosure of interest The author has not supplied his/her declaration of competing interest.

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EV1194

Measuring affective attitudes towards health among adolescents



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Introduction Affective attitudes play a significant role in health behaviors. However, comparing to cognitive attitudes, affective attitudes are much less investigated.

Objectives To study affective attitudes towards health among adolescents, we measured associations between words related to health and positive/negative emotions.

Aims We used the modified Etkind Color Test (Etkind, 1980) as a new measure of affective attitudes.

Methods Subjects (n = 79, Mage = 14.34 ± 1.21, 35 males) ranked 8 colors from Lüscher's color test (1971) from best to least associated with each of 13 words related to health (e.g. sport, risky behaviors) and 6 words related to positive and negative emotions. To calculate an association between an emotion and a health-related word we used a scoring algorithm, similar to Palmer's and colleagues MCA score (Palmer et al., 2013).

Results Means of associations between words and positive emotions were assessed: my body (0.74 ± 2.02), environment (1.17 ± 1.82), eating (1.23 ± 1.98), health (1.60 ± 1.78), risky behaviors (-1.14 ± 2.14), family (2.13 ± 2.00), sport (2.02 ± 1.86), sleep (0.74 ± 1.85), school stress (-0.95 ± 1.89), hygiene (0.91 ± 1.85), medicine (0.61 ± 1.95), psychological well-being (1.11 ± 2.24), illness (-0.43 ± 1.39). Positive emotions had inverse relation with risk behaviors, illness and school stress and direct relation with the rest 10 factors.

All correlations between negative and positive attitudes towards health related words were significant and negative (-.223 < r < .559), except two (medicine and illness).

Conclusions The modified Etkind Color Test describes semantic space of affective attitudes towards health. It showed that adolescents mostly did not have ambivalent attitudes towards health related factors.

Disclosure of interest The authors have not supplied their declaration of competing interest.

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EV1195

Confirmatory factor analysis of the frost et al multidimensional perfectionism scale-24 (F-MPS 24)



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Introduction The F-Multidimensional Perfectionism Scale is a widely used instrument to assess perfectionism trait. The original scale comprises 35-items that measure the six dimensions

of Frost et al (1990) conceptualization of perfectionism: personal standards (PS), concern over mistakes (CM), doubts about actions (DA), parental criticism (PC), Parental expectations (PE) and Organization (O).

Objective To examine the factor structure of the 24-items short form of the F-MPS using confirmatory factor analysis (CFA), in a sample of Portuguese university students.

Methods The sample comprises 344 university students (68.4% females), with an average age of 20.69 years (SD = 1.59; range = 17–24). They completed a version of F-MPS with 24 items that results from the selection of the four items with highest loadings in the respective six dimensions of the original Portuguese version (Amaral et al., 2013).

Results After correlated errors, we obtained a good fit for the FMPS with six factors ($X^2/df = 2.125$; CFI = .936; GFI = .891, RMSEA = .057; $P[rmsea \leq .05] = .043$). The 24-item F-MPS short form revealed good internal consistency ($\alpha = .825$). The six dimensions showed acceptable or good internal consistency, as revealed by Cronbach's alpha (α : PS = .80; CM = .76; DA = .82; PC = .84; PE = .89, O = .85).

Conclusions The F-MPS 24 items short form CFA confirmed the six factor model as a reliable and valid measure to assess multidimensional perfectionism in Portuguese university students.

Disclosure of interest The authors have not supplied their declaration of competing interest.

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EV1196

The subjective graphic representation as the neural pathway of the information processing: Dyslexia as an example

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Introduction The new theory of the cognitive process by A Bernardini.

Objectives to single out and recover deficits of the information processing by a new research method.

Aim to demonstrate dyslexia/language can be considered as an answer to what we are able to perceive. This depends on the way in which the C.N.S. elaborates the two aspect of energy of the internal and external space according to the new theory of the cognitive process by A. Bernardini which underlies her relevant re-educative methodology.

Methods this study was carried out in Italy, in pre-high school education where students with moderate learning abilities and special needs are integrated into mainstream education. The performance of F 81 subjects was examined. They were divided into two groups: the first supported by A. Bernardini's method, the second one supported by a remedial teacher (traditional method) and the control group being the rest of the class. For five months, tailored programs were followed three times a week, for one hour and a half.

Results At the end of the treatment the second group did not show significant results while the first group showed marked improvement. Among the students of the first group, Tobia was the student who best represented dyslexia; for this reason he has been taken as an example.

Conclusion Dyslexia and disturbances in language depend on perceptive deficits and can be singled out and recovered by A. Bernardini method. The last revolutionizes the current research method.

Disclosure of interest The author has not supplied his/her declaration of competing interest.

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EV1197

Drug user's self-efficacy to resist the urge of consuming these substances: Cross-cultural adaptation instrument

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Introduction Self-efficacy is the belief or personal confidence related to the own ability to perform a specific action necessary to obtain a certain result. Its use refers to the application of validated instruments.

Aims Describe the process of cross-cultural adaptation of the drug-taking confidence Questionnaire (DTCQ-8) drugs' version and to verify its content validity and reliability.

Methods It's a methodological study accomplished by nine experts to the process of adaptation and validation and had a sample of 40 drug users in treatment in the Center of Psycho-Social Attention for alcohol and other drugs, Recife, Pernambuco, Brazil.

Results The mean index semantics' agreement (0.989; 0.989; 1.00), idiomatic (0.967), experiential (0.956), conceptual (0.978) and content validation on the clarity of language (0.972), practical relevance (0.958), the theoretical importance (0.958) and theoretical dimension (1.00) demonstrated a satisfactory process. The clinical validation showed that 57.5% of users were classified as moderate on the self-efficacy item to resist the urge to use drugs in high-risk situations, and the Cronbach's alpha coefficient was 0.889 for the complete instrument, ranging from 0.863 to 0.890 among its items.

Conclusions DTCQ-8 drugs proved to be easy to apply and understand. Its adaptation process was satisfactory for the application in the Brazilian context. The results showed that in this sample, this instrument was suitable to measure the Brazilian user's self-efficacy to resist the urge to consume these substances in high-risk situations.

Disclosure of interest The authors have not supplied their declaration of competing interest.

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EV1198

Preliminary validation of the Portuguese version of the university of Pennsylvania computerized neurocognitive battery (PennCNB) in a sample of healthy controls

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Introduction The advances and massification of technology have allowed new developments in effective assessment methodologies for the evaluation of cognitive functions and associated functions of several brain systems and structures. Computerized test batteries have become more robust alternatives to paper-and-pencil test



batteries and useful tools for research in several scientific domains, including psychiatry, psychology, genetics and neurosciences.

Aims To validate and disseminate the Portuguese PennCNP battery for clinical and non-clinical studies.

Objectives To translate and provide preliminary psychometric data of the Portuguese PennCNP tests in 9 neurocognitive domains.

Method The PennCNP (Gur et al., 2010) was translated and administered to a sample of 120 Portuguese participants from the general population.

Results Findings on the internal consistency and performance (speed and accuracy) are presented for the 19 tasks included in the PennCNP, in addition to results of correlation analysis within tests on the same domain for criterion validity, and gender sensitivity analysis.

Conclusion Computerized assessment provides efficient and reliable results, based on performance of abstract.

Objective and simple tasks that cover a vast range of cognitive functions The administration requires minimal training and provides a quick and automated scoring procedure, with great utility in several research and clinical fields. The availability of a test battery suitable for a large number of Portuguese native-speakers worldwide is of added value, since the translation of measures to several languages allows creating more extensive normative samples and direct results comparability in future research, including transnational or cross-cultural studies and clinical trials.

Disclosure of interest The authors have not supplied their declaration of competing interest.

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EV1199

“Neurodevelopment in a dish” Elucidates the mechanisms of autism spectrum disorder



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Introduction Autism spectrum disorders (ASD) is a group of neurodevelopmental disorders characterized by deficits in social cognition, communication, and behavioral flexibility. Most of the cases appear to be caused by the combination of autism risk genes and environmental factors affecting early embryonal brain development. The current animal and 2D cellular models are not able to recapitulate the complex integrity of the developing brain. Therefore a model of the brain that can cast a light on the pathological processes during brain development is of a high need.

Aim and objectives The aim of our research is to develop a three-dimensional brain organotypic system (brain organoids) for culturing patient's derived induced pluripotent stem cells (iPSC).

Methodology We propose a multidisciplinary approach, involving the generation of patient specific iPSC from somatic cells (fibroblasts) and 3D culturing techniques to build a complex “humanized” in vitro platform for ASD research. Further we will investigate differences in gene expression of potential disease related markers and cellular phenotype between autistic patients and controls.

Results Brain organoids have the ability to recreate the right complexity of the brain. On the cellular and gene expression level, organoids demonstrate a high similarity to the neurodevelopment in vivo and can therefore recapitulate early stages of the neurogenesis.

Conclusion To date organoids are the most relevant cellular in vitro platform for the understanding the mechanisms behind ADS pathology. Organoids are a good modeling system for elu-

cidating the role of epigenetic and environmental factors for development of ASD.

Disclosure of interest The authors have not supplied their declaration of competing interest.

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EV1200

Pictorial representation of illness and self-measure as an instrument for diagnostic of illness representation in youth with ultra-high risk for psychosis



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Introduction Pictorial representation of illness and self-measure (PRISM) was developed as screening tool assessing implicit reaction to somatic illnesses. Conclusion is based on comparisons of the positions of illness-related (“Illness” and major symptoms) and unrelated (“Me”, “Family”, “Work/study”) objects on the list.

Objectives Due to its easiness and implicitness PRISM could be promising addition to illness representation questionnaires in mental illnesses.

Aim was to reveal validity of the PRISM in youth with ultra-high risk for psychosis.

Methods Eighty-one male patients 16–25 years old meeting criteria of ultra-high risk for psychosis; preliminary diagnoses of mood disorders 34, personality disorders 26, schizotypal disorder 21 patients) filled PRISM, beck cognitive insight scale, symptom checklist 90-r, illness perception questionnaire, quality of life and enjoyment questionnaire and happiness scale.

Results According to hierarchical regression, conditional “Self-Illness” distance (after control for mean distances on the list) was related to less psychopathological complaints, lower subjective illness severity and emotional representations, higher treatment control and better quality of life. “Self-symptoms” distance was related to better cognitive insight, lower emotional representations and consequences and moderated the relationship between “Self-Illness” distance and appraisals of illness length and dynamic. **Conclusions** Conditional “Self-Illness” distance in PRISM could reflect cognitive appraisal of illness based on symptoms and related to life satisfaction while “Self-Symptoms” distance reflects merely emotional reaction based on cognitive insight.

Disclosure of interest The authors have not supplied their declaration of competing interest.

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EV1201

Towards a new structure of the interpersonal reactivity index. reliability and validation of the Portuguese version: A comparative analysis



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Objective Empathy has received a lot of attention with the creation of an Interpersonal Reactivity Index (IRI). IRI is assessed using a 28-item questionnaire with four 7-item scales:

- perspective-taking (PT) scale;
- fantasy (FS) scale;

– empathic concern (EC) scale and iv) personal distress (PD) scale. Such questionnaires have been translated in many languages (see Table 1). This work aims to compare the original model with existing modified, hierarchical, shortened models in the literature and to also translate and validate the IRI for Portuguese.

Methods A convenience sampling was used ($n = 130$) to conduct confirmatory factor analysis (CFA) using AMOS software. The original four-factor model is contrasted with modified, hierarchical and shortened models proposed in the literature, reporting internal consistency statistics and their fit indices.

Results The same structure of factors was found in the sample with reasonably good fit indices $\chi^2/df = 1.57$, CFI = 0.77, AGFI = 0.72 and RMSEA = 0.067. Internal reliability for each scale of the IRI was not excellent (< 0.90), but it is in line with the literature: PT with a Cronbach's alpha of 0.74, FS with 0.79, EC with 0.74 and PD with 0.65. The comparison with other modified versions of the IRI latent factor structure revealed that two models with better fit than the original version, and the potential for a shortened Portuguese version of the IRI.

Conclusion IRI is a valid instrument to measure empathy in the Portuguese Population and is in line with previous findings. Some modifications to the original latent structure provide a better data fit than the original one.

Table 1 Validation studies of the 4-factor model structure of the IRI.

Country	Language	(n)	Reliability measures (Cronbach's alphas)				Fit indices			
			PT	FS	EC	PD	χ^2/df	CFI	AGFI	RMSEA
Sweden	Swedish	221	-	-	-	-	2.04	-	-	0.069
		137	-	-	-	-	1.79	-	-	0.076
Spain	Spanish	1997	0.75/0.74	0.77/0.80	0.71/0.67	0.69/0.71	9.29	-	0.88	-
		692	0.70/0.64	0.71/0.71	0.67/0.63	0.70/0.64	6.38	-	0.80	-
		515	0.73/0.75	0.76/0.75	0.68/0.70	0.70/0.72	2.48	-	0.87	-
China	Chinese (Cantonese)	580	-	-	-	-	6.54	0.65	0.85	0.06
Netherlands	Dutch	651	0.73	0.83	0.73	0.77	2.93	0.86	0.87	0.06
Spain	Spanish	360	0.71	0.78	0.68	0.77	14.38	-	0.67	0.136
Chile	Spanish	435	0.73	0.76	0.73	0.70	2.27	0.81	-	0.054
Japan	Japanese	95	0.66	0.73	0.70	0.60	2.40	-	0.96	-
France	French	322	0.71	0.81	0.70	0.78	2.29	0.81	-	0.065
Portugal	Portuguese	130	0.74	0.79	0.74	0.65	1.57	0.77	0.72	0.067

Disclosure of interest The author has not supplied his/her declaration of competing interest.

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EV1202

Development of a new activity measure: Activity perception in healthy population and in people with chronic illness

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Introduction Self-reports provide rich information about the types of activities people engage in. Reviewing current activity measures two issues become evident. Firstly, they were developed and validated in healthy populations. Secondly, they are diverse in their applications and measured domains. Thus, to assess the construct of activity fully large numbers of measures need to be used.

Objectives The study aimed to explore different dimensions of activity (e.g. work, physical, mental, leisure, sedentary behaviours) using a new scale assessing multiple domains of daily activities.

Methods A new activity scale was used to investigate the types of activity and inactivity in people with chronic illness (asthma, chronic fatigue syndrome (CFS)) and in a healthy group. The types of activities measured included; leisure and sport, home and outside, social activity, work and education, and mental activity. The scale also aimed to measure the construct of inactivity, represented by sedentary behaviours, such as staying in bed during the day.

Results The results showed a pattern of significant correlations between the new activity scale, specifically its two major domains of activity and inactivity, and other measures of functioning and activity in the illness groups, but not in the healthy group.

Conclusions The lack of significant associations between the new activity scale and other measures of activity and functioning within the healthy group indicated the measure may be more suitable for assessing activity in people with chronic illness than in healthy people. Additionally, the results underscore the importance of measuring inactivity as a separate domain.

Disclosure of interest The authors have not supplied their declaration of competing interest.

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EV1203

Outcomes assessment: Reliable change index (RCI) in assessing health outcomes in clinical practice



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Introduction The assessment of therapeutic outcomes and the evaluation of treatment efficiency and effectiveness is an area of interest for clinicians and researchers. Scientific evidence demands randomized controlled trials and inter-groups comparisons with a minimum number of participants in each treatment modality, a requirement rarely feasible in clinical practice where the assessment of treatment outcomes, with regards to therapeutic goals, is crucial both in terms of statistical significance and clinical relevance.

Objective The aim of this poster is to present an alternative methodology which permits to evaluate the individual's change.

Method The reliable change index methodology allows for the estimation of statistical significance (statistically reliable change) and clinical relevance (calculation of cutoff points and its interpretation criteria). Two examples are presented: a group of patients with asthma in treatment and a female with major depression who underwent electroconvulsive therapy (ECT).

Results/discussion Both cases were analyzed using standardized statistical analyses and the RCI method in order to estimate clinical change. The results illustrated the adequacy of both procedures for decision making in terms of effectiveness. However the RCI offered greater specificity with regards to individual changes. More specifically, RCI provided a more concrete estimation of the proportion of cases of asthma that showed change after the intervention, and also, indicated if such change were not only statistically significant, but also clinically relevant. Besides, when a single case was assessed (ex: ECT case) this methodology proved useful to estimate the efficacy of a continuation and maintenance program.

Disclosure of interest The authors have not supplied their declaration of competing interest.

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EV1204

Confirmatory factor analysis of a Portuguese short version of the cognitive emotional regulation scale



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Introduction The cognitive emotions regulation questionnaire (CERQ) is a 36-item questionnaire to measure specific cognitive emotion regulation strategies used in response to the experience of threatening or stressful life events. The Portuguese version of CERQ proved to be a reliable and valid measure to evaluate eight dimensions: Positive reappraisal and planning, positive refocusing, rumination, blaming others, putting into perspective and self-blame.

Objective To confirm the dimensional structure of a Portuguese short version of the CERQ using Confirmatory Factor Analysis (CFA).

Method Items selection was based on the previous results of the exploratory factor analysis of the 36-items version. Items presenting the highest loading (≥ 70) in their respective factor were selected. A preliminary short version composed of 22 items were answered by a sample of 480 university students (81.9% females), with a mean age of 19.49 years (SD=2.047; range=17–30). CFA (using Mplus software) was used to test if the eight dimensions' model suggested by prior exploratory factor analyses fitted the data.

Results The eight dimensions' model has a good fit ($\chi^2 = 424.015$, $P < .01$; RMSEA = 0.056, 90%CI = 0.049–0.063; CFI = 0.930; TLI = 0.910; SRMR = 0.051). Although composed of fewer numbers of items, all subscales presented good reliability (Cronbach alpha < 70).

Conclusions The CERQ-22 is a reliable and valid measure to evaluate cognitive emotion regulation strategies in young adults. Being a shorter version it is particularly useful for multivariate and prospective studies. In the near future we will test this structure in a clinical sample.

Disclosure of interest The authors have not supplied their declaration of competing interest.

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EV1205

The Portuguese validation of the impulsive sensation seeking scale



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Introduction Personality traits such as Impulsivity and Sensation seeking are associated with aggressive and/or risky driving behaviour. Understanding the influence of these traits in the driving task is important to perform a more comprehensive study of road trauma, which is an increasing public health and economic concern.

Objective To study the reliability and the construct validity of the Portuguese version of impulsive sensation seeking scale (ImpSS) using exploratory and confirmatory factor analysis (EFA and CFA).

Methods 747 participants [417 (55.8%) women; mean age = 42.13 \pm 12.349 years; mean driving license years = 21.30 \pm 11.338; mean years of regular driving = 20.33 \pm 11.328] answered an online

survey which included this scale, and other socio-demographic information. Inclusion criteria were: driving license and regular driving for at least three years and age lower than 75 years old. The total sample was randomly divided in two sub-samples, with sample A ($n = 373$) being used to perform EFA, and sample B to perform CFA.

Results The most acceptable factor model for ImpSS scale was the two-factor model found with EFA, excluding items 4, 6, 7 and 10 ($\chi^2/df = 2.13$; TLI = .90; CFI = .92; RMSEA = .05, $P = .211$). The internal consistency analysis resulted in: Sensation seeking, $\alpha = .79$; Impulsivity, $\alpha = .76$; total ImpSS score, $\alpha = .82$.

Conclusions These findings suggest that the ImpSS Scale is a valid and reliable measure to assess those personality traits in the Portuguese drivers.

Disclosure of interest The authors have not supplied their declaration of competing interest.

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EV1206

Different subjective criteria for quality of life appraisal in youth with non-psychotic depression, recovering after first psychotic episode and healthy controls



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Introduction Although a plenty of instruments for quality of life in mental illnesses was developed, both general and specific instruments could be biased if the process of well-being appraisal is different in different illnesses.

Objectives We consider personal appraisal of quality of life as a result of the decision making process, which could have different subjective criteria in mental illnesses.

Aims The aim was to compare the contribution of the quality of life domains to the appraisals of general life satisfaction in mental illnesses.

Methods Three groups of males 17–28 years old (74 with non-psychotic depression, 90 developing recovery after the first psychotic episode and 185 healthy controls) filled quality of life and enjoyment questionnaire (version for mental illnesses) and Happiness Scale.

Results Moderation analysis reveals that in non-psychotic depression health, emotional sphere and functioning during the day are more important predictors of general well-being than in the two other groups. Patients developing recovery after psychotic episode are less oriented to the emotional and social domains and financial well-being when appraising their life satisfaction than other participants.

Conclusions Results demonstrate the importance of identifying and working with subjective criteria and process of appraisal of general well-being in patients with mental illnesses. Direct comparisons of quality of life in different clinical groups are biased by different subjective criteria that are important for patients.

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EV1207

Approach in a mental health hospitalization unit

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Introduction The mental health hospitalization unit of Torrecárdenas Hospital consist of a team of professional psychologists, psychiatrists, nurses and occupational therapists who perform different approaches to look after the hospitalized patient. The therapeutic Objective of this unit is the containment and implementation of intensive interventions in a crisis situation in which it has not been possible to achieve an improvement or control of the patient's symptoms in external resources.

Material and methods We performed a descriptive cross-sectional study with patients hospitalized at the mental health hospitalization unit between September 22 and October 28, taking into account the age, sex, admitted, diagnoses, previous treatments, psychological approach and free hospital stay.

Results (Figures 1–3).

Conclusions The results of this study indicate the most prevalent patient profile has a diagnosis of severe mental disorder. The 66.7% of patients had previous hospital admissions. The 81.5% of hospital admissions are involuntary. The normative psychopharmacological prescription is an atypical antipsychotic as main treatment in our study. We highlight the use of Olanzapine with an 18.52% being consolidated as the first therapeutic option. As adjunctive treatment we have a mood stabilizer such as Valproic Acid with 11.1%; or another antipsychotic such as Paliperidone with the same percentage (11.1%). Regarding hypnotic treatment, it should be pointed out the use of medium-life benzodiazepines (Lormetazepam) with a prevalence of 55.56%.

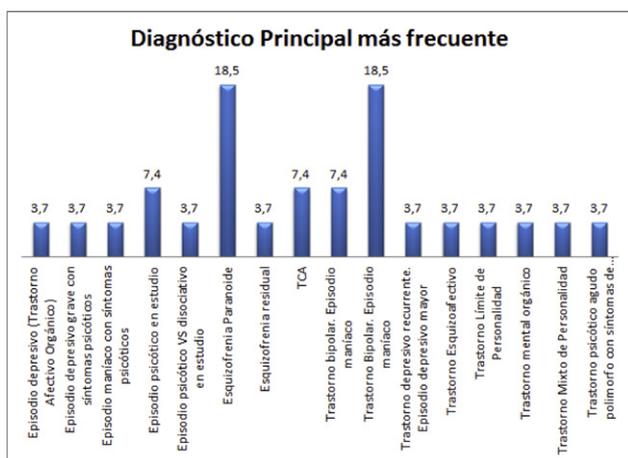


Fig. 1

TIPO DE FÁRMACO PRINCIPAL (MÁS PREVALENTES)

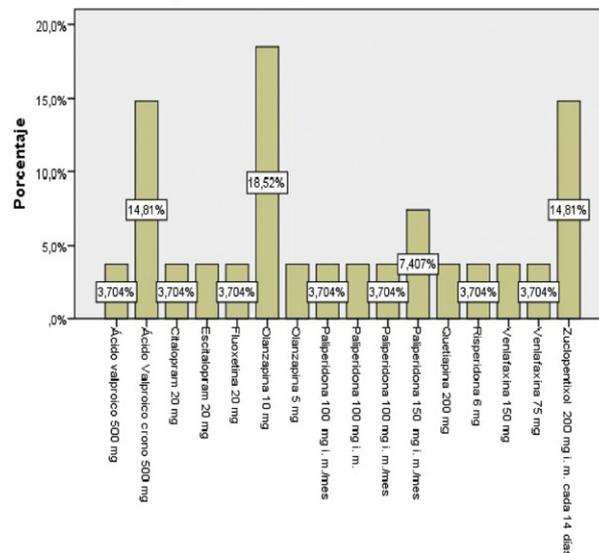


Fig. 2

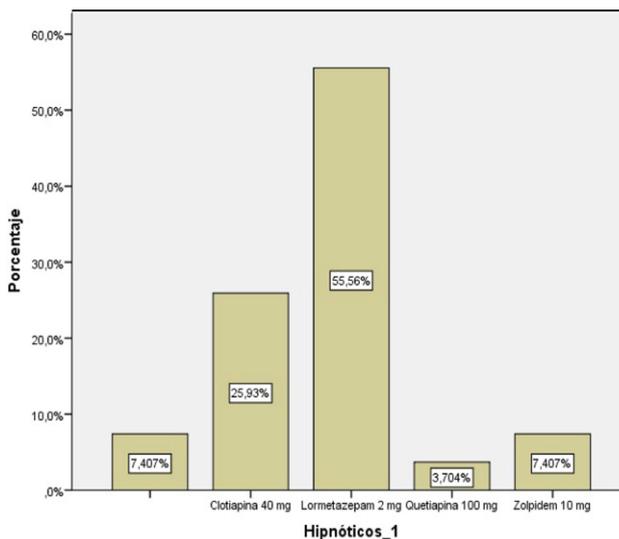


Fig. 3

Disclosure of interest The authors have not supplied their declaration of competing interest.

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EV1208

The genetic methods for drug-resistant epilepsy

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Actuality Mechanisms of underlying pharmacoresistance have been explored insufficiently. Enzymes of a system for biotransformation of xenobiotic and transporters for drugs are the key participants in the systems of metabolism of antiepileptic drugs (AEDs). Among proteins-transporters, glycoprotein P encoded by MDR1 gene plays an essential role in the processes of uptake, distribution and excretion of AEDs.



Objective The work initiated to study gene MDR1 C3435T polymorphism and to assess its association with pharmacoresistance formation in patients with epilepsy receiving antiepileptic drugs (AEDs).

Materials Study involved 89 patients with localization-related epilepsy and 55 unrelated healthy subjects.

Results Distribution of 3435T/C polymorphism in NDR1 gene was analyzed in the patients with the localization-related epilepsy and nominally healthy donors. The distribution of frequencies of gene alleles was found to correspond to the Hardy-Weinberg equilibrium ($P > 0.05$). Incidence of genotypic variants of the polymorphism was as follows, CC was found in 18.6%, CT and TT were observed in 55.9% and 25.4% of cases. In the controls CC was found in 60.0%, CT and TT were observed in 33.3% and 6.6% of cases, respectively. The findings are the evidence for significant effect of functionally weak variants in C3435T polymorphism of MDR1 gene on efficacy of antiepileptic therapy.

Conclusion presence of T-allele of C3435T polymorphism of MDR1 gene increases risk of pharmacoresistance in the patients with epilepsy and is a significant and predicting criterion of efficacy and feasibility of the antiepileptic therapy conducted.

Disclosure of interest The authors have not supplied their declaration of competing interest.

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EV1209

Ambientation/acclaculturation of a psychologist as “methodological internship” for developing qualitative research to study clinical supervisions at a psychiatric outpatient service of Brazilian general hospital



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Qualitative research in a psychiatric setting requires methodological updates on its modus operandi for professionals who migrated paradigmatically from other academic areas. The mere adoption of the concept of acculturation, from anthropology to field of health services, may not correspond to specificities of assistance and research in this field.

Objective To discuss results of a certain environment and acculturation strategy for development of humanistic research that took place in a psychiatric outpatient service of a university hospital.

Method Observation of environment of psychiatric supervision for qualitative method in health setting, in period of six months. The first author, doctoral student, psychologist, systematically attended discussions of clinical cases, observing relationship between supervisors and residents. Data were recorded in field diary, followed by free-floating readings and critical analyses. These were also submitted to peer reviewers of the LPCQ-laboratory of clinical-qualitative research.

Results – The experience, similar to an “internship”, has been confirmed as necessary to conduct qualitative research in this field;

– It allowed accurate apprehension of features of environmental functioning and, above all, cultural dimensions of language of participants;

– This proved pertinent for clearing the theme-problem to be researched;

– Postgraduate researchers, in particular those graduates under other paradigms, have strengthened their methodological knowledge on this field, and have been inserted epistemologically for which they will have built new knowledge;

– Finally, this methodological stage improved the so-called active observation and phenomenological listening of the researchers regarding those observed.

Conclusions The experience contributed significantly to establishing and validating the qualitative methodological course.

Disclosure of interest The authors have not supplied their declaration of competing interest.

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e-Poster Viewing: Schizophrenia and other psychotic disorders

EV1210

Psychosis in epilepsy patients

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Introduction Psychosis in patients with epilepsy was known in antiquity and was already described in detail in the nineteenth century.

This kind of psychosis can be categorized in relations to seizures: preictal psychosis (before the seizures), during them (ictal) or after the seizures (postictal psychosis)

Aims Through several cases of patients that were treated in our department with the diagnosis of psychosis, previously or during the treatment diagnosed with epilepsy, we analyse the characteristics and diagnostic criteria of these pathologies.

Methods Systematic literature review in up-to-date and Pubmed, looking for reviews on psychosis and epilepsy, in international scientific journals of neurology and psychiatry.

Conclusions Being able to recognize this several types of psychotic states associated with epilepsy has a clinic and prognosis utility, because made important differences in treatment and in the evolution of the illness.

Disclosure of interest The authors have not supplied their declaration of competing interest.

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EV1211

Family burden in caregivers of schizophrenia patients

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Introduction Schizophrenia is a disabling, chronic psychiatric disorder that has far-reaching consequences for both patients and their relatives. Management of schizophrenia involves family support and care. In this context, burden of care is a concept related to caregivers and family's members of patients assuming responsibility for these patients. This construct can be conceptualized as a syndrome of varying clustering affecting the general and mental health of caregivers.

Objectives This study aims to determine the frequency and clinical correlates of family burden in schizophrenia.

Methods We performed a transversal study in department of psychiatry A at Razi hospital. Thirty principal caregivers of schizophrenia patients were interviewed. Caregiver's burden was assessed using the Zarit scale.

Results The mean age of caregivers was 48.7 ± 7.15 years. In our sample, 63.3% ($n = 19$) were parents, 23.33% ($n = 7$) were brothers

or sisters and 13.33% ($n=4$) were spouses. The mean score of Zarit was 58.75 ± 9.15 . Caregivers had a severe burden in 56.66 of cases ($n=17$). Levels of burden were significantly associated with history of aggressive acting out and poor treatment adherence.

Conclusion Caregivers of schizophrenia patients experience enormous burden which is in part related to clinical features of disease. Further studies are necessary to establish the appropriate interventions in order to reduce and manage general and psychological impact of schizophrenic patients care giving.

Disclosure of interest The authors have not supplied their declaration of competing interest.

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EV1212

Mild depressive symptoms mediate the impact of childhood trauma on long-term functional outcome in early psychosis patients



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Introduction The mechanism linking childhood trauma (CT) to the functional deficits observed in early psychosis (EP) patients is as yet unknown.

Objectives To examine the potential mediating effect of depressive symptoms in this well-established association.

Methods Two hundred nine EP subjects aged 18–35 were assessed for functioning and psychopathology after 2, 6, 12, 18, 24, 30, and 36 months of treatment. Patients were classified into early-trauma if they had faced at least one experience of abuse (physical, sexual, or emotional) or neglect (physical or emotional) before age 12, and late-trauma if the exposure had occurred between ages 12 and 16. Psychopathology was assessed with the Positive and Negative Syndrome Scale and the Montgomery-Asberg Depression Rating Scale. Functioning was measured with the Global Assessment of Functioning (GAF) and the Social and Occupational Functioning Assessment Scale (SOFAS). Mediation analyses were performed in order to study whether the relationship between CT and functioning was mediated by depressive symptoms.

Results When compared with nonexposed patients, early but not late trauma patients showed lower levels of GAF and SOFAS scores over all the time points, excepting after the first assessment. After 30 and 36 months, the effect of early trauma on functioning was completely mediated by depressive symptoms. No mediating effect of positive or negative symptoms was highlighted at those time points.

Conclusion Mild depressive symptoms mediated the impact of early trauma on long-term functional outcome. Intensifying pharmacologic and/or psychotherapeutic treatment, focused on the depressive dimension, may help traumatized EP patients to improve their functioning.

Disclosure of interest The authors have not supplied their declaration of competing interest.

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EV1213

Age at the time of exposure to trauma modulates the psychopathological profile and the level of functioning in early psychosis patients: A prospective study



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Introduction Evidence suggests a relationship between exposure to trauma and higher levels of symptoms and poorer functional outcomes in early psychotic patients (EPP). However, the impact of the age at the time of exposure to trauma in this association is as yet unknown.

Objectives To examine the potential differential impact of trauma, according to age at the time of exposure, on the level of functioning and on the psychopathological profile of EPP followed-up prospectively.

Methods Two hundred and fifty-five EPP aged 18–35 were followed-up prospectively over 36 months. Patients who had faced at least one experience of abuse or neglect were classified according to age at the time of first exposure (early-trauma: before age 12; late-trauma: between age 12 and 16), and then compared with unexposed patients (non-trauma). The level of symptoms was assessed using the Positive and Negative Syndrome Scale, the Young Mania Rating Scale, and the Montgomery-Asberg Depression Rating Scale. The level of functioning was assessed with the global assessment of functioning.

Results Comparisons over the 3 years of treatment with non-trauma patients revealed that:

- early-trauma patients showed consistently higher levels of positive ($P=0.006$) depressive ($P=0.001$), manic ($P=0.006$) and negative ($P=0.029$) symptoms and showed poorer functional level ($P=0.025$);

- late-trauma patients only showed more negative symptoms ($P=0.029$) as compared to non-trauma patients.

Conclusions The age at the time of exposure to trauma has a modulating effect on its impact on symptoms and functional outcome in EPP and it should be systematically examined in clinical and experimental settings.

Disclosure of interest The authors have not supplied their declaration of competing interest.

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EV1214

Relationship between brain structural abnormalities and early onset psychotic disorder—case presentation



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Introduction Contemporary structural models of several psychiatric disorders propose abnormalities in the structure and function of distinct neural networks. Clinical observations of affective and cognitive changes arising from cerebellar lesions and stimulation permit the hypothesis that the cerebellum may not be irrelevant in

some neuropsychiatric states. There is evidence that patients with schizophrenia have altered corticocerebellar connectivity.

Objectives To evidence a case with early onset psychosis accompanied with brain structural abnormalities.

Method Case description.

Results The patient is 15 years old girl with an acute psychotic episode. For more than two months she had demonstrated odd behavior, getting around all the time purposelessly, abandoned school etc. She presented with disorders of perceptions, disorganized speech, insomnia and fluctuations in her mood and behavior. In her brain, MRI was found vermian atrophy, and CT was found hippocampal gliosis and dilatation of temporal corn.

Conclusions Although the structural mapping studies have been equivocal, the weight of evidence supports extending the study of cerebellar activity in schizophrenia. For example, the finding that unaffected first-degree relatives of probands with schizophrenia have reduced cerebellar volumes, along with the observation of reduced cerebellar volumes in neuroleptic-naïve patients with schizophrenia, suggests that cerebellar atrophy may be a hereditary trait rather than a psychotropic associated epiphenomenon.

Disclosure of interest The authors have not supplied their declaration of competing interest.

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EV1215

Traumatic brain injury as psychosis development factor



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Introduction The pathophysiology of psychosis is not fully discovered yet. However, during the last years many different risk factors are shown to prove to have a strong influence within the development of this pathology. Traumatic brain injury (TBI) is one of them.

Objectives Show TBI as a psychosis development risk factor.

Methods Case report. A clinical vignette is presented followed by the results obtained in a bibliographic review.

Results A young 19-year old immigrant man, who lives with his parents in a social exclusion situation is brought to the hospital after having been observed making estrange religious rituals within a local river. During the anamnesis he declares that God is “getting in touch with him” while he shows to be changed, with suspicion about being pursued. He also reveals to have suffered a mild-severe TBI with 8 years, having right ear audition problems since then. During the hospitalization some medical test were done, such as MRI, showing the lack of the inner right ear, as well as white matter abnormalities in his right hemisphere, which could be consequence of the TBI. Those findings make us think that this pathology might have been influenced, within other factors, by the traumatic brain injury.

Conclusions This bibliographic review shows that traumatic brain injury may increase the risk of developing psychosis up to 65% from healthy controls, with a medium gap of 3.3 years between the TBI and the appearance of psychotic pathology.

Disclosure of interest The authors have not supplied their declaration of competing interest.

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EV1216

Psychosis and creativity. Genetic and structural relation between them



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Introduction Madness and creativity are thought to be related from ancient ages. Nowadays, thanks to new scientific developments and researches we are able to identify common genetic and brain patterns between creativity and psychosis.

Objectives Taking the inspiration of a psychotic patient with some shocking drawings, we want to get deep into the actual knowledge about the relation between creativity and psychosis.

Methods Case report and bibliographic review.

Results A 19-year-old man was brought to the hospital after having been found making strange rituals in the public way. In the anamnesis he showed to have experienced mystic delusions and hallucinations. He made some particularly creative drawings.

We made a review which showed that this patients may have a diminished latent inhibition, which could make them experiencing usual live irrelevant stimuli as something very exciting and creative at the same time. Genome wide association studies show also that people having creative jobs and psychotic patients share some genes, which could be linked to this abnormal latent inhibition.

Conclusions Latent inhibition abnormalities could be related with psychosis and creativity. There are differences within the course of people having this oversensibility, which could be explained due to the presence of protective and risk factors.

Disclosure of interest The authors have not supplied their declaration of competing interest.

<http://dx.doi.org/10.1016/j.eurpsy.2017.01.1546>

EV1217

A fine line between schizophrenia and Hashimoto encephalopathy



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Introduction Hashimoto encephalopathy (HE) is an uncommon syndrome associated with Hashimoto thyroiditis. The relationship between these entities is unclear. Even being rare, it appears to be underrecognized.

Objectives Report a case of an atypical presentation of psychosis in a patient with elevated serum levels of antithyroid antibodies and review the literature about similar situations.

Methods Access clinical process, research PubMed, using the mesh terms “Hashimoto encephalopathy” and “psychosis”.

Results A 21-year-old Portuguese female was conducted by authorities to our emergency department after she called for help and was spotted walking barefoot on the streets. Throughout clinical course she presented persecutory ideas, thought blocks, auditory hallucinations, soliloquies, perplexity, total insomnia, bizarre behaviors like coprophagia, trichotillomania and self-injured burns. After some tests, it was found that the patient had high serum levels of antithyroid peroxidase antibody (TPO) and antithyroglobulin antibody (TGO) and reduced folic acid, without other changes. Trials with corticosteroids showed clinical improvement for short periods, as with antipsychotics. No consistent remission was achieved with either approaches.

Conclusion HE is an uncommon syndrome presenting with high titers of antithyroid antibodies that may preconize an acute state of atypical psychosis. Usually, it responds to corticosteroids and so, has a generally good prognosis when treated accordingly. Evidence

suggests that HE is an autoimmune disorder instead of thyroid disease.

Disclosure of interest The author has not supplied his/her declaration of competing interest.

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EV1218

Brain metabolic abnormalities in schizophrenia patients



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Introduction Main schizophrenia symptoms result from abnormalities in brain function, such as hypofrontality and structural deficits on the prefrontal-thalamic-cerebellar circuit, as shown in brain imaging studies in first-episode SCZ patients. Whether metabolic alterations may be underlying these events is being studied thoroughly.

Objectives/aims To assess brain metabolic disturbances in first episode and/or drug-naïve SCZ patients.

Methods We conducted a literature review through Pubmed search for MeSH: schizophrenia, metabolism, glucose, insulin, brain. Controlled studies on first episode and/or drug-naïve SCZ patients were included.

Results Lower metabolic activity in the frontal regions of the brain is associated to an increase in norepinephrine transmission and decrease in dopaminergic transmission with reduced dopamine efflux in the frontal cortex. This seems to lead to cellular changes resulting in resulting lower blood flow and glucose demand. Molecular analysis of postmortem SCZ patients' brains has indicated alterations in glucose metabolism and insulin signalling pathways, showing evidence for prefrontal cortex decreased expression of glucose metabolism, namely glycolytic enzymes such as glyceraldehyde 3-phosphate dehydrogenase, hexokinase, phosphoglycerate mutase, enolase and pyruvate kinase and decreased levels and phosphorylation of the insulin receptor and insulin signalling proteins AKT1 and GSK3 β . Significantly elevated glucose concentrations in cerebrospinal fluid were observed in SCZ patients, but with no serum levels differences. A SCZ brain specific increased glucose could be explained by preferential utilization of lactate, predominantly produced by astrocytes, over glucose as an energy substrate.

Conclusions Abnormalities in brain glucose metabolism and insulin signalling seem to appear in early stages of SCZ, suggesting a role in SCZ onset and pathophysiology.

Disclosure of interest The authors have not supplied their declaration of competing interest.

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EV1219

Peripheral metabolic abnormalities in schizophrenia patients



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Introduction Schizophrenia (SCZ) is frequently associated with metabolic symptoms including dyslipidaemia, hyperinsulinemia, type 2 diabetes and obesity. In fact, SCZ patients have been reported to present higher prevalence of these conditions than general population, commonly associated to second generation antipsychotic therapy. Recent studies, however, have demonstrated that peripheral metabolic disturbances can appear at disease onset or drug-naïve patients.

Objectives/aims To assess metabolic disturbances in first episode and/or drug-naïve SCZ patients.

Methods We conducted a literature review through Pubmed search for MeSH: schizophrenia, metabolism, glucose, insulin. Controlled studies on first episode and/or drug-naïve SCZ patients were included.

Results Several studies showed no change in SCZ patients' fasting blood glucose, while others found increased glucose levels and impaired glucose tolerance in SCZ patients compared to healthy controls in several recent studies. Hyperinsulinemia and insulin resistance have also been identified in antipsychotic-naïve SCZ patients and it has been suggested that early onset patients are more likely to present insulin resistance. In addition, there's evidence of increased circulating levels of chromogranin A, pancreatic polypeptide, prolactin, cortisol, progesterone, thus emphasizing that multiple components of the hypothalamic-pituitary-adrenal-gonadal axis may be affected in SCZ. These elevations were associated to normal glycaemia suggesting there may be insulin intolerance during early stages of SCZ, requiring an increased secretion from pancreatic Bcells to maintain normal glucose levels.

Conclusions Recent studies of first onset and/or drug-free schizophrenia patients have shown impaired fasting glucose tolerance, hyperinsulinemia and insulin intolerance, suggesting that metabolic abnormalities may play a role in SCZ onset and pathophysiology.

Disclosure of interest The authors have not supplied their declaration of competing interest.

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EV1220

Systemic review: High dose olanzapine treatment for treatment resistant schizophrenia



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Objectives Schizophrenia is a major mental illness with a progressive course. Thirty percent of cases of patients with schizophrenia do not respond to adequate trials of at least 2 different groups of antipsychotics, are currently classified as having treatment resistant schizophrenia (TRS). Clozapine remains the gold standard, treatment of choice for TRS. However, clozapine does not come without its own challenges. Its risk profile, particularly agranulocytosis, reported in 1% of cases, has led to the necessity of weekly blood counts within the first 18 weeks of treatment and subsequently every month with slow dose titration. Clinically, sedation, weight gain and hypersalivation may further hamper the compliance of patients. Non-compliance has been reported to cause rebound psychosis. Recent studies have raised questions as to which antipsychotic is most efficacious for TRS. Thus, we conducted a systematic review of high dose olanzapine treatment for people with TRS.

Method A systematic review of prospective studies found through search of PubMed, Scopus and hand-searched key papers which included randomized controlled trials and open-label studies which looked at high dose of olanzapine treatment response for TRS.

Results The study is currently ongoing and preliminary results will be presented at the conference in April 2017.

Conclusions The gravity of burden TRS brings to patients extends itself to their families, carers and clinicians. Further evidence on which antipsychotic is more efficacious for patients with TRS would have huge implications in terms of health benefits for the patients, better informed clinical decisions and also health economics in general.

Disclosure of interest The authors have not supplied their declaration of competing interest.

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EV1221

Systemic review: High dose olanzapine treatment for treatment resistant schizophrenia



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Objectives Schizophrenia is a major mental illness with a progressive course. Thirty percent of cases of patients with schizophrenia do not respond to adequate trials of at least 2 different groups of antipsychotics are currently classified as having treatment resistant schizophrenia (TRS). Clozapine remains the gold standard, treatment of choice for TRS. However, clozapine does not come without its own challenges. Its risk profile, particularly agranulocytosis, reported in 1% of cases, has led to the necessity of weekly blood counts within the first 18 weeks of treatment and subsequently every month with slow dose titration. Clinically, sedation, weight gain and hypersalivation may further hamper the compliance of patients. Non-compliance has been reported to cause rebound psychosis. Recent studies have raised questions as to which antipsychotic is most efficacious for TRS. Thus, we conducted a systematic review of high dose olanzapine treatment for people with TRS.

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Disclosure of interest The authors have not supplied their declaration of competing interest.

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EV1222

The comprehensive Icf core set for schizophrenia from the perspective of psychiatrists: A content-validity study using the Delphi technique



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Introduction Schizophrenia is a chronic mental illness associated with several functional impairments. There has been an increasing interest in the impact of schizophrenia on functioning. The development of the Comprehensive International Classification of Functioning, Disability and Health (ICF) Core Set for schizophrenia, a shortlist of 97 ICF categories that are relevant for describing functioning and disability of people living with schizophrenia, has derived from this interest.

Objectives This study aims to explore the content validity of this core set from the perspective of psychiatrists.

Methods In a 3-round Delphi survey, psychiatrists experienced in schizophrenia treatment were asked about patients' problems, resources and environmental factors they treat in patients with schizophrenia.

Results A total of 352 psychiatrists from 65 countries representing all six World Health Organization regions completed the first round questionnaire. The response rate at the third round was 86%. Answers were linked to 422 ICF categories. Of all these, 109 ICF categories reached consensus ($\geq 75\%$ agreement) at the third round. Eighty-seven out of the 97 ICF categories that form the comprehensive ICF core set for schizophrenia were represented in this list. All the comprehensive ICF core set for schizophrenia categories reached consensus except five categories.

Conclusions The content validity of the comprehensive ICF core set for schizophrenia from the perspective of psychiatrists was largely supported. However, further research is needed including other health professionals (e.g., psychologists, nurses and occupational therapists) to further obtain new content validity evidences.

Disclosure of interest The authors have not supplied their declaration of competing interest.

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EV1223

Clinical and genetic predictors of the severity and activity of paranoid schizophrenia



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Clinical symptoms, course and outcomes of paranoid schizophrenia are polymorphic. Reliable predictors of severity and activity of schizophrenic process could provide clinicians important prognostic information for adequate and timely implementation of therapeutic and rehabilitative measures. Overall, 206 patients with paranoid schizophrenia were examined. Clinical predictors were collected from hospital records and interviews. *BDNF* gene Val66Met polymorphism (rs6265 G>A), *DRD2* gene C939T polymorphism (rs6275C>T) and *5-HTR2A* gene T102C polymorphism (rs6313 T>C) were studied as potential markers of prognosis for paranoid schizophrenia. Results of research testify that the *DRD2* gene C939T polymorphism and *5-HTR2A* gene T102C polymorphism cannot be used as predictors of the severity and activity of paranoid schizophrenia. The MetMet genotype of *BDNF* gene Val66Met polymorphism can be used as marker of favorable prognosis for paranoid schizophrenia. Schizoid, epileptoid, psychasthenic and conformal accentuation of personality in the premorbid, early onset of psychosis, paranoid and hallucinatory-paranoid variants of onset predicted more expressed severity of paranoid schizophrenia. These prognostic factors can be taken into account in clinical practice.

Disclosure of interest The authors have not supplied their declaration of competing interest.

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EV1224

Characteristics and duration of untreated illness in correlation with insight level of first time diagnosed schizophrenia patients in rural region of Latvia



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Introduction Improved insight level among schizophrenia patients is predictive for better illness prognosis.

Objective Explore factors connected to insight.

Aim Evaluate the insight level and clinical characteristics of first time hospitalized schizophrenia spectrum patients.

Methods All consecutive first time hospitalized schizophrenia spectrum patients in a psychiatric hospital from 01.01.2016–26.09.2016. Patients were interviewed upon hospitalization and at the discharge with Scale for the assessment of positive symptoms (SAPS) and negative symptoms (SANS), Schedule of assessment of insight-extended (SAI-E), The Calgary depression scale for schizophrenia (C-sch), sociodemographic and clinical data were collected. All participants signed written informed consent and the study was approved by the Riga Stradins University Ethics committee.

Results From 45 first episode patients, 38 met the inclusion criteria. Mean age was 37.66 years (SD: 11.48 years), the average duration of untreated illness (DUI) was 40.5 months (SD: 57.35 months). Psychopathologic symptoms and insight levels evaluated in scores in the 1st and 2nd interviews were as follows: SAPS 69.11 (SD: 20.78) and 33.61 (SD: 18.04), SANS 63.21 (SD: 25.30) and 40.95 (SD: 24.47), SAI-E 15.50 and 27.24 (SD: 13.24), $P < 0.001$, C-sch 8.50 (SD: 5.31) and 4.27 (SD: 2.86), $P < 0.05$. There was no statistically significant correlation between DUI and insight level. A higher level of insight at hospitalization correlated with higher levels of depression: $r = 0.569$, $P < 0.001$.

Conclusions We noticed a tendency that lower insight levels might correlate with longer periods of untreated illness. We found that higher insight levels correlated with higher symptoms of depression.

Disclosure of interest The authors have not supplied their declaration of competing interest.

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EV1225

A gender approach in prodromes of psychosis



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Background Only 21% of patients included in the South of Granada's First Episodes Program in the year 2014 were women. Studies do not use to focus on sex differences at first-episode samples and it can be masking some relevant variables in this population.

Aims In this exploratory study, we aim to focus on gynaecological consultations during the period of untreated psychosis (DUP) at first episodes of psychosis in women.

Methods A retrospective clinical-cases review of medical histories was made searching for sociodemographic variables, consultations during DUP and psychotic prodromal outcomes.

Results The average age of the sample was 23 years. The average of DUP was one to three months. Sixty percent of referees to mental health services were from primary care and 20% from emergency services. The main symptom was persecutory or prejudice delusions. Thirty-six percent of them were related to sexuality or pregnancy. In most cases, the demands were not bizarre. When a wide history was made and they were properly explored, a delusional theme was appreciated and the reason for consultation was not justified. Eg. Postcoital pill order for not taking precautions, in a telepathic relationship. Forty percent of claims were made in primary care. Half of them were assessed by a gynecologist. Sixty percent were treated in the emergency room.

Conclusions We conclude that these data are relevant for specialists. Both for efficient resource management and for early detection of incipient psychosis. Gynecological abnormal demands are common in consultations to health services for specific malaise during the period of untreated psychosis.

Disclosure of interest The authors have not supplied their declaration of competing interest.

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EV1226

Paliperidone palmitate: Experience in a community mental health unit



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Introduction There are many jobs that offer advantages of treatment with long-acting injectable in psychosis.

Objective To know the changes in the different variables after the start of paliperidone palmitate (PP).

Material and method We performed a descriptive and retrospective study. Were evaluated patients who received maintenance therapy with PP during 48 months.

Results The sample was composed of 29 patients: 72.4% men and 27.6% women. Average age of 46.21 years. In Figures 1, 2 and 3 show data obtained in relation to compliance with treatment, relapse, maintenance dose, number of admissions and visits to emergency departments respectively.

Conclusions The administration of PP is associated with a higher level of compliance with treatment. The patients presented a lower number of relapses, hospitalizations and visits to the emergency room. The maintenance dose more used is 150 mg.

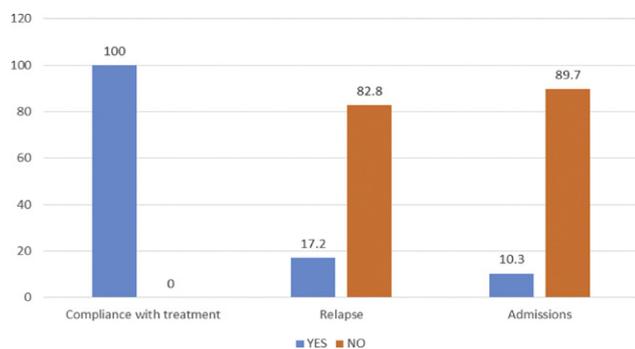


Fig. 1

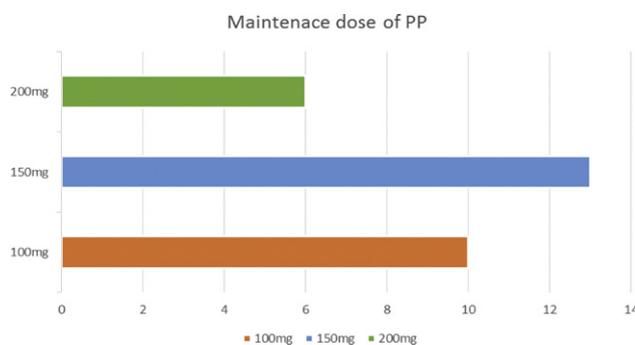


Fig. 2

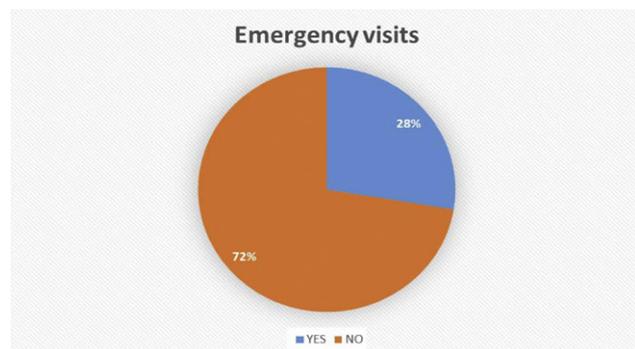


Fig. 3

Disclosure of interest The authors have not supplied their declaration of competing interest.

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EV1227

Vitamin B12 deficiency induced psychosis – a case report

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Vitamin B12 is one of the most essential vitamins affecting various systems of the body. Cases of neuropsychiatry disorders due to its deficiency are more common in elderly patients with prevalence of 10–20%. The most common psychiatry symptoms reported in the literature associated with vitamin B12 deficiency was depression, mania, psychotic symptoms, cognitive impairment and delirium. Here, we report a case of vitamin B12 deficiency in a 52-year-old male who presented with psychotic features: persecutory

delusions, tactile and auditory hallucinations. Patient had neither recorded psychiatry history nor any drug abuse. Medical history includes hypertension, diabetes mellitus and glaucoma. The patient was not a vegetarian. All relevant laboratory evaluations and head CT were normal except vitamin B12. The patient was treated with antipsychotics (risperidone 3 mg/day) and intramuscular vitamin B12. One week after, there was total remission of psychotic symptoms. In the follow-up during the next four months, psychiatry symptoms did not recur at any time. This case reports a rare case of vitamin B12 deficiency induced psychosis. Although there was concurrent administration of an antipsychotic along with vitamin B12, it underlines the importance of evaluation of vitamin B12 and other potential reversible causes of psychosis.

Disclosure of interest The authors have not supplied their declaration of competing interest.

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EV1228

QTc interval in patients diagnosed with schizophrenia receiving different defined daily dose (DDD) of antipsychotics



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Introduction Both 1st and 2nd generation of antipsychotics are associated with prolonged QTc interval. Prolonged QTc can lead to ventricular tachycardia and Torsade's de pointes, ultimately resulting to cardiac arrest and sudden death. Prolonged QTc interval due to increased DDD has not yet been investigated.

Objective To investigate whether increased DDD of antipsychotics, causes further prolonged QTc, by patients diagnosed with schizophrenia.

Aims To learn more about antipsychotics impact on the QTc interval in patients diagnosed with schizophrenia.

Methods An observational study of unselected patients diagnosed with schizophrenia. Enrolled from January 2013 through March 2015 with follow-up until June 2015 in the region of central Denmark. Data was collected from ECG records and patient journals.

Result ECGs were available in 58 patients. We observed no relation between increased DDD of antipsychotics and prolonged QTc. There were no differences in average QTc interval for the whole sample of patients receiving different DDD of antipsychotics.

Conclusion We do not recommend increased attention to patients treated with higher DDD of antipsychotics.

Disclosure of interest The authors have not supplied their declaration of competing interest.

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EV1229

Normalization of mortality rate and life expectancy in schizophrenia: Challenges and options



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Studies of mortality-rates and life expectancy in schizophrenia have consistently shown that the standardized mortality rate (SMR) are raised compared to the general population. In a meta-analysis (2007) of 38 studies with 22,296 deaths, all cause SMR was 2.98. SMR in a French cohort study (2009) in 3470 patients

with schizophrenia, were 3.6 for men and 4.3 for women. A recent epidemiological study (2015) of a US-cohort of 1,138,853 individuals with schizophrenia, 4,807,121 million years of follow-up and 74,003 deaths, all cause SMR was 3.7 for the total population: 3.3 for men and 4.3 for women. Life expectancy, the other side of the coin of increased SMR, in this study was reduced with 28.5 years. Studies in life expectancy, the other side of the coin of increased SMR, show a substantial, if not alarming reduced life expectancy. Israel with 12.5 years and Denmark–15 years for women and 20 years for men – reported the lowest reduction in life expectancy, while Arizona reported the highest reduction of 32 years. Progress in such diverse fields as genetics, neuro-imaging, early diagnosis of (ultra) high-risk populations, CBT and rehabilitation treatment, has not improved schizophrenia SMR or life expectancy. On the contrary, in far a trend is visible, the situation tends to worsen, not to improve. After going through the barriers for optimal somatic care, both patient and health care related, we will discuss options for improvement of the level of somatic health care, at the preventive and therapeutic level.

Disclosure of interest The author has not supplied his/her declaration of competing interest.

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EV1230

N-acetyl-cysteine in a double-blind randomized placebo-controlled trial: Towards biomarker guided treatment in early psychosis



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Purpose Recent evidence points to a critical role of redox dysregulation induced oxidative stress in the pathophysiology of early phases of schizophrenia. An add-on trial with n-acetyl-cysteine (NAC) led to a reduction in negative symptoms in chronic schizophrenia patients. Aim of this study was to explore impact of addition of NAC to standard treatment in early psychosis (EP) patients.

Methods Double-blind, randomized, placebo-controlled trial of addition of NAC, 2700 mg daily, to antipsychotic treatment over 6 months. Monthly assessment of PANSS, GAF, SOFAS and antipsychotics treatment; quantification of brain glutathione levels (GSH_{mPFC}) by ¹H-magnetic-resonance-spectroscopy and of blood cells glutathione (GSH_{BC}) and glutathione peroxidase activity (GPx_{BC}) as marker of oxidation status at the beginning and end of treatment.

Results Overall, 63 patients were included. Spectroscopy data showed that GSH_{mPFC} increased by +23% in the NAC group, while it tended to decrease by –5% in the placebo group ($P=0.005$). No significant difference between NAC and placebo was observed

on global changes in negative symptoms, positive symptoms or functional outcome. However, in patients with high-baseline oxidation status (GPx_{BC}>22.3U/gHb), subgroup explorations revealed an improvement of positive symptoms over time compared to patients with low-baseline GPx ($P=0.02$).

Conclusions While addition of NAC induced an increase of brain GSH, it had no impact on symptomatic and functional outcome in EP patients. However, in patients with high oxidation status, addition of NAC leads to significantly greater improvement in positive symptoms. Future studies on antioxidant interventions in EP should consider biomarker-guided treatment.

Disclosure of interest The authors have not supplied their declaration of competing interest.

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EV1231

Peripersonal space and schizophrenia: Looking for the self boundaries



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Introduction Peripersonal space has been defined as the area immediately surrounding the body in which interactions with a person or an object can occur. Larger peripersonal space may reflect discomfort in close interpersonal situation or cognitive deficit. Individuals with schizophrenia are more sensitive to social stimulation. The capacity to provide accurate judgments of peripersonal space boundaries depend on the capacity to create an organized and structured mental representation that integrates signals from different sensory modalities and brain regions.

Objectives We conducted a study on personal space in patients with schizophrenia using a paradigm that was not affected by emotional and social interference.

Aims We aimed to investigate the characteristics of personal space in patients with schizophrenia.

Methods We recruited 20 schizophrenic patients according to DSM-V criterion and 20 healthy volunteers, matched by gender and age. Schizophrenic symptoms were assessed using the Positive and Negative Syndrome Scale (PANSS). Participants performed the peripersonal space (PPS) task. Collected data underwent statistical analyses.

Results Schizophrenic patients demonstrate a stronger/weaker need for personal space, than the comparison group, depending on the score of negative and positive symptom, as assessed by using the PANSS even without emotional and social interference.

Conclusions Interpersonal interactions between the individual with schizophrenia and people in their immediate environment can lead to increased symptomatology. Social isolation is one of the most primary causes of poor quality of life in mental illnesses. Better understanding of the mechanisms for abnormal interactive behavior could provide significant valid guidelines for innovating intervention programs.

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EV1232

F17464 a new antipsychotic with preferential D3 antagonist, 5-HT_{1A} partial agonist properties. Neurochemical studies



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F17464 is a new dopamine receptor antagonist that recently demonstrated antipsychotic activity in a proof of concept study in schizophrenic patients under acute exacerbation. The compound has a unique profile with high affinity for hD₃ receptors (K_i=0.17 nM) and lower affinity for hD_{2L} (K_i=12.1 nM) and hD_{2S} (K_i=6.5 nM). F17464 exhibits also high affinity for h5-HT_{1A} receptors (K_i=0.16 nM). F17464 is a hD₃ antagonist (pK_B=9.13), hD_{2S} very weak partial agonist (pK_B=7.87, emax 8% of DA stimulated in ERK assay) and a 5-HT_{1A} partial agonist (pEC₅₀=7.99). F17464 exhibits consistent affinities for rat striatal D₂ (K_i=4.8 nM) and for rat hippocampal 5-HT_{1A} receptors (K_i=1.14 nM). Neurochemical studies show that F17464 ip (1 h post-dose) produces a significant dose-dependent increase in the levels of DOPAC and HVA in the frontal cortex, caudate-putamen and limbic forebrain and an increase in 3-MT levels in the latter two regions with no changes in total DA content. The effect is significant at the doses of 0.63–2.5 mg/kg ip (PK/PD data will be provided). This pattern of DA metabolite changes is similar to that described for several antipsychotic drugs in rodents and it is indicative of a cortical effect of F17464. F17464 has a very low cataleptogenic activity in rats and mice and does not induce serotonergic signs typical of 5-HT_{1A}. F17464 is therefore a novel a D₃ preferential antipsychotic with a unique mechanism of action and receptor affinity profile and a consistent effect in neurochemistry studies in rodents.

Disclosure of interest The authors have not supplied their declaration of competing interest.

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EV1233

A novel methodology to evaluate the molecular validity of preclinical psychosis models compared to schizophrenia brain pathology



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Rodent models of schizophrenia (SCZ) are indispensable when screening for novel treatments, but quantifying their translational relevance with the underlying human pathophysiology has proved difficult. A novel systems methodology (shown in [Figure 1](#)) was developed integrating and comparing proteomic data of anterior prefrontal cortex tissue from SCZ post-mortem brains and matched controls with data obtained from four established glutamatergic rodent models, with the aim of evaluating which of these models represent SCZ most closely. Liquid chromatography coupled tandem mass spectrometry (LC-MS^E) proteomic profiling was applied comparing healthy and “disease state” in human post-mortem samples and rodent brain tissue samples. Protein-protein interaction networks were constructed from significant abundance changes and enrichment analyses enabled the identification of pathophysiological characteristics of the disorder, which were represented across all four rodent models. Subsequently, these functional domains were used for cross-species comparisons.

Five functional domains such as “development and differentiation” represented across all four rodent models, were identified. It was quantified that the chronic phencyclidine (cPCP) model represented SCZ brain changes most closely for four of these functional domains, by using machine-learning techniques. This is the first study aiming to quantify which rodent model recapitulates the neuropathological features of SCZ most closely. The methodology and findings presented here support recent efforts to overcome translational hurdles of preclinical psychiatric research by associating behavioural endophenotypes with distinct biological processes.

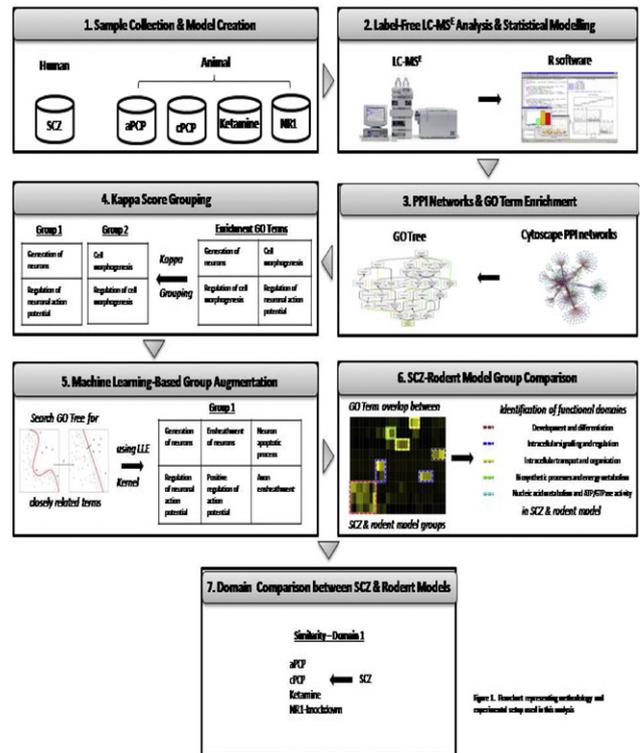


Figure 1. Overview representing methodology and experimental steps used in this analysis.

Fig. 1

Disclosure of interest The authors have not supplied their declaration of competing interest.

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EV1234

The geometrical analysis of handwriting as a new tool to evaluate motor symptoms in psychosis



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Introduction There is growing evidence about the importance of motor symptoms in psychosis. Motor abnormalities have been observed in naive-drugs, first-episode patients. Clinical assessment of motor abnormalities normally relies upon subjective observer-based ratings. Kinematic analysis of handwriting has proved to be an objective measure of motor symptoms, but it has not been used in clinical settings.

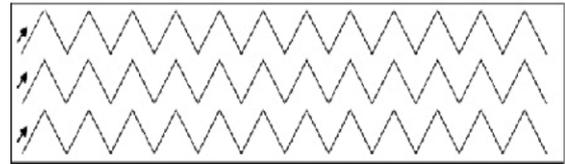
Objectives In the present work, the geometrical analysis of handwriting patterns is proposed as a new tool to evaluate motor symptoms in psychosis.

Method Overall, 35 healthy participants and 43 patients with psychosis from San Agustín Hospital (Linares, Spain) participated in the study. Participants were asked to write with a pen on a white paper (see patterns in the [Figure 1](#)). In order to analyze the heterogeneity of handwriting patterns, we employed lacunarity, a nonlinear measure previously used in the analysis of biomedical images. Lacunarity measures the distribution of gap sizes in a geometrical space. A large value implies large gaps and clumping of points, whereas a small value suggests a uniform distribution with shorter gaps.

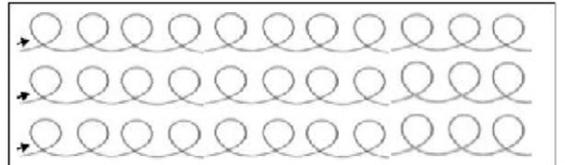
Results Lacunarity was significantly higher in handwritten patterns from patients than in controls. In addition, we found a higher heterogeneity in patients with motor symptoms in comparison with patients without motor symptoms.

Conclusions Our results suggest that analysis of handwritten patterns can be a valuable method in the evaluation of motor symptoms.

Task 1



Task 2



Task 3

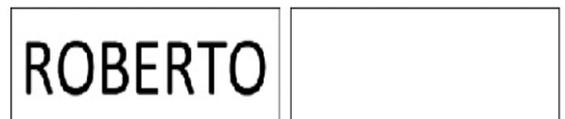


Fig. 1

Disclosure of interest The authors have not supplied their declaration of competing interest.

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EV1235

The predictive role of insight for the evolution of the disease in Romanian patients diagnosed with schizophrenia

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Introduction Schizophrenia is a serious disorder that influences all life aspects of the patients. The most important goals in schizophrenia are remission, recovery, improving psychosocial functioning and quality of life, which can be influenced by different factors, especially insight.

Objectives To evaluate the awareness of illness in Romanian patients diagnosed with schizophrenia and to determine the predictive role of insight.

Aims This study wants to highlight the importance of the evaluation of insight in psychotic patients, taking into account that awareness leads to compliance with treatment, decreased rate of relapses and rehospitalization and a better prognosis.

Material and methods Overall, 80 patients (44 males and 36 females) recruited from first and second psychiatric clinic Cluj-Napoca, diagnosed according to ICD-10 and DSM-V criteria with schizophrenia and acute psychotic disorder participated in this study. A semi-structured interview collected demographic data. Psychotic symptoms were evaluated using PANSS, severity of the disease using CGI and insight using SUMD.

Results Our results showed that the most important predictive factors for the evolution were: level of insight ($r = -0.41$ $P < 0.01$), presence of family history ($r = 0.24$ $P < 0.05$) and belonging to urban areas ($r = 0.23$ $P < 0.05$). The level of insight explained 16% of variance of improving psychotic symptoms during hospitalization.

Conclusions The awareness of illness is one of the predictive factors for long-term schizophrenia and the best predictive model of disease progression is composed of variables SUMD total and PANSS total on admission.

Disclosure of interest The authors have not supplied their declaration of competing interest.

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EV1236

Validation of the delusional ideation inventory for the Portuguese population

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Introduction The dimensional approaches regard delusions as a continuum of the daily beliefs, not being limited to the clinical population and it can also be found in the general population. Due to the multifaceted conceptualization of delusions, the analysis of the dimensions of distress, preoccupation and conviction may be more revealing than the content of the belief itself, whereby an evaluation that incorporates these dimensions is fundamental.

Objective Translation, adaptation and study of the psychometric properties of the Peters et al. delusions inventory (PDI-21) for the Portuguese population.

Aim Assessing the multidimensionality of the delusional ideation in the community.

Methods The sample consists of 249 adults from the general population, aged between 18 to 65. The brief symptom inventory, the social desirability scale of the Eysenck personality questionnaire and the World Health Organization quality of life-bref were used in this study beyond the PDI-21.

Results The Portuguese version of the PDI-21 has shown good psychometric properties regarding its internal consistency and test-retest reliability. It demonstrated significant positive correlations with the psychopathological symptoms and negative associations with social desirability and with the quality of life, confirming its divergent and convergent validity. The analysis of the frequency of delusional ideas for the total of the sample and on the basis of gender has revealed prevalence rates very similar to the ones found in previous studies.

Conclusions The Portuguese version of the PDI-21 has adequate psychometric properties and it can be used to assess the delusional ideation in the general population.

Disclosure of interest The authors have not supplied their declaration of competing interest.

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EV1237

Quetiapine in treatment of first episode schizophrenia



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Introduction Although there is no cure, schizophrenia is highly treatable disease. Successful first episode schizophrenia (FES) treatment is crucial to minimize personal, vocational and social deterioration. Quetiapine is atypical, second generation antipsychotic, serotonin-dopamine antagonist. Quetiapine is potent blocker of D2, 5HT2A and 5HT1A receptors.

Objective To estimate efficacy of quetiapine in treatment of first episode schizophrenia.

Methods This study included 70 patients with FES diagnosed by ICD-10 criteria, who are divided into haloperidol (H) 35 patients and quetiapine (Q) group 35 patients. Patients were observed for 6 months in hospital and extra hospital conditions, according to protocol which included Positive and Negative Symptom Schedule (PANSS) and the number of withdrawals attributed to adverse event (AE). Control group was treated with haloperidol 5–20 mg/24 h and experimental group was treated with quetiapine 400–800 mg/24 h.

Results Average pretrial PANSS score was 110.1 in quetiapine and 108.5 in haloperidol group. Average PANSS score after 180 days was 50.6 in Q and 60.4 in H group. There is no statistical difference in pretrial scores between groups for PANSS score ($P = 0.647$). There is significant statistical difference in PANSS score reduction after 180 days in both groups ($P < 0.001$). There is significant statistical difference in PANSS score reduction between Q and H group after 180 days ($P < 0.001$). Overall, 8.6% AEs occurred in Q, and 25.8% in H group.

Conclusion Quetiapine has shown better efficacy in treatment of FES comparing to haloperidol, with statistically significant lower adverse effects rate.

Disclosure of interest The authors have not supplied their declaration of competing interest.

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EV1238

Factors of premorbid period indicating the risk of medicated noncompliance in patients with schizophrenia



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Background Methods of assessment of medicated compliance are based upon preceding experience of taking therapy and cannot be applied at the first admission.

Objective To investigate premorbid characteristics in schizophrenic patients and reveal the factors indicating noncompliance.

Methods We used medical record background, interview, Medical Compliance Prediction Scale for Psychiatry for evaluation of the level of compliance, program STATISTICA10 for identification of the average level of compliance in the subgroups of each factor by Kruskal–Wallis test and revealing those subgroups for each factor where the average level of compliance was statistically significantly lower ($P < 0.05$).

Results We examined 120 patients (status corresponded to the ICD-10 diagnostic criteria for schizophrenia, age–18 and older, duration of the disease–5 years and more, patients taking typical or atypical antipsychotics or combined therapy) according to factors of premorbid period such as gender, family history of mental disorders, personality traits, nurture in the family, education level, marital status; substance use, age at the onset of disease.

Conclusions Level of compliance was lower in subgroups of men, patients having several relatives with mental disorders, patients having personality with predominance of irritable and impulsive traits, patients with neglect in parental families, patients with education level lower than high school and with education level higher than bachelor; patients not working or studying to onset of disease; patients who were divorced or widowed; patients living alone; patients using psychoactive substances; patients aged 21 years and older to the onset of disease.

Disclosure of interest The authors have not supplied their declaration of competing interest.

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EV1239

Objectively measurable equilibrium locomotor ataxia in schizophrenia



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Introduction The basic role of cerebellar dysfunctions in schizophrenia pathophysiology is already well-known. Importantly, cerebellar signs such as gait and balance coordination deficits are objectively manifested and measurable. However, both early detection and treatment monitoring of the illness are still-based mainly on subjective psychopathological symptoms.

Aims To introduce an objective and quantitative approach to the cerebellar gait and balance disorders in schizophrenia.

Methods An original (internationally patented) method for objective equilibrium quantification of stepping locomotion (a kind of motion analysis system) was developed and then applied repetitively in 230 schizophrenic patients and 230 well-matched healthy controls.

Results Subclinical but objectively measurable equilibrium locomotor ataxia (ELA) was identified in a large proportion of the investigated patients. Its severity fluctuated along with the

changes in the clinical state. As a rule, the degree of ELA transiently increases during psychotic exacerbation and gradually returns to its prepsychotic level during therapeutic remission. Data analysis revealed that the basic (prepsychotic and postpsychotic) ELA could be viewed as a new schizotaxic biomarker (trait-marker) for schizophrenia, while the degree of its severity could serve as a new objectively measurable state-marker for psychosis. Besides, its dynamics during antipsychotic treatment might be used as an objective measure of the therapeutic response (a kind of surrogate pharmacodynamic biomarker).

Conclusions Objective quantification of the ELA allows for early detection of subclinical signs of cerebellar ataxia (or schizotaxia) in individuals at high-risk for schizophrenia, whereas in psychotic patients it permits their objective antipsychotic-treatment monitoring.

Disclosure of interest The authors have not supplied their declaration of competing interest.

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EV1240

Metabolic health in patients with schizophrenia – CVD risk in a Norwegian outpatient population



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The mortality of schizophrenia patients is approximately twice that of the general population and there is a 20% reduction in life expectancy in this patient group. Cardiovascular disease (CVD) is responsible for as much as 50% of the excess mortality associated with schizophrenia. One important source of the high CVD prevalence is the cluster of metabolic characteristics defining the metabolic syndrome (MetS: 3 or more of the following features: abdominal obesity, high blood pressure, elevated levels of triglycerides and fasting glucose and low levels of high-density lipoproteins). Patients with schizophrenia seem to be undertreated for these vascular risk factors relative to the general population. More knowledge is needed concerning broadened risk factors of cardiovascular disease in a representative sample of schizophrenia patients. We conducted preliminary cross sectional analyses in a sample of 64 consecutive outpatients with schizophrenia with a mean age of 37 years consisting of 59% men, who were enrolled in a treatment study. All used antipsychotics, and 71% were smokers. We found that (percentage of patients under treatment for the respective somatic condition in parenthesis) 82% were overweight, 49% had hypertonia (17%), 24% hyperglycemia (3%), 48% hypertriglyceridemia and 13% hyperlipidemia (10% triglycerid or cholesterol lowering medication). Forty percent had metabolic syndrome compared to 11% in the normal population (Norway, age corrected). Additionally, estimates of insulin resistance will be conducted. We found that the prevalence of MetS components was high in outpatient schizophrenia. A substantial discrepancy was found between metabolic ill health and medication treatment of such conditions.

Disclosure of interest The authors have not supplied their declaration of competing interest.

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EV1241

Victimization and perpetration of crime in patients with schizophrenia and related disorders involuntarily admitted



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Introduction Incidence of crime victimization and perpetration is higher in severely mentally ill people than in general population. In the literature, fewer papers investigate the risk of being a victim than the risk of perpetrating violence in psychiatric patients.

Objectives To study incidence of self-reported crime victimisation or perpetration in 2 multicentric database of patients suffering from schizophrenia or related psychoses who are admitted involuntarily to hospital.

Methods Included involuntarily admitted patients with ICD-10 diagnosis of F20-F29, age 18–65, giving informed consent. Univariable and multivariable logistic regression to estimate odds ratios. Structured interview and BPRS by trained operators.

Results Three hundred and eighty-three and 543 cases for each database. Victims: 37.8% and 28.0%. Accused: 25.6% and 11.6%. Victims had higher BPRS subscale of Mania, were unemployed and had fewer social contacts. Accused had higher mania in one of the 2 sample. Sociodemographic predictors included unemployment and homelessness, younger age and male gender.

Discussion Sociodemographic factors are important predictors of being accused of a crime. Higher symptoms of mania are associated with higher odds of being victim of violence in 2 multicentric samples, after correction for other variables. Rates of both victimisation and perpetration rates are higher than in samples of people from general population or from outpatients settings. Accused and victims have a strong association with consideration on the context of life.

Disclosure of interest The author has not supplied his/her declaration of competing interest.

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EV1242

CB1-5-HT2A heteromers in schizophrenia patients: Human studies in pro-neurons of the olfactory epithelium



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Introduction Despite multiple clinical and preclinical studies investigating schizophrenia, the neurobiological basis of this disease is still unknown. The dysregulation of the serotonergic system, in particular the 5-HT2A receptor and the endocannabinoid system have been postulated as possible causes of schizophrenia.

Objectives The aim of this study is to evaluate the expression of CB1-5-HT2A receptor heteromers in primary cultures of pro-neurons from the olfactory epithelium in schizophrenia patients and control subjects.

Methods We recruited a group of 10 healthy volunteers and 10 patients diagnosed with schizophrenia, who were treated with atypical antipsychotics, were clinically stable and had an illness duration range from 1 up to 15 years. The patients were diagnosed with schizophrenia from the medical record and confirmed by the structured clinical interview for DSM disorders. The expression of CB1-5-HT2A receptor heteromers in primary cultures of pro-neurons from the olfactory epithelium was quantified using proximity ligation assays and confocal microscopy.

Results Olfactory epithelium pro-neurons were viable and expressed the neuronal marker, III- β tubulin. We also established the presence and the functionality of CB1-5-HT2A receptor heteromers in these cells using the proximity ligation and cAMP activity assays, respectively. Heteromer expression was significantly increased in schizophrenia patients with respect to controls.

Conclusions This highly innovative methodology will allow the noninvasive, low-cost study of new biomarkers for schizophrenia in a model closely related to the central nervous system.

Disclosure of interest The authors have not supplied their declaration of competing interest. Acknowledgments

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EV1243

Ziprasidone and pulmonary embolism, report of a case



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Introduction Several scientific studies support the relation between pulmonary embolism and antipsychotic treatment (acute or chronic). We present a case of possible association of venous thromboembolism (VTE) and ziprasidone.

Personal antecedents Man, 55-year-old, with mild hypertension. He has neither toxic habits nor allergies. He does exercise every day. He started with behavioral and perception disorders during 9 months before being diagnosed of paranoid schizophrenia in 2002. He began with risperidone 3 mg per day and amisulpride 25 mg per day as hypnotic. It allowed a good development and he keeps stable since then. The treatment produced sedation and weight increase, so it was changed to ziprasidone 60 mg per day and later 40 mg per day. A few months ago, he was hospitalized with breathlessness that started suddenly two days before. After all diagnostic tests, he was diagnosed with pulmonary embolism and right leg VTE. His medical development was very positive and he must begin with acenocumarol (doses-depend) and support stockings.

Conclusion As we know, since last 10 years, antipsychotic exposure significantly increases the risk of pulmonary embolism. Due to the lack of risk related factor in this case, it would point that reason. The increase related is about 50% of developing VTE and this increased risk similarly applies to first and second generation antipsychotics drugs. Despite that, there are more cases in olanzapine, clozapine and haloperidol treatments due to antiaggregatory action and antithrombotic effects. We present this case probably closely related with ziprasidone.

Disclosure of interest The authors have not supplied their declaration of competing interest.

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EV1244

Psychosis and psoriasis, the skin talks the truth



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Introduction It is well known about relation between skin and mind, not only due to their mutual origin, but also by their illness expression parallelism. We report a case to show that reciprocity.

Personal antecedents Woman, 42-year-old, single. She only suffers from a skin disease; mild psoriasis guttata placed in both elbows and knees. She treated it with local treatment (cortisone cream) during seasonal pruritus and the lesions did not grow or expand. She was hospitalized due to psychotic symptoms (paranoid delusions with her colleagues) and started antipsychotics treatment (risperidone 12 mg per day and olanzapine 10 mg per night). By the same time, she suffered a psoriasis crisis. Her psoriatic plaques increased their sizes and her chest and both thighs were affected too. She complained about grave pruritus. All her medical test results were normal. After that, the patient improved her psychotics' symptoms, but she started with agoraphobic signs and seclusion at home. Psoriasis were even worse than before and she needed metrotexate to treat it. Being introduced to escitalopram 15 mg per day, anxiety and depression symptoms disappeared and her grave psoriasis became the mild one that she knew.

Conclusion Schizophrenia was associated with a greater variety of autoimmune diseases than was anticipated. Studies found evidence for a shared genetic etiology between schizophrenia and psoriasis. Despite that, we think that the study of psychopathology can amplify our understanding about the etiopathogenesis of psoriasis and associated mental disorders.

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EV1245

Frontotemporal dementia misdiagnosed as schizophrenia or other psychotic disorder



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Introduction Frontotemporal dementia (FTD) encompasses a group of clinical features that include personality and behavior changes (disinhibition, social isolation, antisocial behavior, compulsion) and executive dysfunction (poor planning, loss of judgment and loss of insight). These features may lead to an incorrect diagnosis of a primary psychiatric disorder.

Objectives To emphasize the difficulties in making a clinical distinction between early frontotemporal dementia and other psychiatric diseases.

Methods We describe 11 patients who suffered from FTD, while initially had diagnosed with primary psychiatric disorders. The cor-

rect diagnosis was achieved by psychiatric and neuropsychological evaluations (WAIS SCALE, ACE-R, MMSE), neuroimaging studies (MRI 7/11, SPECT 8/11) and applying the international consensus criteria for FTD.

Results All patients (5 males and 6 females) were initially diagnosed with psychiatric disorders: schizophrenia (2/11), bipolar disorders (4/11), depression (5/11), schizoaffective disorder (1/11), somatization disorder (1/11), personality disorders (2/11), malingering (1/11), alcohol dependence (1/11), while 5 patients had more than one diagnosis. The age of onset varied from 19 to 53 years old. Final diagnosis of FTD was delayed on average 6,5 years from the onset of symptoms.

Conclusion Clinicians should be familiar with the clinical entity of FTD and its difficult distinction from other psychiatric disorders. A possible hospitalization of a patient with FTD in a psychiatric department and the social impact that it brings may be avoided. On the other hand, the proper care of FTD patients (pharmacological and psychosocial) improves the quality of life of patients and their caregivers.

Disclosure of interest The authors have not supplied their declaration of competing interest.

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EV1246

Validation of the Portuguese version of the consumer experiences of stigma questionnaire (CESQ)



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Introduction Tackling stigma and discrimination is a major concern worldwide as demonstrated e.g. in the European Mental Health Action Plan. We need valid and feasible indicators to assess the stigma of mental illness. In Portugal, validated scales focused on mental health consumers' personal experiences of stigma are scarce. The consumer experiences of stigma questionnaire (CESQ) (Wahl, 1999), developed in collaboration with the National Alliance for the Mentally Ill, focuses on users' real life experiences. Although it was validated in different countries, some psychometric properties (e.g. test-retest reliability) are to be tested.

Objectives To further assess CESQ psychometric properties and to validate its Portuguese translation.

Methods The CESQ Portuguese translation was developed in collaboration with the author (Otto Wahl), using standard translation and back-translation procedures. The acceptability of items was assessed in pilot studies and discussed in groups also involving health professionals. The measure was then used in a convenience sample of 122 persons with severe mental illness. Assessments included test-retest reliability ($n=48$). A factor analysis was also conducted.

Results Overall, the CESQ translation proved acceptable and missing items were few, not compromising the analysis. The intraclass correlation coefficient (ICC) for test-retest reliability was 0.83 [95% CI 0.71–0.90] and Cronbach's alpha for internal consistency was 0.80 [95% CI 0.75–0.85]. In the principal component analysis, factor loadings confirmed the two originally reported domains: stigma and discrimination.

Conclusions The CESQ Portuguese version demonstrated good validity and reliability, replicating research using the original version and adding to the documentation of its psychometric properties.

Disclosure of interest The authors have not supplied their declaration of competing interest.

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EV1247

Help-seeking behavior among patients and their relatives presenting to psychiatric unit in southern Sri Lanka



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Background Early recognition of the signs and symptoms of psychiatric illnesses is important as the delay would predict worse prognosis.

Aims To study the help-seeking behavior and sociodemographic factors of psychiatric patients presenting to Psychiatric Unit Teaching Hospital, Karapitiya.

Methods A descriptive cross sectional study. Sample drawn from patients presenting for the first time to Psychiatric Unit Teaching Hospital, Karapitiya. An interviewer administered questionnaire was used to collect data.

Results Age ranged from 13 to 76 years ($n=50$). Males 34 (68%). Duration from onset of symptoms to first presentation ranged from 2 days to nine years, mean 2 years. Twenty-five (50%) had symptoms for more than one year. Sixteen (32%) stated to have attributed illness to supernatural courses as the reason to delay seeking medical help. None gave difficulty in accessing a psychiatric unit as reason for the delay. Twenty-six (52%) referred by nonpsychiatric medical professionals. Regarding alternative treatment engaged in prior to presentation to a psychiatric unit, eighteen (36%) tried to dispose of evil spirits with the help of yakaduru or kattadi, seven (14%) sought help from indigenous medical practitioners and twenty (40%) engaged in religious rituals. Thirteen (26%) sought nonpsychiatric medical treatment.

Conclusions A substantial number of patients suffering from psychiatric disorders present to psychiatric units delayed. As the majority were referred by nonpsychiatric medical professionals, alerting them regarding importance of early identification of psychiatric illnesses could help in reducing the delay.

Disclosure of interest The authors have not supplied their declaration of competing interest.

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EV1248

Associations between cognition in parents with schizophrenia or bipolar disorder and their 7-year old high-risk offspring



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Introduction Neurocognitive and social cognitive impairments are central characteristics of schizophrenia and, to a lesser extent, of bipolar disorder. Birth cohorts and familial high risk studies have described cognitive impairments in subjects before onset of diagnosis as well as in children with increased genetic risk for development of the disorders.

Objectives To our knowledge, this is the first study to investigate the correlations between neurocognition and social cognition in parents and offspring simultaneously and with the same methodology. We will divide the parents into subgroups (cognitive impairment and good cognitive functioning) and use these subgroups to describe correlations with their offspring. Identifying associations between parents and offspring can add important clues to risk factors for schizophrenia and bipolar disorder and, on the long-term, help the development of more effective and potentially preventive treatments.

Methods This study is part of the Danish high risk and resilience study-VIA7. The VIA7 cohort consists of 522 children age 7 with zero, 1 or 2 parents diagnosed with schizophrenia or bipolar disorder and both of their biological parents. We assessed neurocognition and social cognition with a comprehensive test battery including: intelligence (RIST), executive functions (WAIS-IV, D-KEFS, CANTAB), verbal memory (TOMAL2), attention, emotion recognition, decision making and response control (CANTAB), theory of mind (animated triangles) and social perception (TASIT). Parental subgroups were based on the 95% CI of the controls (cognitive impairment <95%CI and good cognitive functioning >95% CI).

Results Data analysis is ongoing and results will be presented at the conference.

Disclosure of interest The authors have not supplied their declaration of competing interest.

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EV1249

Gynecological consultations during the period of untreated psychosis



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Background Twenty-one percent of women with first episode of psychosis in the south Granada between 2008 and 2014 went to hospital emergency during the duration of untreated psychosis (DUP) aiming a gynecological consultation caused by psychotic symptoms. Only one in five was referred to mental health services.

Aims To improve difficulties detecting cases during the prodromal phase, we aim to analyze the patient's profile and reasons for consultation and study whether there are variables that facilitate referral to specialist intervention.

Methods A retrospective clinical-cases review of medical histories was made searching for sociodemographic variables, drug consumption, emergency services consultations and psychotic prodromal outcomes.

Results They were single women between 18–32 years. Sixty percent reported cannabis consumption. All of them live with family. Eighty percent were studying or unemployed. Three types of emergency consultations were reported with a similar incidences: order the emergency-contraception-pill, a pregnancy test or "a scan to check virginity/a nonconsensual relationship". During the initial exploration, about 40% were under the influence of drugs.

Most of them had nonspecific symptoms of anxiety, emotional lability, irritability, etc. In half of the cases were reported weight loss, insomnia and several variations of the usual behavior in recent days.

Discussion The most important variable is to analyze the reason for consultation. Moreover, substance abuse and a combination of prodromal symptoms including positive and other nonspecific are detected. Furthermore, at the profile with possible demands, we believe it is appropriate not to delay mental health assessment after making the appropriate intervention.

Disclosure of interest The authors have not supplied their declaration of competing interest.

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EV1250

First acute psychotic episode: Factors associated with evolution to schizophrenia



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Introduction The acute psychotic episode have often a dramatic expression. Although it is easily diagnosed, it is not easy to predict the evolution and much less the prognosis that are of concern both for the therapist and the patients' families.

Aims To describe the profile of a population of patients with a first psychotic episode. To identify factors correlated with evolution to schizophrenia.

Methods This is a retrospective study conducted among 55 patients hospitalized for a first acute psychotic episode, in the psychiatry B department during the period extending between January 2010 and December 2015.

Results The average age of patients was 26.5. The majority was single male. The prodromal phase was present with predominantly psychotic symptoms (80%). Schizophrenia was the most frequently encountered scalable diagnosis (38%). Some factors are associated with the evolution to schizophrenia. We can mention male gender ($P=0.004$) and premorbid schizoid personality ($P=0.047$). About correlated clinical factors, we have found an initial symptomatology dominated by loss of interest ($P=0.05$), withdrawal and isolation ($P=0.017$), impulsivity ($P=0.011$), breaking with the usual functioning ($P=0.04$), mental automatism ($P=0.033$), the delusions of persecution ($P=0.025$) and intuitive mechanism ($P=0.023$).

Conclusion When a first acute delusional experience occurs in a young adult, it is always a test of uncertain outcome. However, schizophrenia remains the most feared evolutionary. A better understanding of poor prognosis and early and appropriate management seem paramount to reduce the prevalence of this dreaded evolution.

Disclosure of interest The authors have not supplied their declaration of competing interest.

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EV1251

Combined pharmacotherapy involving aripiprazole and clozapine for controlling the positive symptoms refractory to other antipsychotic treatments in a patient with schizophrenia



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Introduction Treatment resistance is considered a challenging problem of antipsychotic pharmacotherapy in schizophrenia, especially, when it is associated with other factors, such as cultural aspects, diverse clinical presentation, furthermore functional impact. Then, combination approaches are commonly used, for instance, the add-on of aripiprazole to clozapine; which allows increasing of efficacy and safety.

Objective Assess the response to clozapine–aripiprazole combination treatment in the management of resistant schizophrenia.

Aim Treatment of resistant schizophrenia.

Method Analysis of a clinical case.

Result A 27-year-old male resident in an Iberian country two years ago, is from a Latin American country, lives with his mother, his sister and his nephew. Their parents were separated. Eight years ago, his father died and shortly thereafter, he started impaired behavior, auditory and visual hallucinations, delusions about referentiality, persecution and prejudice, which required a brief hospitalization in their country. Upon arrival, he is included in the network of Mental Health, with positive symptoms, significant behavioral and cognitive disorganization and he needed hospitalization again. Then, treatment is instituted in different lines with risperidone, quetiapine, olanzapine, haloperidol, amisulpride, without results. Then, combined clozapine therapy is initiated up to 400 mg/day, more aripiprazole 20 mg/day, which switch after to pattern injectable depot, with informed consent. Six months after, he presents encapsulated delirium and improvement of disorganization, allowing the patient to retake studies.

Conclusion Clozapine–aripiprazole combination was associated with 22% reduction of clozapine dose. There was improvement in positive and negative symptoms, social functions and amelioration in their metabolic profile.

Disclosure of interest The authors have not supplied their declaration of competing interest.

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EV1252

Reducing diabetes type 2 risk in non-selected outpatients with schizophrenia, a thirty-month program



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Introduction Diabetes type 2 is 2–3 fold more common in patients with schizophrenia compared to the general population. A lifestyle with focus on diet, exercise and medication is required to prevent complications from diabetes type 2.

Objectives Patients may have trouble complying with a well-structured and healthy lifestyle because of factors related to their illness e.g. cognitive disturbances, negative/positive symptoms and treatment with psychotropic medication.

Aims To measure and reduce diabetes type 2 risk factors in patients and examine characteristics associated with a positive outcome.

Methods A naturalistic intervention study through 30 months of clinical work with individual guidance, group sessions and treatment as usual.

Results At index, the newly diagnosed patients had a high consumption of soft drinks and low physical activity. Over time, the newly diagnosed patients worsened their physical profile with increased weight, waist circumference, visceral adiposity index ($P=0.030$) and HbA1c ($P=0.010$). HbA1c increased for newly diagnosed male patients with 0.24 mmol/L ($P=0.007$). The long-term patient's physical activity level was low. After the intervention,

they improved in consumption of soft drinks ($P=0.001$) and fast food meals ($P=0.009$). Furthermore, the long-term patients lowered their weight and waist circumference while becoming more physically active. There were no changes in HbA1c in the intervention period.

Conclusion Our study showed being long-term ill and female gender was associated with positive outcome of lifestyle intervention into improving physical health and reducing diabetes type 2 risk, meanwhile being newly diagnosed and being male showed a negative outcome despite intervention.

Disclosure of interest The author has not supplied his/her declaration of competing interest.

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EV1253

Doses of antipsychotics in maintenance phase compared to doses in acute phase treatment



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Maintenance phase treatment with antipsychotic medications is recommended for all patients with schizophrenia. From clinical perspective and based on studies, small proportion of patients after first psychotic episode and far smaller proportion of patients with multiple psychotic episodes do not experience relapse. The use of antipsychotic medications as maintenance treatment reduces relapse rates. The optimal doses of antipsychotics in maintenance phase stay unclear although investigators attempted to identify doses sufficiently high to prevent relapses and at the same time sufficiently low to avoid adverse effects. In maintaining remission, it is usually recommended to use doses of antipsychotic medications that were effective in acute phase treatment as long as they are well-tolerated, but few studies and clinical experience show that lower doses than those usual for the acute phase are sufficient for maintenance treatment. The aim is to investigate doses of antipsychotics used in maintenance phase compared to doses used in acute phase treatment.

Disclosure of interest The authors have not supplied their declaration of competing interest.

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EV1254

Subjective well-being under clozapine measured with the Serbian version of GASS-C: Preliminary results



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Introduction Clinical benefits of antipsychotic treatment depend on the efficacy and on the patients' tolerability and compliance. To reduce patient initiated treatment discontinuation, timely detection of treatment emergent side effects is essential. The Glasgow Antipsychotic Side-effects scale for clozapine (GASS-C) is a recently developed instrument to measure subjectively experienced clozapine side effects.

Objectives Timely detection of unreported clozapine related side-effects.

Aim Documenting the prevalence of side-effects in schizophrenia or chronic psychotic disorder with the Serbian version of the GASS-C.

Methods The sample included 95 in and outpatients with schizophrenia or chronic psychotic disorder. All subjects filled out the Serbian version of the GASS-C and a sociodemographic questionnaire.

Results The median age was 46.1 years; 53.7% of subjects were male. Clozapine doses ranged from 25 to 423 mg. Drowsiness (78%) was the most commonly reported side-effect. Overall, 16.8% of the patients added other complaints, such as headache, pain, hand or leg numbing or nightmares. According to GASS-C total score categorization [2], only 4.2% of subjects were rated with severe side-effects, while 14% of themselves rated their symptoms as severe or distressing. More side effects were reported by female patients and by inpatients. Only a weak positive correlation was found between the severity of the side effects and clozapine dosage.

Conclusions We found the GASS-C to be a useful instrument that elicits both unknown side-effects and patients rating of their severity. Side effects did not clearly relate to the prescribed dose. Future research should include the relation of clozapine plasma levels with side effects assessed with GASS-C.

Disclosure of interest The authors have not supplied their declaration of competing interest.

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EV1255

Effect in antipsychotic-induced hyperprolactinemia after switching to long-acting injectable aripiprazole:



A 1-year study

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Introduction Antipsychotic-induced hyperprolactinemia is associated with relevant side effects: short-term as hypogonadism, gynecomastia, amenorrhoea, sexual dysfunction and galactorrhoea; long-term as cardiovascular disease, bone demineralization and breast and prostate tumors.

Aims To evaluate the effect of switching to long-acting injectable aripiprazole on long-lasting antipsychotic-induced hyperprolactinemia.

Methods This was a prospective observational 1-year study carried out in 125 outpatients with schizophrenia who were clinically stabilized but a switching to another antipsychotic was indicated. We measured the basal prolactin at the start of the study and 1 year after switching to long acting injectable (LAI) aripiprazole.

Results In basal analytic, 48% had hyperprolactinemia (21.8–306.2 ng/mL) and 66.5% of them described side effects: 78% sexual dysfunction (72% men), 11% galactorrhoea (100% women), 5.5% amenorrhoea and 5.5% bone pain (100% women). In 48% of patients with hyperprolactinemia, the previous antipsychotics comprised: LAI-paliperidone (65.7%), oral-risperidone (7%), oral-olanzapine (6.1%), oral-paliperidone (5.2%), LAI-risperidone (4%) and others (12%). One year after switching to LAI-aripiprazole, prolactin levels were lower in all patients and in 85% prolac-

tine levels were normalized. Overall, 72% described a clinical improvement, especially in terms of sexual dysfunction.

Conclusions Several studies have described an improvement of drug-induced hyperprolactinemia after switching to or adding oral aripiprazole. In our study, we observed that levels of prolactin were normalized in 85% of patients with a clinical improvement in almost all of cases. These findings suggest that switching to LAI aripiprazole may be an effective alternative for managing antipsychotic-induced hyperprolactinemia due to its partial agonism in D2 brain receptors, especially in tuberoinfundibular pathway.

Disclosure of interest The authors have not supplied their declaration of competing interest.

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EV1256

The side effects of risperidone depot in patients with psychotic disorders

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Background and aim A long-acting form of risperidone is now broadly available for the treatment of schizophrenia and closely related psychiatric conditions. It combines the advantage of previously available depot formulations for first-generation drugs with the favorable characteristics of the modern “atypical” antipsychotics, namely higher efficacy in the treatment of the negative symptoms of schizophrenia and reduced motor disturbances [1].

Methods During this study, we observed side effects that appear in patients that are treated with risperidone depot. Patients were observed for a period of 3 months (October–December 2015) and the side effects were evaluated with Glasgow Antipsychotic Side-effect Scale (GASS). The data obtained were analyzed with SPSS, trying to prove the impact of variables such as: gender, age, diagnosis, dose and duration of treatment on the occurrence of side effects.

Results Through statistical processing, we reached the conclusion that there is a statistically significant correlation between duration of treatment and side effects (P value was 0.0001). Between two variables has a strong positive correlation (Kendall value was 0.766). Has a statistically significant correlation between the drug dose and side effects (P value was 0.026). Between two variables has a moderate positive correlation (Kendall value was 0.504). No statistically significant correlation between these variables: gender-side effects, diagnose-side effects and age-side effects.

Disclosure of interest The authors have not supplied their declaration of competing interest.

Reference

[1] Emsley R, Medori R, Koen L, et al. Long-acting injectable risperidone in the treatment of subjects with recent-onset psychosis: a preliminary study. *J Clin Psychopharmacol* 28:210–213.

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EV1257

Mortality in people with psychotic disorders in Finland: A population-based 13-year follow-up study

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Introduction People with psychotic disorders have increased mortality compared to the general population. The mortality is mostly due to natural causes and it is disproportionately high compared to the somatic morbidity of people with psychotic disorders.

Objectives We aimed to find predictors of mortality in psychotic disorders and to evaluate the extent to which sociodemographic and health-related factors explain the excess mortality.

Methods In a nationally representative sample of Finns aged 30–70 years ($n=5642$), psychotic disorders were diagnosed in 2000–2001. Information on mortality and causes of death was obtained of those who died by the end of year 2013. Cox proportional hazards models were used to investigate the mortality risk.

Results Adjusting for age and sex, diagnosis of nonaffective psychotic disorder (NAP) ($n=106$) was statistically significantly associated with all-cause mortality (HR 2.99, 95% CI 2.03–4.41) and natural-cause mortality (HR 2.81, 95% CI 1.85–4.28). After adjusting for sociodemographic factors, health status, inflammation and smoking, the HR dropped to 2.11 (95% CI 1.10–4.05) for all-cause and to 1.98 (95% CI 0.94–4.16) for natural-cause mortality. Within the NAP group, antipsychotic use at baseline was associated with reduced HR for natural-cause mortality (HR 0.25, 95% CI 0.07–0.96), and smoking with increased HR (HR 3.54, 95% CI 1.07–11.69).

Conclusions The elevated mortality risk associated with NAP is only partly explained by socioeconomic factors, lifestyle, cardiometabolic comorbidities and inflammation. Smoking cessation should be prioritized in treatment of psychotic disorders. More research is needed on the quality of treatment of somatic conditions in people with psychotic disorders.

Disclosure of interest Jaakko Keinänen owns shares in pharmaceutical company Orion.

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EV1258

Validation of the Czech version of the community assessment of psychic experiences (CAPE)

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Introduction In the Czech Republic, research of the schizophrenia spectrum suffers from a lack of standardized measuring instruments. The community assessment of psychic experiences (CAPE) has been used internationally to quantify positive, negative and affective symptoms associated with the spectrum and to screen individuals who may be in risk of developing a spectrum disorder.

Aims and objectives This study aimed to develop a Czech version of the CAPE and to examine its psychometric properties in a nonclinical population.

Methods An author with an expertise in the field and a subject-naïve author translated the CAPE into the Czech language. After a professional back-translation, the instrument's most suitable version was agreed upon. Lie-scale items were added to allow for an online circulation. The CAPE was administered to a large sample of participants alongside the Beck depression inventory (BDI-II).

Results Internal consistency was assessed using the Cronbach's alpha. Internal structure was evaluated using confirmatory factor analysis and compared to the structure of the original. Criterion validity was examined through correlation analyses of the BDI-II scores and the total and subtotal CAPE scores.

Conclusions It is determined whether the Czech version of the CAPE has sufficient reliability and validity to be recommended for research purposes. It is expected that further study of the CAPE as well as the introduction of additional tools will motivate the standardization of research, diagnosis and prevention of schizophrenia spectrum disorders in the Czech Republic.

Disclosure of interest The authors have not supplied their declaration of competing interest.

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EV1259

Social and nonsocial cognitive functions in patients with schizophrenia: A comparative neuropsychological and neurophysiological study



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Background Patients with schizophrenia suffer from cognitive deficits in seven domains in addition to social cognition. P300 latency and amplitude have been linked in these patients to the basic cognitive deficits.

Objectives Comparing patients suffering from schizophrenia with matched healthy subjects as regards auditory event related potential tests as measured by P300.

Subjects and methods Fifty-two subjects were divided into 2 groups: group (A): 27 patients with schizophrenia according to the diagnostic and statistical manual of mental disorders-text revised (DSM-IV TR). Those with current substance use, psychiatric disorders or organic disorders were excluded. Group (B): 25 healthy control subjects with negative history of substance and psychiatric disorders. Patients were assessed using Positive and Negative Symptom Scale (PANSS) for severity of psychotic symptoms, Addenbrook's Cognitive Examination Revised (ACE-R) for basic cognitive, reading the mind in the eye test for social cognition, P300 and electro-encephalography (EEG)

Results The two groups were different significantly in ACE total and its subtests measuring attention-orientation, memory, language, visuospatial and reading the mind in the eye test for social cognition scores with patients showing lower scores ($P=0.000$, 0.012 , 0.000 , 0.038 , 0.041 and 0.001 respectively). Control group had higher amplitude of P300 and shorter latency than patients ($P=0.003$ and 0.005 respectively). P300 amplitude correlated positively with visuospatial memory ($P=0.015$). PANSS general pathology scale correlated positively with duration of untreated psychosis ($P=0.029$) and with fluency ($P=0.047$).

Conclusion Patients with schizophrenia differ from controls in P300.

Disclosure of interest The authors have not supplied their declaration of competing interest.

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EV1260

Influence of clozapine to modified electroconvulsive therapy in the treatment resistant schizophrenia



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Introduction Clozapine is one of the most effective drugs for the treatment resistant schizophrenia (TRS). It was reported that

modified electroconvulsive therapy (mECT) may be an effective clozapine augmentation strategy in TRS.

Objective The objective of this study was to investigate the influence of clozapine to mECT in the TRS.

Methods Forty-seven patients were recruited in this study, but eight patients were excluded because clozapine was discontinued by reason of side effects. Ultimately, 39 patients were enrolled.

Results Seventeen patients received mECT before clozapine therapy. Two patients continued mECT after starting clozapine therapy. There was a significant difference between before–after clozapine therapy (χ^2 test, $P < 0.01$). Intermittent mECT was performed for 3 patients before clozapine and for one patient after starting clozapine.

Discussion This result suggests that clozapine therapy reduces mECT. In Japan, the first-line treatment for TRS is CLO. mECT is recommended for clozapine resistant schizophrenia patients. Prescription of CLO is limited in the part of medical facility because all physicians who prescribe clozapine must be registered with the clozaril patient monitoring service in Japan. It is considered that mECT is more readily selected than clozapine therapy. Therefore, the number of mECT is not reduced generally.

Conclusion Clozapine therapy reduces the necessity of mECT.

Disclosure of interest The authors have not supplied their declaration of competing interest.

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EV1261

Serum 25-OH vitamin D level in patients with schizophrenia spectrum disorders



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Introduction 25-OH vitamin D level is an immediate precursor metabolite of the active form of vitamin D that leads to expression of more than 200 genes.

Aims The aim of our study was to examine 25-OH vitamin D deficiency ($<50\text{nmol/L}$) and its relationship to demographic factors in recently hospitalised patients with schizophrenia spectrum disorders (SSD).

Methods We assessed 25-OH vitamin D serum level in 41 SSD patients (54% of males, 46% with first episode, 63% during sunny season [May to October]), mean age 30 ± 10.4 years, within first days of hospitalization. The serum 25-OH vitamin D level was analysed with electrochemiluminescence, using immunoanalysators Elecsys Roche.

Results The serum level was significantly higher in sunny season (41.3 ± 27.2 nmol/L) than in November to April (28.4 ± 11.2 nmol/L); t -test, $P < .05$. Sixty-nine percent of patients suffered from 25-OH vitamin D deficiency ($<50\text{nmol/L}$) in May to October and 100% during November to April. The 25-OH vitamin D serum levels were not different between males and females, or between first-episode and multiple-episode patients. No significant correlation between age and 25-OH vitamin D level was found.

Conclusions The high prevalence of 25-OH vitamin D deficiency ($<50\text{nmol/L}$) suggests that some patients with SSD may benefit from vitamin D supplementation.

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EV1262

Morphophenotypical patterns in patients with negative symptoms in schizophrenia



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Introduction Positive-negative dichotomy in course of schizophrenia leads to search for factors which could influence the formation of basic symptoms. The study of patients' body types and morphological peculiarities according clinical feature of schizophrenia could find some influence factors. Body type and regional morphologic dysplasias (RMD) are basically morphophenotypical patterns available for routine examination in usual clinical psychiatric practice.

Aims To reveal associations between body type, morphologic dysplasias and course of schizophrenia.

Methods Anthropometric, somatoscopy examination of patients with schizophrenia with gradually progressive negative disorders: emotional, volition, thought disturbances, increasing autism and social isolation, stable anhedonia with motivation defect were conducted. The accounted morbidity of 168 patients from the whole group of individuals with schizophrenia was about 10% (128 [76%] males, 40 [23.8%] females). Clinical presentations of schizophrenia met the criteria of ICD-10. Anthropometric investigation was conducted with the help of Martin's anthropometer and major thickness compasses for recognition of body type. RMD was registered descriptively.

Results It was shown that in patients with negative course of schizophrenia asthenic body type prevailed (60%) with the accumulation of RMD (94.4%) in comparison with healthy individuals (26.2%, $P < 0.001$). Among patients with positive symptoms of schizophrenia picnic body type prevailed ($P < 0.001$).

Conclusions Asthenic body type, accumulation of multiple RMD is associated with the domination of negative symptoms and continuous course of schizophrenia. Results of the study indicate the need for a deeper study of this issue on constitutional approach.

Disclosure of interest The authors have not supplied their declaration of competing interest.

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EV1263

Comparison of cortisol levels in patients with schizophrenia and in healthy controls



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Introduction The hypothalamus-pituitary-adrenal axis (HPAA) plays a pivotal role in response to a range of external and internal factors often described as "stress". Growing evidence in a literature, suggest various dysregulations of HPAA, in course of numerous mental disorders. Patients with schizophrenia and bipolar disorder seem to have elevated basal cortisol secretion,

what might be caused by the diminution of glucocorticoid receptors' amount. It was of the interest if the cortisol concentration in patients, with diagnosed schizophrenia, differs from healthy individuals.

Materials and methods Two groups of participants were included into the study. First group (study) consisted of 10 patients with diagnosed schizophrenia and control group which included 38 healthy individuals. Study was divided into two stages, first one (pilot) included only control group, and utilized cortisol concentrations measurement from saliva, blood and 24 h urine sample. Second part (main study) involved both groups although focused on a salivary cortisol concentrations.

Results A mean salivary cortisol concentration in patients with schizophrenia who underwent treatment was significantly lower in comparison with healthy individuals.

Conclusions Obtained results indicate that patients who underwent a treatment, and does not present notable clinical signs of schizophrenia, may have moderately lowered levels of salivary cortisol. This may be a reflection of relenting psychotic symptoms as well as a direct effect of atypical antipsychotic drugs on a HPA axis activity.

Disclosure of interest The authors have not supplied their declaration of competing interest.

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EV1264

Association between GRM3 gene polymorphisms and response to treatment in Moroccan schizophrenic patients



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Objective The aim of this study is to evaluate the association between response to treatment in Moroccan schizophrenic patients and GRM3 gene polymorphisms.

Method We have genotyped three SNPs of GRM3 gene (rs1989796, rs1468412, rs1476455) in 33 Moroccan schizophrenic patients. We assessed the severity of symptoms using Positive and Negative Symptoms Scale (PANSS) and Brief Psychiatric Rating Scale (BPRS) during two months of antipsychotics treatment.

Results The result revealed a positive change in PANSS negative symptoms in patients with rs1468412SNP and a difference in allele frequency of rs1989796SNP between responders and nonresponders to treatment.

Conclusion Our data indicate that rs1468412 and rs1989796 GRM3 gene polymorphisms play a role in response to schizophrenia treatment.

Disclosure of interest The authors have not supplied their declaration of competing interest.

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EV1265

Remission and recovery from first-episode psychosis in adults: A systematic review and meta-analysis of long-term outcome studies



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Introduction Remission and recovery rates for people who have had a first episode psychosis (FEP) remain uncertain.

Objectives We conducted a systematic review and meta-analysis to assess pooled prevalence rates of remission and recovery in FEP in longitudinal studies and conducted meta regression analyses to investigate potential moderators.

Methods A systematic literature search of major electronic databases without language restrictions was conducted from database inception until July 1, 2016. Longitudinal studies with follow up greater than 1 year reporting data on remission or recovery rates in FEP were included.

Results Seventy-nine studies were included representing 19,072 FEP patients (mean age = 26.9 years, male = 59.5%). The pooled rate of remission among 12,301 individuals with FEP was 57.9% (95%CI: 52.7–62.9, Q = 1536.3, $P < 0.001$, $n = 60$ studies, mean follow up = 5.5 years). Restricting the analysis to studies, which used the remission in schizophrenia working group (RSWG) criteria ($n = 25$ studies, $n = 6909$ patients), the pooled remission rate was 56.9% (95%CI: 48.9–64.5, Q = 656.9). Higher remission rates were moderated by studies from more recent years. The pooled prevalence of recovery among 9642 individuals with FEP was 37.9% (95%CI: 30.0–46.5, Q = 1450.8, studies = 35, $P = 0.006$, average follow up = 7.2 years). Recovery rates were higher ($P < 0.05$) in North America compared to other regions.

Conclusions Our data suggest that remission and recovery rates in FEP may be more favorable than previously thought. We observed stability of recovery rates after the first two years, suggesting that a progressive deteriorating course of illness is not typical. While remission rates have improved over time, recovery rates have not, raising questions about the effectiveness of specialist early intervention services in achieving improved recovery.

Disclosure of interest The authors have not supplied their declaration of competing interest.

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EV1266

Neural modulations in processing of natural information in patients with schizophrenia and their unaffected siblings



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Recent studies in healthy populations have shown a hierarchical network of brain areas to process information over time. Specifically, we revealed that the capacity to accumulate information changes gradually from the early sensory areas toward high-order perceptual and cognitive areas. Previous research in schizophrenia pointed to impairment in comprehension of information. Yet, the neural mechanisms underlying the breakdown of information processing are poorly known. Better understanding of the neural circuits involved in information processing may assist in early identification of predisposition to the disease. Using fMRI, we examined different levels of information comprehension elicited by naturally presented stimuli. Healthy participants, patients with first episode schizophrenia and their undiagnosed siblings listened to a real-life narrated story and scrambled versions of it. To estimate the level of synchronization in response time courses, we calculated inter-subject correlation (inter-SC) across the entire stimuli within each group. The time-scale gradients found in healthy and siblings groups were consistent with our previous findings. Within the schizophrenia group, the reliability patterns obtained for the shortest and intermediate temporal scales were similar to patterns observed in healthy groups. However, the analysis of responses to story condition (long temporal scale) revealed robust and widespread disruption of the inter-SC. In comparison to healthy groups, the response time courses to the story were highly variable within the schizophrenia group, although some significant inter-SCs in the TPJ and precuneus were found. The hierarchical temporal deficit is a fundamental trait that may be a better target for the study of the etiology and pathophysiology of the disease.

Disclosure of interest The authors have not supplied their declaration of competing interest.

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EV1267

Heterogeneous effectiveness patterns of amisulpride in chinese patients with schizophrenia: A cluster analysis of ESCAPE study



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Introduction Rare research was reported about assessing the effectiveness and safety of amisulpride in Chinese patients with schizophrenia before we performed the ESCAPE, a multicenter, single-arm, phase IV study (NCT01795183). This study is a cluster analysis of ESCAPE study.

Objective To identify the effectiveness patterns of amisulpride in Chinese patients with schizophrenia.

Aim To examine baseline characteristics of patients as potential predictors of effectiveness.

Methods Time-series cluster analysis was performed to identify effectiveness trajectories bases on Positive and Negative Syndrome Scale (PANSS) scores in Chinese patients with schizophrenia received amisulpride for 8 weeks. Baseline characteristics of patients were examined.

Results Overall, 295 patients were included for efficacy analysis. Four response trajectories based on positive PANSS were identified (Figure 1): (1) rapid response (cluster 1); (2) gradual response (cluster 2); (3) sustained low level (cluster 3); (4) poor response (cluster 4). Age in cluster 4 was significantly higher than that in cluster 1 and cluster 3 (Table 1, $P = 0.0025$ and 0.0032 , respectively). Similarly, four response trajectories based on negative PANSS were generated (Figure 2): (1) rapid response (cluster 1); (2) gradual response (cluster 2); (3) poor response with moderate PANSS (cluster 3); (4) poor response with high PANSS (cluster 4). Male to female ratio in

cluster 1 was significantly lower than that in cluster 2 and cluster 3 (Table 2, $P=0.0042$ and 0.0208 , respectively).

Conclusion For the first time, we obtained effectiveness patterns of amisulpride-treated Chinese patients. Age and gender may be predictors of effectiveness.

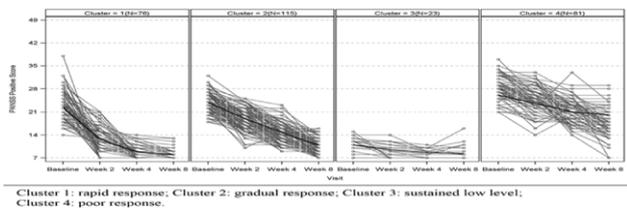


Fig. 1 Time series clustering of PANSS positive score. Four clusters and fitting curves (thick lines) are presented.

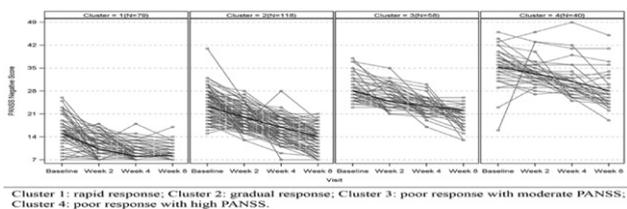


Fig. 2 Time series clustering of PANSS negative score. Four clusters and fitting curves (thick lines) are presented.

Table 1 Age comparison of positive PANSS clusters.

	Cluster 1 (n=76)	Cluster 2 (n=115)	Cluster 3 (n=23)	Cluster 4 (n=81)
Age (Mean±SD)	30.3±10.07	32.8±12.35	27.3±6.61	36.9±13.03
P value of pairwise comparison				
VS Cluster 1	-	-	-	-
VS Cluster 2	0.4899	-	-	-
VS Cluster 3	0.7080	0.1787	-	-
VS Cluster 4	0.0025*	0.0674	0.0032*	-

* $P<0.05$

Table 2 Gender comparison of negative PANSS clusters.

	Cluster 1 (n=79)	Cluster 2 (n=118)	Cluster 3 (n=58)	Cluster 4 (n=40)
Female, n (%)	55 (69.62)	53 (44.92)	26 (44.83)	21 (52.50)
Male/Female ratio	0.436	1.226	1.231	0.905
P value of pairwise comparison				
VS Cluster 1	-	-	-	-
VS Cluster 2	0.0042*	-	-	-
VS Cluster 3	0.0208*	>0.999	-	-
VS Cluster 4	0.2630	0.8405	0.8782	-

* $P<0.05$

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EV1268

Treatment of drug-resistant schizoaffective disorder with aripiprazol depot off-label: A case report

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Introduction We expose a woman diagnosed with schizoaffective disorder 2 years ago, before she received several diagnostics. She was admitted to the psychiatry unit with hyperactivity, pressured speech without taking an appropriate turn, flight-of-ideas,

irritability, expansiveness, emotional lability, ideas of reference and insomnia without diurnal tiredness. In addition, she admitted having abandoned the medication one month ago. She was diagnosed with maniac episode with psychotic symptoms and the medication was reintroduced. After two weeks, no response was observed so we decided to introduce ability depot 600 mg/3 weeks.

Objectives We want to show that it is possible the use of ability depot off-label in patients with a special difficulty in handling. Also, we want to show that higher doses are not dangerous and it's possible to study new treatment guidelines for ability depot.

Methods We use the Positive and Negative Syndrome Scale (PANSS) pre (the day of the introduction) and post (at two weeks) treatment with aripiprazol depot; the Clinical Global Impression rating scale (CGI), also pre and post.

Results We have obtained a punctuation of 180 in PANSS the day of the introduction of the aripiprazol depot and 45 at two weeks. In addition, we obtained 6 in CGI the day of the introduction and 3 at two weeks.

Conclusions In this case, aripiprazol depot has shown good tolerability and efficacy for the acute phase of schizoaffective disorder at higher doses than recommended in clinical guidelines. The efficacy and safety data are consistent with short-term, placebo-controlled studies of aripiprazol depot conducted in similar populations.

Disclosure of interest The authors have not supplied their declaration of competing interest.

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EV1269

Clinical-immunological predictors of prognosis of the efficiency of antipsychotic therapy with amisulpride in schizophrenia

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Introduction Detection of clinical-biological predictors of the efficiency of antipsychotic therapy in schizophrenic patients, correction and individualization of therapeutic indication of antipsychotics are relevant questions of modern psychiatry. Immune dysfunctions, disturbance of psychoneuroimmunological interaction, metabolic imbalance worsen clinical pattern of disease, contribute to formation of therapeutic resistance and side effects, and decrease efficiency of treatment of patients.

Objective To detect clinical-immunological predictors of the efficiency of therapy of schizophrenic patients with amisulpride.

Methods We examined 19 schizophrenic patients, aged 18–64 years, who received treatment with amisulpride (Solian). The psychometric scale PANSS was used for evaluation of dynamics of psychopathological symptoms. Therapy efficiency was evaluated using CGI scale. The immunological investigation included identification of phenotypes of surface receptors of immunocompetent cells, level of IgM, IgG, IgA, phagocytic activity of leucocytes. Research was carried out in two points: first—at admission, second—by week 6 of treatment. Predictors of efficiency were identified relying on the analysis of interquartile ranges of clinical-immunological parameters.



Results Predictors of high efficiency of amisulpride therapy were identified: clinical–total score according to PANSS less than 70, sum of scores according to subscale of negative disorders is more than 31 and immunological–number of HLADR ± lymphocytes below $0.34 \times 10^9/L$, CD16 ± lymphocytes more than $0.18 \times 10^9/L$.

Conclusion Complex of informative clinical-immunological criteria is proposed, which enables prognosis of the efficiency of psychopharmacotherapy for patients at admission. It enables optimizing the choice of differentiated therapeutic tactics and heightening the quality of specialized medical care for schizophrenic patients.

Disclosure of interest The authors have not supplied their declaration of competing interest.

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EV1270

Can writing be used to study and improve the socio-cognitive functioning of individuals diagnosed with schizophrenia?

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Impairments in social and cognitive functioning are some of the most disabling features of the schizophrenia. They result in poorer communication with others, difficulties in maintaining employment status and decrease in community involvement. Recently, cognitive remediation therapy (CRT), which relies on computer-based drill and practice exercises, has emerged as a nonpharmacological intervention that aims to target and improve cognitive and social functions. Given the recent success of CRT based approaches, the question arises: can other nonpharmacological interventions which aim to augment and improve socio-cognitive functions be effective? Building upon Vygotsky's (1934) theorizing, we conducted an 8-week long study involving 19 participants. The study uses the methodology of narrative inquiry to examine participants' ability to employ varied socio-cognitive functions (affect, causation, perceptive-taking, logical/hypothetical inference, etc.) when writing about everyday activities and attempting to resolve conflicts in narratives. Prompts employed in this study directed participants to write about three different socio-cultural contexts: (1) inpatient; (2) outpatient and (3) a fictional context. The fictional context aimed to examine participant's ability to imagine and express alternative futures/scenarios. Data show significantly higher frequency of occurrence of linguistic devices tied to cognitive functions in (3) fictional narrative context when compared to either (1) inpatient or (2) outpatient context. Use of affect was the only statistically significant difference between contexts (1) and (2). Findings indicate that individuals diagnosed with schizophrenia are able to vary the use of social and cognitive functions across narrative contexts, suggesting that future socio-cognitive interventions can be anchored in mindfully planned narrative activities.

Disclosure of interest The authors have not supplied their declaration of competing interest.

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EV1271

Antipsychotic polypharmacy among schizophrenia outpatients

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Introduction Since their introduction by Delay and Deniker in the 1950s, neuroleptic drugs have significantly modified the evolutionary prognosis of schizophrenia. Their combination has also become a widespread practice.

Objectives The aim of this study was to analyze the associations of neuroleptic drugs by describing the characteristics of types and doses, understanding the reasons for these associations and studying the relationship existing in such situation regarding adherence to treatment, tolerance and the number of hospitalizations.

Methods Our study was retrospective, descriptive and analytical. It has been conducted from March, 1st to May, 30th 2015 and involved 70 stabilized patients diagnosed with schizophrenia according to DSM 5. Clinical characteristics were collected from patients and their medical records. Evaluations were conducted using PANSS, MARS and GAS.

Results Overall, 70 male patients were recruited. The mean age was 40 years old: 30% received classical monotherapy while 70% were treated only by an atypical antipsychotic. Among patients receiving two drugs, 85% received classical bitherapy while 9% were under both classical and atypical drugs. Only 6% received atypical bitherapy. Chlorpromazine equivalent doses in case of monotherapy was 325.92 mg/day, while it reached 1148.65 mg/day in case of drugs association. Administration of a combined therapy had poor tolerance rate and all patients suffered from adverse effects. Adherence to treatment was better while receiving monotherapy (88% versus 45%) and the number of hospitalizations was lower with an average of 3 against 10.

Conclusion Our study revealed several shortcomings in our current management of patients with schizophrenia and addressed the implication of socioeconomic status on therapeutic outcomes.

Disclosure of interest The authors have not supplied their declaration of competing interest.

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EV1272

Human induced pluripotent stem cells (hiPSCs) in schizophrenia: Modelling the disease and the treatment response

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Response to drug treatment is under the sophisticated control of complex signalling pathways and gene regulatory networks. Indeed, drug-induced modulation of dysregulated gene expression and altered synaptic plasticity are critical steps for the successful treatment of neuropsychiatric disorders. Among the antipsychotic drugs, clozapine (CLZ) is widely considered to be the most effective medication for the treatment of schizophrenia. However, due to its high risk for severe side effects, CLZ use is currently restricted to patients who do not respond to other antipsychotics. Nonetheless, up to 20% of patients are considered nonresponders to CLZ treatment. The mechanism of action underlying CLZ's exceptional clinical efficacy in SCZ is not fully understood. In this context, in vitro molecular and functional assessment of patient-derived glutamatergic and GABAergic neurons' properties are mandatory to reveal the mechanisms underlying CLZ responsiveness and might mirror the clinical response. Here, we will describe the generation of hiPSCs from SCZ patients, classified based on their response to conventional treatments, to CLZ or total resistance to every treatment. These patient-specific hiPSCs have been converted into



enriched cortical glutamatergic neurons and parvalbumin-positive GABAergic interneurons populations that are under inspection to reveal phenotypic and molecular/pharmacological aspects correlating with patient-specific responsivity pattern to CLZ treatment. These results might help to unveil the molecular basis of treatment response profiles that can be exploited to predict response to antipsychotic drugs and that might help to develop personalized treatments, more individually tailored and less hazardous.

Disclosure of interest The authors have not supplied their declaration of competing interest.

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EV1273

Organic psychosis: Much more than dopamine



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Introduction Most of elderly onset psychosis present as a consequence of one or more organic processes. We present the case of an 81-year-old patient with diagnosis of a posterior fossa meningioma. It emerged with abrupt positive symptoms of psychosis with important family and social disruption. The interest of the case lies in the low frequency of psychiatric symptoms associated to this type of tumor, given its location. Thus, these symptoms may be explained, by normal pressure hydrocephalus (NPH) secondary to the tumor.

Objectives To highlight the importance of performing a complete organic screening in elderly onset psychotic patients.

Material and method From the mentioned case, we performed a literature review of psychopathology associated with NPH.

Results Psychiatric examination demonstrated parasitization delusions and delusional misinterpretations; tactile and visual zoomorphic hallucinations were also present. They were compatible with Ekbom syndrome; anxiety and behavioral disorganization were prominent. We introduced treatment with risperidone 0.5 mg/12 h with important decrease of positive psychotic symptoms. Currently, the patient is waiting for a ventricular-peritoneal shunt.

Conclusions The NPH usually presents with memory failures, psychomotor slowing, problems in calculating and writing. It may progress to a neurological impairment so intense that may be indistinguishable from Alzheimer's disease. From a psychopathological point of view, affective or psychotic symptoms and/or behavioral disorganization may also appear. In few cases, HNT onset shows with prominent psychiatric symptoms instead of neurological impairment. These symptoms may improve with pharmacological and surgical treatment. Thus, it is important to get an accurate diagnosis.

Disclosure of interest The authors have not supplied their declaration of competing interest.

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EV1274

Reasons to choose a long acting antipsychotic and tolerability



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Introduction Aripiprazole depot is an atypical antipsychotic used to treat positive and negative symptoms of psychosis or acute mania.

Aim Describe the reason why psychiatrists switch the current antipsychotic treatment on to aripiprazole depot, its tolerability and the reasons to stop aripiprazole depot treatment.

Methods Descriptive analysis based on a sample of 37 patients, aged 18–65 years, treated during one year with antipsychotics at two community mental health units.

Results Switching on to aripiprazole depot principal reasons: promote adherence (25%), persistence of symptoms (25%) and high levels of prolactin or sexual dysfunction (16.66%):

– side effects of aripiprazole depot: insomnia (11.11%), inquietude (8.33%), sexual dysfunction (2.77%) and hypertensive crisis during administration (2.77%);

– 83.33% of the patients are still taking it after one year. The most common reasons to stop or change it were the presence of secondaries (11.11%) and clinical exacerbation (5.55%).

Conclusions Aripiprazole depot is well tolerated (even better than other antipsychotics). Common side effects are not severe and appear in a small percent of patients.

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EV1275

Psychological resilience and quality of life amongst people with psychotic illnesses



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Introduction Psychological resilience is defined as an individual's ability to adapt to stress and adversity. People with psychotic illness often experience high levels of distress and difficulties adapting.

Aims To assess the relationship between the resilience of people with psychotic illnesses and their quality of life.

Methodology Outpatients from multiple settings attending Sligo-Leitrim Mental Health Services, aged 18+ years old with a diagnosis of either schizophrenia, bipolar affective disorder or schizoaffective disorder were approached by their treating teams and invited to participate. Other inclusion criteria were having a family member. Drug induced psychoses or no family member were exclusion criteria. The scales used were the Resilience Appraisal Scale and the schizophrenia Quality of Life Scale. This study is part of a larger study looking at family factors and psychosis.

Results The study sample was 58 enrolled but only 49 participants completed the 2 assessments, of these 33 were males (67.3%). Data was analysed using SPSS 21. Pearson's correlation coefficient for resilience and quality of life was 0.503, $P < 0.001$. This shows that higher resilience is associated with better quality of life amongst people with psychotic illnesses. These results could have useful clinical implications. If we can intervene to therapeutically increase resilience, we can eventually improve the quality of life of people with psychoses.

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EV1276

Brain-based psychotherapy for psychosis

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Introduction Psychotherapy methods are evolving for patients with psychosis.

Methods We present a psychotherapy of psychosis that is brain-based, along with results of working with patients using these methods. Patients with psychosis are known to have decreased connectivity of the elements of the default mode network, also known as the story-making brain. These patients are known to tell narratives that lack coherence, of both excessive elements and inadequate elements. These stories are rigid and either cacophonous or rigidly monologic. The key brain area of the precuneus shows diminished connectivity to other brain areas. We present a narrative approach in which patients are assisted through rehearsal and modeling to tell more coherent stories about their life experiences. We work toward achieving a future orientation in which a sequence of actions leads toward an achievement of a future goal. The protagonist encounters obstacles and learns how to overcome them. Through iterative rehearsals, the story achieves more vivid mental imagery and emotional connectivity. Delusions and voices are accepted and incorporated into those stories in ways that provide the patient with improved capacity to cope with their delusions and voices.

Results We present the results of 59 patients who worked with these techniques and compare them to a matched cohort of patients treated conventionally. The treated patients show statistically significant improvement in positive and negative symptoms and in quality of life.

Discussion Brain-based narrative psychotherapy approaches can improve the quality of life and reduce symptoms.

Conclusion These techniques are worthy of further exploration.

Disclosure of interest The authors have not supplied their declaration of competing interest.

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EV1277

First-episode psychosis intervention – description of our early intervention model

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Introduction The research about the benefits of early diagnosis and treatment of first-episode psychosis had significantly increased in last decades. There have been several early intervention programs in psychotic disease, implemented worldwide, in order to improve the prognosis of these psychotic patients.

Objectives To present a brief description of the first-episode psychosis intervention team of Tondela-Viseu Hospital Centre–Portugal and its model. We aim to further characterize our population and describe its evolution since 2008.

Aims We aim to clarify the benefits of an early intervention in psychosis.

Methods We conducted a retrospective cohort study of patients being followed by our team from November 2008 to September 2016. Demographic and medical data were collected (such as diagnosis, duration of untreated psychosis, treatments and its clinical effectiveness, relapse rate and hospital admissions) in patient's

clinical records. The intervention model protocol of this team was also described and analyzed.

Results This multidisciplinary team consists of three psychiatrists, one child Psychiatrist, one psychologist and five reference therapists (areas of nursing, social service and occupational therapy). It includes patients diagnosed with first-episode psychosis, aged 16 to 42 years old, followed for five years. The team followed, since its foundation, 123 patients, mostly male. The most prevalent diagnosis are schizophrenia and schizophreniform psychosis. The team is currently following 51 patients.

Conclusions This team's intervention have progressively assumed a more relevant importance in the prognosis of patients with first-episode psychosis, by reducing the duration of untreated psychosis, the relapse rate and by promoting social reintegration.

Disclosure of interest The authors have not supplied their declaration of competing interest.

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EV1278

Rechallenge of clozapine in a low secure setting following pericardial effusion

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Introduction Clozapine is licensed for treatment-resistant schizophrenia and when clozapine is not able to be used, less evidence based practices may be required. Full remission may require combinations or high doses of psychotropic medications having greater potential for interactions and side effects. If this is not successful, symptoms may persist and long-term disability may occur.

Aims To explore safety and efficacy of a rechallenge of clozapine in a patient with treatment resistant schizoaffective disorder, who previously developed pericardial effusion. Collateral history reported best improvement with clozapine compared to other medications.

Objectives To improve level of functioning and reduce need for less evidence based choices of medication.

Methods Initial consultation with clozapine monitoring service over prospects of rechallenge. Full medication history and review. Consultation with a cardiologist regarding validity of local monitoring strategy. Obtain consent from the patient and his family. Titrate clozapine slowly. Once clozapine initiated, measure temperature, blood pressure, pulse rate and monitoring of symptoms of pericarditis including chest pain, cough and dyspnoea daily. ECG and echocardiography at baseline and 2 and 4 weeks after initiation of the rechallenge. ECGs monthly thereafter, with a further echocardiogram at 3 months. Weekly troponin and CRP for three months to monitor developing myocarditis and pericarditis.

Results Successful rechallenge of clozapine with significant reduction in psychopathology, improvement in functioning and no adverse events reported. Reduction of risk enabled transfer to open ward conditions.

Conclusions There is increasing evidence of successful rechallenges of clozapine however, further research is necessary to aid such clinical decisions.

Disclosure of interest The authors have not supplied their declaration of competing interest.

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EV1279

Efficacy of memantine in schizophrenic patients: A systematic review



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Introduction Several evidences support the hypothesis that glutamatergic dysfunction may be implicated in the pathogenesis of schizophrenia and in the last few year great interest has been focused on the role of the N-methyl-D-aspartate receptor (NMDAR). Memantine is a noncompetitive NMDARs antagonist, binds the same site of NMDARs of Mg²⁺, endogenous blocker of NMDARs, with moderate affinity, rapid unblocking kinetics and strong functional voltage-dependency. Memantine does not affect the physiological activation of NMDARs whereas it blocks the sustained activation under pathological conditions. Preclinical studies have demonstrated that memantine at high concentrations targets many receptors, including serotonin, nicotinic acetylcholine, sigma-1 and serotonin and dopamine receptors.

Objectives Increasing interest in memantine add-on therapy in schizophrenic patients with negative and cognitive symptoms may suggest that memantine could be a new promising treatment in schizophrenia.

Aims The aim of this update was to evaluate clinical data about the memantine effectiveness in schizophrenic patients.

Methods We searched on PubMed to identify original studies about the use of memantine in treatment of schizophrenic patients. The search conducted on June 16th, 2016 yielded 135 records. Neuf papers met our inclusion criteria.

Results Negative symptoms improved in the large majority of patients treated, however there is not a clear evidence on cognitive and positive symptoms (Table 1)

Conclusions Memantine therapy in schizophrenic patients has given unclear results. It seems that memantine improves mainly negative symptoms, while cognitive and positive symptoms did not improve significantly. Further trials with a more numerous sample are required obtain an objective result.

Table 1 Observation during Memantine administration.

	Positive Symptoms	Negative Symptoms	Cognitive Symptoms	Side Effects of Memantine
Krivoy, 2008	↓	-	-	-
Lee, 2012	-	-	-	-
Paraschakis, 2014	-	↓	-	-
John, 2014	-	↓	-	-
Veerman, 2015	-	↓	↓	+
Omranifard, 2015	-	↓	-	-
Rezaei 2013	-	↓	-	-
Lieberman 2009	-	-	-	+
Schaefer, 2007	-	-	-	-

Table 1: Observation during Memantine administration.
↓: reduction in severity of symptoms; -: no relevant modifications; +: onset of new symptoms

↓: reduction in severity of symptoms; -: no relevant modifications; +: onset of new symptoms

Disclosure of interest The authors have not supplied their declaration of competing interest.

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EV1280

Stressors in patients with schizoaffective disorder



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Patients with schizoaffective disorder have recurrent episodes of a mood disorder with severe psychotic symptoms. In many cases, patients have toxic abuse in some situations that could cause confusion in symptoms and ranking it. It is about a patient diagnosed 5 years ago of schizoaffective disorder with decompensation caused by leaving medication and drug consumption. A year ago, the treatment was changed to intramuscular formulation with abilify maintena to ensure compliance and adherence. The patient continues to consume toxic in weekends, with symptoms of self-referentiality and suspicion towards their environment. Two weeks ago, he was with the girlfriend of a friend and after this event, the friend has been threatening him. The patient has a state of anxiety rising, with interpretations and associations delirious about this friend. He sleeps with a knife in bed if the friend entered his home. It is a very overwhelmed situation, magnifying and causing severe impact on their underlying disorder. When the patient is evaluated, it is decided to add treatment with olanzapine a few days to reduce symptoms and anxiety. Patients with mental disorders have stressors that cause anxiety like a healthy patient. It is true that the impact it has on the patients tend to be older and to overvalue the signs and real situations. In these cases should not be considered a decompensation and attribute symptoms to lack of efficacy of treatment. In many cases, if we associate a more sedating antipsychotic profile, they shall reduce symptoms.

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EV1281

Insight and apathy in patients with paranoid schizophrenia: Rehabilitation approaches



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Introduction For many decades, clinicians were very well aware of lack of insight in patients with paranoid form of schizophrenia. This group of patients is not only less compliant with pharmacotherapy, but also is hard to manage in the rehabilitation setting. This dictates the necessity to develop special approaches to this group of patients, based on clinical data.

Method Fifty patients with schizophrenia spectrum disorder were randomly recruited to be assessed by PANSS scale and Apathy Evaluation Scale (AES), which was introduced both by trained clinicians (C) and as a self-assessment measure (S). Demographic data was collected along with clinical description on prevailing symptoms during acute phase.

Results While AES-C scores were very well correlated with PANSS motivation subscale, AES-S scores showed prominent discrepancies both with PANSS items and AES-C version. Lower scores on AES-S were also associated with paranoid schizophrenia and prevailing delusional symptoms in acute phase. As well AES-C/AES-S ratio also correlated with paranoid form and delusional symptoms in manifest psychoses.

Discussion Patients with paranoid schizophrenia not only lack insight into positive symptoms, but tend to underestimate their negative symptoms such as motivation and apathy. Clinically, this can be described by overestimated strengths, overstated expectations, exaggerated hopes, mistakenly overrated beliefs. But when

faced with reality, these patients are unable to adjust themselves and frequently are negativistic to offered help and therapies.

Conclusion We assume that paranoid patients should be treated not with straightforward strategies, such as psychoeducation, but with less stigmatizing methods that work on metacognitive and motivational levels.

Disclosure of interest The authors have not supplied their declaration of competing interest.

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EV1282

A systematic review of the pharmacological treatment of delusional disorder

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Introduction Pharmacological treatment is the gold standard in delusional disorder (DD), moreover the second generation antipsychotics (SGA) are widely used in the treatment of DD, in spite of this, none SGA is authorized for the treatment of DD.

Objectives To evaluate the evidence available for pharmacological treatment in adults with DD. Especially, that concerning SGA.

Methods A systematic review on pharmacological treatment of DD was conducted. We selected the best evidence available. Then, we analysed them critically, assessing its biases and quality, finally performed a narrative and quantitative synthesis.

Results The quality of the evidence was very low. There were not randomized clinical trials. $n=385$, 177 SGA. Antipsychotics achieved a good response in a 33.6% of the patients. First generation antipsychotics (FGA) did show superiority compared to SGA (39% good response vs. 28%, respectively. $P \leq 0.02$). We could not find data about superiority of any drug over other. Pimozide, traditionally considered the most effective drug, did not confirm to be a superior treatment compared to others. Reasons for superiority of FGA were analyzed. The role of another treatments were testimonial, but antidepressants can be a promising treatment.

Conclusions There is no evidence to make strong recommendations, although antipsychotics in general appear to be an effective treatment for DD. Superiority of FGA against SGA was shown. We need to develop clinical trials in DD and SGA, since their better tolerance profile might be the best candidates to do.

Keywords Delusional disorder; Pharmacological treatment; FGA; SGA

Disclosure of interest The authors have not supplied their declaration of competing interest.

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EV1283

Seroprevalence of toxoplasma gondii in Romanian psychiatric patients

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Introduction Toxoplasma gondii infection has been recently associated with schizophrenia and other psychiatric disorders.

Aim The aim of the present study was to evaluate the prevalence of T. gondii antibodies among acute psychiatric patients from Western Romania.

Methods This study included 214 consecutive patients admitted at the psychiatric clinic, County Clinical Emergency Hospital in Timisoara, Romania, between 30.06.2011 and 12.01.2012. Clinical and laboratory investigations were performed in these hospitalized patients, including serologic tests for T. gondii IgG and IgM antibodies.

Results The 214 patients aged 19 to 71 years (mean = 42.5), 64.9% were females. T. gondii antibodies were detected in 117 (54.7%) of 214 psychiatric patients. When the data were analyzed by diagnostic groups, T. gondii antibodies were demonstrated in 30 (50.84%) of 59 patients with schizophrenia, in 28 (59.57%) of 47 with persistent delusional disorder, 10 (31.25%) of 32 with acute and transient psychotic disorder, 13 (54.16%) of 24 with schizoaffective disorder and 35 (70%) of 50 with bipolar disorder. A high prevalence of T. gondii antibodies was found among patients with bipolar disorder compared to those with schizophrenia ($P=0.043$) acute and transient psychotic disorder ($P<0.0001$) and healthy controls ($P<0.0001$). Of the 18 patients with schizophrenia and a BPRS score <51 , T. gondii antibodies were detected in 13 (72.2%) compared to 17 (41.4%) of 41 in whom BPRS score was >51 ($P=0.03$).

Conclusion These findings suggest that T. gondii infection may be associated with several psychiatric disorders. A high seroprevalence of T. gondii was demonstrated in patients with bipolar disorder.

Disclosure of interest The authors have not supplied their declaration of competing interest.

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EV1284

A descriptive study of a sample of 42 male outpatients diagnosed psychotic disorder

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Aims The approach to mental illness and specifically in serious mood disorders, long-term treatments that improve adherence as continuous treatments ensure compliance are needed, they minimize the risk of relapse and readmission and therefore increase the chances to have a good fit and social, relational and even occupational functioning.

Method We analysed a sample of 42 male diagnosed with schizophrenia, schizoaffective disorder, chronic delusional disorder that starts treatment with Paliperidone Palmitate in outpatients. It is analysed the dose of paliperidone palmitate employed for stabilization and family satisfaction at the time of stabilization is analysed in the study.

Results The mean dose of Paliperidone Palmitate is 138 mg. The patient diagnosed with schizophrenia are 47.6% and the average dose is 132.5 mg. Chronic delusional disorder is 2.3% and the mean dose 50 mg. Other comorbidity mood disorders are 21.4% and the mean dose is 183 mg. Other disorders (F70, F72...) are 28.5% and mean dose 133 mg. The average family satisfaction (minimum 1 up to 5) is 4, with the highest score among patients diagnosed with F20 Schizophrenia.

Conclusions Long lasting injectable medications achieve important adherence and a high percentage of antipsychotic monother-



apy, thus reducing the side effects, although in our sample 8% which has occurred was removed therefrom.

Disclosure of interest The authors have not supplied their declaration of competing interest.

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EV1285

Combination of clozapine and aripiprazole once-monthly in resistant schizophrenia. A review of a clinical case

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Introduction We report the successful management of a 49-year-old woman with an initial diagnosis of schizoaffective disorder transitioned to resistant schizophrenia. First contact with our psychiatrist service in 2000; referring problems with treatment adherence and occasional toxic abuse, she underwent 15 admissions in acute adult psychiatric hospitalisation units since then (last discharge March, 2015), and a one-year stay (2012–2013) in an adult mid-term mental health unit. She is currently followed-up throughout the major mental-health outpatient visits program.

Aims The patient was prescribed paliperidone 6 mg 2-0-0, oxcarbazepine 600 mg 1-0-1 and clonazepam 0.5 mg 1-0-1 during the last 2 months.

Methods Due to lack of treatment adherence and toxic abuse she suffered a psychotic decompensation in May 2015. She was then prescribed clozapine 200 mg 1-0-2, boosted with aripiprazole 400 mg once monthly. The adjunction of aripiprazole once monthly (AOM) was intended to improve treatment adherence, and to supplement the psychotic control of clozapine without entailing a worsening of therapy tolerability. The patient was monitored during 5 months in our unit.

Results We observed a positive psychopathological evolution of the patient, which allowed us to re-evaluate the initial diagnostic, ascribing the previous mood fluctuations to toxic consumption.

Conclusion Previous works have been published about the combination of clozapine and oral aripiprazole for the treatment of resistant schizophrenia, but, as far as we know, this is the first report of the combined use of clozapine and AOM. Based on our results, this antipsychotic combination resulted in a psychopathological improvement of the patient, with good tolerability.

Disclosure of interest The authors have not supplied their declaration of competing interest.

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EV1286

Treatment patterns in schizophrenia: Clinical case of successful management with a series of long acting injectable antipsychotics

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Introduction We report the successful management of a 57-year-old woman with a 20 year diagnostic of paranoid schizophrenia (first visit November, 1995). She presented several comorbidities (arterial hypertension, diabetes mellitus and morbid obesity), with a history of five previous hospitalizations (1995, 2012, January and May 2014, and April 2016).

Aims/methods The patient was always prescribed depot antipsychotics: she was treated for 14 years with Zuclopentixol depot (discontinued due to dermic adverse reactions and weight gain). After a period with oral paliperidone (from 2012 until 2013) and due to lack of adherence to oral therapy, in August 2013 she was prescribed paliperidone palmitate. The treatment was discontinued after nine months (May 2014) due to weight gain, a significant increase of serum prolactin levels and two psychotic relapses that led to hospital admissions.

Results She was then prescribed Fluphenazine decanoate depot for one year and 4 months, but she was switched to Aripiprazole once monthly (AOM) in September 2015 to avoid metabolic syndrome.

Conclusions Non-personalized antipsychotic treatment in a patient with a complicated comorbidity history can result in lack of compliance and a risk of relapse, and in a worsening of her medical conditions, with the consequential negative impact in her functioning and quality of life. Based on our results, the treatment with AOM resulted in a positive evolution of the patient, with a good tolerability profile, in an improvement of treatment-caused adverse events (weight loss, and prolactin serum levels normalization); all factors that enable treatment adherence and good clinical response.

Disclosure of interest The authors have not supplied their declaration of competing interest.

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EV1287

A thalamo-cortical genetic co-expression network is associated with thalamic functional connectivity linked with familial risk for schizophrenia

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Introduction The genetic architecture of schizophrenia is based on polygenic trajectories. Indeed, genes converge on molecular co-expression pathways, which may be associated with heritable characteristics of patients and their siblings, called intermediate phenotypes, such as prefrontal anomalies and thalamic dysconnectivity during attentional control [2].

Objectives Here, we investigated in healthy humans association between co-expression of genes with coordinated thalamo-prefrontal (THA-PFC) expression and functional connectivity during attentional control.

Methods We used Brainspan dataset to characterize a coordinated THA-PFC expression gene list by correlating post-mortem gene expression in both areas (Kendall's Tau > .76, Bonferroni $P < .05$). Then, we identified a PFC co-expression network¹ and tested all gene sets for THA-PFC and PGC loci [3] enrichments



($P < .05$). SNPs associated with the first principal component of the resulting enriched gene set were combined in a Polygenic Co-Expression Index (PCI) [1]. We conducted Independent Component Analysis (ICA) on attentional control fMRI data ($n = 265$) and selected Independent Components (ICs) including the thalamus and being highly correlated with an attentional control network². Multiple regressions were conducted (predictor: PCI) using a thalamic cluster previously associated with familial risk for schizophrenia [2] as ROI (FWE $P < .05$).

Results In one of the 8 ICs of interest there was a positive effect of PCI on thalamic connectivity strength in a cluster overlapping with our ROI ($Z = 4.3$).

Conclusion Decreased co-expression of genes included in PCI predicts thalamic dysconnectivity during attentional control, suggesting a novel co-regulated molecular pathway potentially implicated in genetic risk for schizophrenia.

Disclosure of interest The authors have not supplied their declaration of competing interest.

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EV1288

Erotomania: A psychodynamic overview



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Introduction Erotomania is a delusional disorder in which one believes to be loved by someone else. Even though its etiology is not known, psychodynamic factors have been proposed as a possible explanation.

Objectives To review the psychodynamic etiology of erotomania.
Methods A search of the Medline/Pubmed database was conducted using the terms “erotomania” and “psychodynamic”.

Results Several authors wrote about the psychodynamic etiology of erotomania. Kraepelin describes it as a “compensation for the disappointments of life”. De Clérambault highlights the idea of “sexual pride”: stimulated by the absence of affective and sexual approval, erotomania flourishes as a way of satisfying the individual’s pride. Hollender and Callahan explain the disorder as a result of an ego deficit of not feeling attractive enough. According to Segal, the erotomaniac delusion meets the patient’s need for love and it is related to the idea of it as the ultimate way of approval. Taylor highlights the patients’ isolation, loneliness and extreme dependence on others.

Conclusions About every author agrees with the idea that the erotomaniac delusion acts as a gratification to the individual’s narcissistic needs, when personal experience has failed to do so. Wanting to be loved is the core of human motivation and the delusion most commonly appears in people who feel rejected by society; facing that perceived rejection, it emerges as the fantasy that other human being is in love with them. This is a relevant overview of this disorder with implications in patients’ treatment, since psychotherapy could be important along with drug treatment.

Disclosure of interest The authors have not supplied their declaration of competing interest.

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EV1289

The association between first-episode psychosis and abnormal glycaemic control: Systematic review and meta-analysis of clinical studies



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Background Schizophrenia, which is linked to a range of physical health conditions, might share intrinsic inflammatory disease pathways with type-two diabetes mellitus (T2DM). Psychotropic medication has presented a major confounder in examining this association. First-episode psychosis (FEP) patients present an interesting cohort to study this potential association, being generally younger with less comorbidity, and with limited exposure to antipsychotic medication.

Aims To assess whether FEP, which could be described as ‘developing schizophrenia’, is associated with prediabetes, or ‘developing diabetes’, to determine whether intrinsic disease links could cause the conditions to develop in unison.

Methods Using PRISMA criteria, we searched Embase, Medline, PsychInfo, Web of Science, and Google Scholar to 6th January 2016. We assessed case-control studies with biochemical assessment of prediabetic states in FEP patients alongside matched controls.

Results Twelve studies were included, involving 1137 participants. Several measurements examined prediabetes, including fasting plasma glucose, impaired glucose tolerance, and insulin resistance. Pooled analysis found FEP to be related to impaired glucose tolerance (mean difference 1.31 [0.37, 2.25]), insulin resistance (mean difference 0.30 [0.18, 0.42]), and the number of patients with impaired glucose tolerance (odds ratio 5.44 [2.63–11.27]).

Conclusion Our findings suggest a potential link between prediabetic markers, in particular impaired glucose tolerance and insulin resistance, and FEP. However, we cannot establish causality, and the studies contributing to this review were at some risk of bias. Nevertheless, the findings might help to explain the increased prevalence of T2DM in patients with schizophrenia and could have implications for the management of schizophrenia patients.

Disclosure of interest The authors have not supplied their declaration of competing interest.

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EV1290

Patients with schizophrenia assessing psychiatrists’ communication skills



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The doctor-patient relationship constitutes the matrix of the entire medical practice. One way in which doctors develop a positive rapport with their patients is through appropriate communication. Evidence suggests that doctors do not communicate with their patients as they should. Important gaps are observed in doctors’ communication with patients with schizophrenia.

Aim Examine psychiatrists’ communication skills as assessed by their patients with schizophrenia and through external observation, considering patients’ socio-demographic and clinical variables and analyse the importance that aspects of communication have for patients.

Methodology This cross-sectional study involved a sample of 30 patients and 11 doctors. An adapted and culturally validated version of the Communication Assessment Tool was used for data collection. Data were analysed in IBM SPSS Statistics®, version 24.

Results Male patients constituted 86.7% of the sample and mean age was 46.7 ± 13.3 . The overall mean percentage of items rated as excellent by patients was 57.4%. On the other hand, external observer percentage of excellent scores was much lower when compared with patients' scores. Single, divorced or widower/widow patients, patients with higher educational level and patients with shorter number of years in medical treatment gave significantly higher scores to psychiatrists' communication. Patients' sex, age, occupation residence and family type did not yield statistically significant effects on patients' ratings.

Conclusions Communication is at the heart of psychiatrists' daily practice. Many communication styles might be needed, depending on the nature of clinical encounters and patient expectations. Specific training is required to optimise psychiatrists' communication skills on everyday practice.

Disclosure of interest The authors have not supplied their declaration of competing interest.

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EV1291

Sexual-dimorphism of the planum temporale in schizophrenia: An MRI study



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Introduction Anatomical alterations in the Superior Temporal Gyrus (STG) have been reported in schizophrenia. The STG is one of the most asymmetric and lateralized structure of the brain, and the process of lateralization seems to vary according to gender. Although it has been suggested that patients with schizophrenia do not show normal brain lateralization, only few studies investigated it in the STG considering the effects of sex.

Objectives The objective of this study is to evaluate sexual dimorphism in STG volumes in a sample of patients with schizophrenia compared to age- and sex-matched healthy controls.

Methods Seventy-two right-hander males (40 schizophrenia patients and 32 controls) and 45 right-hander females (18 schizophrenia patients and 27 controls) underwent clinical evaluation and a 1.5T MRI scan. Gray and white matter volumes of regions of interests within the STG were detected, including the Heschl's Gyrus (HG) and the planum temporale (PT).

Results Female patients with schizophrenia presented a reduction in left PT gray matter volumes ($F=4.58$, $P=0.03$) and a lack of the normal PT asymmetry index ($t=0.27$; $P=0.79$) compared to female controls ($t=5.47$; $P<0.001$). No differences were found between males for volumes or laterality. Also, in patients with schizophrenia STG gray and white volumes negatively correlated with positive symptoms ($r=-0.33$, $P=0.02$ and $r=-0.29$, $P=0.03$ respectively), whereas left PT gray matter volumes were negatively associated to duration of illness ($r=-0.27$, $P=0.04$).

Conclusions Sexual dimorphism plays a key role on PT in schizophrenia, underlying the importance of gender as a modulator of brain morphology and lateralization of schizophrenia.

Disclosure of interest The authors have not supplied their declaration of competing interest.

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EV1292

A case of delusional disorder



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Introduction Functioning of patients with delusional disorder may be impaired, particularly if the delusional thinking is chronic rather than episodic. They refuse to characterize their beliefs as false and view opposing views with surprise, if not hostility and disdain, dismissing or ignoring them, and continuing their struggle to find resolution or restitution for the wrongs they have endured or the illnesses from which they suffer. They typically reject and often resent the suggestion that they are mentally compromised. They are a difficult group to engage clinically, often refusing to meet with a clinician about their delusions and/or to take medication. The first-line treatment of delusional disorder is antipsychotic medication rather than other clinical interventions. Patients with the disorder often reject psychiatric treatment, it is particularly important that medication be prescribed in the context of a therapeutic relationship that includes support, education, encouragement of healthier pursuits, and discouragement of damaging, delusion-inspired actions.

Methods We describe a case of a 55-year-old woman with a delusional disorder that was diagnosed 4 years before. The supervision of the right take of the treatment was not possible and the intensity of behavioral disturbances increased. Then we started the treatment with long-acting injectable aripiprazole.

Results Within the 4 months following the start of treatment, her mental state improved by attenuation of psychotic symptoms.

Conclusions Long-acting aripiprazole could be an effective tool for treatment of psychotic symptoms in patients with no insight and difficulties to check the proper treatment take.

Disclosure of interest The authors have not supplied their declaration of competing interest.

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EV1293

A case of pharmacologic extrapyramidal syndrome



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Introduction More than 60% of patients receiving intensive treatment with first generation antipsychotic manifest some type of clinically significant extrapyramidal side effects. Parkinsonian syndrome is the most common and is characterized by rigidity, tremors, akinesia and bradykinesia and usually improves with discontinuation of antipsychotic drug or anticholinergic association.

Methods It is a 60-year-old man, married with two children. Initiates contact with mental health in 2013 with a diagnosis of adjustment disorder. In February 2014 he requires hospitalisation, establishing the diagnosis of delusional disorder and starting treatment with long-acting injectable paliperidone palmitate (100 mg/month) with remission of psychotic symptoms in a few days. When we receive the patient in our clinic, he presents parkinsonian extrapyramidal symptoms (UKU subscale: 18), with significant functional limitation. We decrease the dose to 75 mg/month and an anticholinergic was added without improvement of Parkinsonian clinic, so we decided to switch to long-acting injectable aripiprazole 400 mg/month, objectifying complete remission of extrapyramidal syndrome (UKU subscale: 0).

Conclusions The mechanism of action of aripiprazole m LAI (partial agonist of D2 receptors in the brain) without decreases in the nigrostriatal dopamine pathway, of improving extrapyramidal effects associated one other antipsychotics.

Disclosure of interest The authors have not supplied their declaration of competing interest.

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EV1294

Ekbom syndrome in a visually impaired patient with alcohol abuse and OCD: A case report

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This is a case report of a 63-year-old patient with no previous attentions in mental health. He is referred by his general practitioner because he presents wounds all over his body. He reports that there is a plague of bugs at his place that bite him everywhere. Therefore, he scratches continuously, trying to remove the stingers, and injuring himself all over. The family ensures there are no bugs at all, but the patient threatens to set fire to the house in order to extinguish the plague or even kill himself. An OCD with cleaning compulsive behavior was also present since many years, as well as an alcohol abuse. The patient required hospitalization in the psychiatry service. Organic cause for the disorder was discarded. Long-acting injectable aripiprazol was introduced and the patient stopped drinking. Progressively, the delusional symptoms began to subside. Now he maintains no awareness of illness but he says the bugs are disappearing and, at least, they do not bite him anymore.

Disclosure of interest The authors have not supplied their declaration of competing interest.

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EV1295

Dopamine, glutamate and biotypes in the future of schizophrenia

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Introduction Approximately a third of patients with schizophrenia show limited response to antipsychotic medication. As several studies have been suggesting new classifications to schizophrenia, our aim is to review different hypothesis and seek a new way of approaching patient's treatment in day-to-day practice.

Methods The methods we used consisted on reviewing several papers that have recently been published on the area of classification and treatment of schizophrenia, considering an approach to the findings that enables a practical and clinical advantage in the area.

Discussion New studies suggest that neuroimaging measures of dopamine and glutamate function might provide a means of stratifying patients with psychosis according to their response to treatment. Some of those studies associate treatment response with the anterior cingulate level of glutamate and striatal dopamine synthesis capacity. Other study identified three biotypes with different outcomes to psychosis, reaching a stronger association between biotypes as predictors of illness severity than the DSM-V classification. If a correlation between these studies was found, we would be able, in theory, to predict the response to treatment using simple and affordable neurobiological measures.

Conclusion Associating the anterior cingulate glutamate levels, the striatal dopamine synthesis capacity and biotypes hypothesis in schizophrenia, one can expect to be possible to predict the degree of response to treatment, based on more affordable methods to day-to-day clinicians than the measure of neurotransmitter levels, enabling the regular clinicians to narrow their pharmacological options for patients, achieving better results in the approach to schizophrenia.

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EV1296

Hyperthermia and neuroleptic malignant syndrome-Case report

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Neuroleptic malignant syndrome (NMS) is a rare, but life-threatening, idiosyncratic reaction to neuroleptic medications that is characterized by fever, muscular rigidity, altered mental status, and autonomic dysfunction. NMS often occurs shortly after the initiation of neuroleptic treatment, or after dose increases. Malignant hyperthermia (MH) or malignant hyperpyrexia is a rare life-threatening condition that is usually triggered by exposure to certain drugs. The 46-years-old female patient was diagnosed schizophrenia at the age of 22. Currently, she is hospitalized due to psychotic decompensation. The patient was admitted with following daily dose therapy of: haloperidol 15 mg, biperiden 4 mg and diazepam 15 mg. During this hospitalization she develops muscle rigidity, tremor, hyperthermia, and laboratory results showed increase of enzymes CPK and LDH, so we started treatment of suspected malignant neuroleptic syndrome. After a treatment and

recovery with complete withdrawal of all presented symptoms, our patient developed a malignant hyperthermia that was resistant to all applied medications. Our dilemma is whether presented symptoms of malignant hyperthermia are related to malignant neuroleptic syndrome or not?

Disclosure of interest The authors have not supplied their declaration of competing interest.

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EV1297

Community based mental health care as an example of good outcomes for young persons with episode of acute and transient psychotic disorders – Case study



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Introduction The prevalence of acute and transient psychotic disorder (ATPD) varies from 3.9–9.6 per 100,000 population [1]. Even if it has clinical course with psychosis, there is no evidence that ATPD is similar with schizophrenia [2].

Objectives Since in Bosnia and Herzegovina (BH) are not established specialized services for early interventions (EI), community mental health centers (CMHC) are basic services for fast and most efficient interventions in the cases of ATPD among other psychiatric disorders. The mental health reform has planned to establish EI services in the future [3].

Aims and method To show CMHC as efficient service in the treatment of ATPD without using hospitalisation of young woman with two years follow up (case study)

Results Full recovery of young female with ATPD using team approach and model of case management. After follow up of two years was any indications that psychotic disorders will develop.

Conclusions Even we have not EI specialized services in our country, CMHC have capacities to manage ATPD in community settings avoiding hospitalisation of young people.

Disclosure of interest The authors have not supplied their declaration of competing interest.

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EV1298

When the term “schizophrenia” is enough to modify the way you interact with others: Evidence for a motor synchrony task



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Introduction Most individuals with schizophrenia will be confronted with some forms of stigmatization. In recent years, the term “schizophrenia” has been increasingly contested by clinicians and family members and many of them argue for a change of name. Surprisingly, most of the research has been explored through self-reports but behavioural research is still lacking. The aim of our study was to assess through an experimental design if the term “schizophrenia” was enough to modify social behaviours.

Methods Eleven participants from the community were asked to engage in three coordination tasks with a simple dot displayed on a screen and moved by another person. Participants had to synchronize their movements with either a schizophrenia patient, a patient with neuro-emotional integration disorder (NEID) or a healthy subject, situated in different rooms. Each condition was counterbalanced between participants. In reality, the movements of the dot were pre-recorded (five trajectories) and were therefore identical for all three conditions.

Results Measuring the error between the displayed and performed trajectories, participants coordinate worse when they thought interacting with a schizophrenia or NEID patient in comparison to the “healthy” ($F(2,20) = 4.02$; $P = .034$; $n2P = 0.29$) condition. Post-hoc analysis revealed an even higher difference between “schizophrenia” and “healthy” conditions ($P = 0.01$).

Conclusion Our study is the first to demonstrate that the label “schizophrenia” directly impacts our behaviour, with negative consequences on social interactions. However, our results cannot confirm yet a positive effect induced by changing the name.

Disclosure of interest The authors have not supplied their declaration of competing interest.

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EV1299

Comparison of hospitalization rates in schizophrenic patients on first generation versus second generation antipsychotic depots



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Introduction There is limited data on the efficacy rates between first and second generation antipsychotic depots. One good indicator of efficacy is the rates of hospitalization. Some studies have shown that second generation depot antipsychotics significantly reduce hospitalizations rates as compared to conventional depots.

Objectives Comparison of hospitalization rates for patients with schizophrenia on first and second generation antipsychotic depots.

Methods A retrospective observational study was done by reviewing the records of an antipsychotic depot clinic in Essex, United Kingdom. A list of 47 patients enrolled and receiving depot antipsychotics was obtained. Their records were studied and hospital admission rates calculated.

Results Of the 47 patients 11 were excluded as they were on depot antipsychotics for non-schizophrenic diagnoses.

Of the 36 patients with schizophrenia, 12 were on second generation and 24 were on first generation depots.

Amongst the 24 patients on first generation depots, 19 were male, 5 female and mean age was 52 years.

Of the 12 patients on second generation depots, 10 were male and 2 female and mean age was 46 years.

When comparing hospital admission rates between the 2 groups, the following data was noted (Table 1).

Conclusions There is no difference in hospitalization rates between patients on first generation antipsychotic depots as compared to second generation antipsychotic depots.

Table 1

	Admission	No admission	Marginal row totals	P value
First generation antipsychotic	7 (6) [0.17]	17 (18) [0.06]	24	0.414216
Second generation antipsychotic	2 (3) [0.33]	10 (9) [0.11]	12	

Disclosure of interest The authors have not supplied their declaration of competing interest.

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EV1300

Nicotine dependence is associated with depression and childhood trauma in smokers with schizophrenia. Results from the Face-SZ dataset

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Introduction In a perspective of personalized care for smoking cessation, a better clinical characterization of smokers with schizophrenia (SZ) is needed. The objective of this study was to determine the clinical characteristics of SZ smokers with severe nicotine (NIC) dependence.

Methods Two hundred and forty stabilized community-dwelling SZ smokers (mean age = 31.9 years, 80.4% male gender) were consecutively included in the network of the FondaMental Expert Centers for schizophrenia and assessed with validated scales. Severe NIC dependence was defined by a Fagerstrom questionnaire score ≥ 7 . Major depression was defined by a Calgary score ≥ 6 . Childhood trauma was self-reported by the Childhood Trauma Questionnaire score (CTQ). Ongoing psychotropic treatment was recorded.

Results Severe NIC dependence was identified in 83 subjects (34.6%), major depression in 60 (26.3%). 44 (22.3%) subjects were treated by antidepressants. In a multivariate model, severe NIC dependence remained associated with major depression ($OR = 3.155$, $P = 0.006$), male gender ($OR = 4.479$, $P = 0.009$) and more slightly with childhood trauma ($OR = 1.032$, $P = 0.044$), independently of socio-demographic characteristics, psychotic symptoms severity, psychotropic treatments and alcohol disorder.

Conclusion NIC dependence was independently and strongly associated with respectively major depression and male gender in schizophrenia, and only slightly with history of childhood trauma. Based on these results, the care of both nicotine dependence and depression should be evaluated for an effective smoking cessation intervention in schizophrenia. Bupropion, an antidepressant that has been found as the potential most effective strategy for tobacco cessation in schizophrenia to date, may be particularly relevant in male SZ smokers with comorbid major depression.

Disclosure of interest The authors have not supplied their declaration of competing interest.

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EV1301

Schizoaffective disorder and schizophrenia: Clinical differences

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Introduction Schizoaffective disorder (SAD) and schizophrenia (SZ) are important causes of disability and morbidity. Finding clinical features that can help in their early differentiation may lead to a better understanding of these two nosologic entities.

Objectives The purpose of this study was to find clinical differences between SAD and SZ.

Methods We selected for this study 83 inpatients from the Timisoara Psychiatric Clinic, diagnosed with either SAD ($n = 35$) or SZ ($n = 48$), according to ICD-10 criteria. The research was conducted between 2014 and 2016. Socio-demographic (age, sex, education, marital status) and clinical data were analysed. The Brief Psychiatric Rating Scale (BPRS) was used to assess symptom severity.

Results Delusions of grandiosity were found significantly more frequent in SAD patients ($P = 0.001$). By contrast, bizarre delusions ($P = 0.025$), derealization phenomena ($P = 0.03$) and negative symptoms ($P = 0.003$) appeared more frequent in schizophrenic patients. We found no significant differences between the two samples regarding onset age, number of episodes, duration of episode, duration of remission and suicidal thoughts/attempts. Although the SZ sample had higher BPRS total scores than SAD patients, the differences were not statistically significant.

Conclusions Even though SAD and SZ are very similar in respect to their clinical presentation, this study also revealed certain differences that may enhance specific knowledge regarding these two disorders.

Disclosure of interest The authors have not supplied their declaration of competing interest.

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EV1302

Urban Spaces and psychic disease: A case series from Florence

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People with schizophrenia or other psychoses present alterations of multi-sensory processing and impairments in cognitive functions. They seem to be more sensitive to external stimuli than the general population, which can negatively impact on their emotional state. The purpose of the study was to assess how elements of urban milieu combine with spatial experiences of people with these disorders, affecting their spatial perceptions and social interactions. The group of participants consisted of 10 patients aged between 20 and 40 years, with schizophrenia or other psychoses. We used qualitative methods to assess behaviours in different urban routes, including a period of participant observation and a series of semi-structured interviews. Pathways within the city were recorded using a Global Position System (GPS), in order to link perceptual and behavioural data to specific urban spaces. The data analysis has revealed positive interactions between most of participants and the city. Different places have been differently perceived in terms of stress and comfort. The wide squares and the art-rich sites of the city center, as well as public parks and gardens, have been connected with positive feelings and senses of pleasure. Conversely, the presence of a high number of people and the movement experiences through public transport services have emerged to be associated with negative emotions. A deeper understanding of

mechanisms and processes that interest the link between urban space and psychological disease can contribute to show new directions for the improvement of urban life quality and to progress both in psychiatry and in urban planning.

Disclosure of interest The authors have not supplied their declaration of competing interest.

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EV1303

The awareness of social inference task (TASIT) updated: Signal detection theory (SDT) in emotion recognition and its link to psychotic symptoms

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Introduction Social cognition (SC) is an impaired domain in schizophrenia. However, little is known on the Signal Detection properties of SC deficits.

We analyzed the relationship between emotion perception and psychotic symptoms in a sample of schizophrenic patients. For this scope, we extended the scoring system of the awareness of social inference task-emotion recognition (TASIT-ER) according to signal detection theory (SDT).

Methods Sample:

– one hundred and nineteen inpatients from L'Aquila Inpatient unit diagnosed with schizophrenia.

Dependent variable:

– Positive and Negative Syndrome Scale (PANSS)'s Positive, Negative, Disorganized, Excited and Depressed dimensions, and total score.

Independent variable:

– a modified version of TASIT-ER. The original scoring system, including only "HITS", was extended with "False Alarm" (FA), defined as a detection of an emotion when not present.

Statistical analysis:

– multivariable linear regression models for each sub-group of emotions to assess the effect of FAs on psychotic symptoms compared to HITS.

Results FAs on positive emotions were associated with disorganized ($b=31.95$), excited dimensions ($b=41.84$) and PANSS Total ($b=152.46$); FAs on negative emotions were associated with Excited dimension ($b=-57.97$) and PANSS Total ($b=-243.70$). HITS on Negative emotions were associated with Negative ($b=-13.37$), Disorganized ($b=-8.64$) Excited ($b=-8.74$) dimensions and with PANSS total ($b=-45.30$).

Discussion FA rates were more strongly associated with total PANSS score than HIT rate, suggesting a prominent role of false recognition in defining psychotic symptoms, especially disorganized and excited ones, consistently with computational models of psychosis that rationalize false recognition as failures of active inference systems in updating their predictive model of sensory information.

Disclosure of interest The authors have not supplied their declaration of competing interest.

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EV1304

Can the 'mediation' approach help to understand the role of lack of insight in the relationship between symptoms and functioning in schizophrenia?

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Introduction The relationship between Lack of insight (LoI) and other symptoms in schizophrenia is complex. LoI could be associated with severity of symptoms at one side and global functioning at the other. For this nature LoI is a candidate 'mediator' for the relationship between psychotic symptoms and global functioning.

Objectives The aim of this study is to explore the possible role of LoI as a mediator between psychotic symptoms and global functioning in a sample of people with schizophrenia.

Methods Seventy-three patients with a diagnosis of schizophrenia were included. The five-factor model of the PANSS by Wall work was used to assess psychopathology and G12 item as an estimate of LoI. Global assessment of functioning (GAF) was used to measure global disability. Pearson's r correlations and linear regressions for Sobel test for mediation were performed. PANSS factors were modeled as predictors of global functioning and LoI as the mediator.

Results Correlations revealed the prerequisite relationships between LoI, positive, negative and disorganized PANSS factors and global functioning. Mediation analyses show that LoI partially mediates the relationship between positive and disorganized factor scores and global functioning. No mediation for negative factor score was observed.

Conclusions Lack of insight mediates the relationships between positive and disorganized factors and global functioning. The partial mediation we report suggests that LoI on the one hand is an independent contributor to global function, but further shows an indirect effect of PANSS positive and disorganized factors to GAF total score.

Disclosure of interest The authors have not supplied their declaration of competing interest.

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EV1305

Characteristics of pre-morbid functioning in male adolescents who later suffered from psychotic disorders: Case-controlled study

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Background Previous research has shown that people with psychotic disorders have impaired functioning prior to the onset of the illness. The main goal of the proposed study was to deepen understanding of the characteristics of pre-morbid impairment in persons later diagnosed with psychotic disorders.

Methods We examined unique pre-morbid data from IDF archives, including narrative summaries of pre-induction interviews of 17-year old adolescents (168 male adolescents who were later hospitalized for psychotic disorders, and 168 matched control subjects). The data were analyzed using mixed-method analysis, combining qualitative and quantitative research methods.

Results Between group comparisons revealed more adaptation difficulties, family problems and dealing with medical conditions in the group of future psychotic disorder patients, while suicidal thoughts and loss of a close person showed trends towards significance. Two factors characterized classification of outcome: adaptation difficulties and family problems. A "high-functioning" factor was significantly higher within the control group, while a

“strange” factor was higher among the future psychosis patients. A “high-functioning” factor was identified as a protective factor.

Discussion This study used narrative analysis of interview summaries of adolescents who underwent pre-induction assessments. The current study replicated previously published findings that were obtained as a result of retrospective investigations and comparing numeric scores, using unique pre-morbid data and in-depth qualitative analyses, combined with a quantitative one. The main strengths of the current study are the fact that the subjects were interviewed before the onset of psychosis, as well as the fact that the analyses of the data were performed blinded to outcome.

Disclosure of interest The authors have not supplied their declaration of competing interest.

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EV1306

A scale of autonomy for patients with schizophrenia – new instrument for clinical assessment of the level of independency: Description and validation



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Introduction Today the scales for measurement of functional status and life satisfaction (GAF, PSP, EQ-5D, SQLS) gain more importance in assessing schizophrenic patients. Autonomy of living is to the great extent the basis of patient well-being. Each of these scales has the criteria, testing ability for independent life, but none of it tests autonomy as a separate object.

Objective Development of a new scale.

Aims Description and validation of a scale for evaluation of autonomy of living in schizophrenic patients.

Methods Forty patients diagnosed with schizophrenia according to ICD–10 (F 20.xx), 13 males and 27 females, aged 49.8 ± 9 , disease duration is 22 ± 8.6 years. New scale and PANSS, CGI-S, NSA, BACS, GAF, PSP was administered.

Results The scale comprises five points (activity, intentional behavior, range of social interaction, specificity of interaction with the doctor (medical conventionality) and autonomy), and total score. The internal consistency of the scale was high – cronbach’s alpha 0.83. The construct validity with GAF and PSP was moderate (R varied from 0.36 to 0.55). The total score of the new scale correlated with the PANSS negative subscale score ($R = -0.51$), with CGI-S score ($R = -0.57$), and with the BACS total score ($R = -0.57$).

Conclusion The scale of autonomy corresponds to the major psycho-diagnostic requirements: internal consistency, construct and discriminative validities. It can be considered a new instrument for assessing the integrative target of treatment and rehabilitation of patients with schizophrenia.

Disclosure of interest The authors have not supplied their declaration of competing interest.

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EV1307

Cardiac adipose tissue, intra-abdominal adipose tissue, and risk for cardio-metabolic diseases in patients with schizophrenia



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Introduction Schizophrenia is associated with increased physical morbidity and mortality. In particular, cardio-metabolic diseases are more frequent. Several underlying reasons have been discussed, including adverse lifestyle behaviors, or adverse effects of neuroleptic treatment. However, little is known about changes of cardiac and intra-abdominal adipose tissue, both are risk factors for the development of cardio-metabolic diseases.

Objectives/aims To compare, cardiac and intra-abdominal adipose tissue between patients with schizophrenia and healthy controls.

Methods Ten physically healthy patients with schizophrenia according to DSM-V were included, and compared to healthy control subjects. Cardiac and intra-abdominal adipose tissue was quantified using magnetic resonance tomography. Further factors assessed comprise the metabolic syndrome, physical activity, smoking behavior, and scores for the assessment of cardio-metabolic diseases (FINDRISK score and modified ESC score).

Results Cardiac adipose tissue and intra-abdominal adipose tissue was increased in patients with schizophrenia. Further findings were higher diastolic blood pressure, more smoking, less physical activity, and an increase for diabetes and cardiovascular disease risk according to the modified ESC and FINDRISK score.

Conclusions The new finding in our study is an increase of cardiac adipose tissue, a risk factor for the development of cardiovascular disorders, in physically healthy patients with schizophrenia. Furthermore, the risk for the development of type-2 diabetes mellitus is increased, indicated by higher amount of intra-abdominal adipose tissue, and the results of the FINDRISK score. We conclude that lifestyle alterations, particularly exercise training that has been shown to reduce cardiac and intra-abdominal adipose tissue, should be recommended in patients with schizophrenia.

Disclosure of interest The authors have not supplied their declaration of competing interest.

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EV1308

Not the same old madness: Evaluating the clinical profile of the “schizophrenia spectrum” disorders



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Introduction The “schizophrenia spectrum” concept allowed better identifying the psychopathology underpinning disorders including schizophrenia, schizoaffective disorder (SZA) and cluster A personality disorders (PD).

Aims To compare the clinical portrait of the schizophrenia spectrum disorders, focusing on the impact of the affective dimension.

Methods Inpatients at the acute psychiatric ward of Perugia (Umbria-Italy) were evaluated with the structured clinical interview for DSM-IV Axis I and Axis II disorders and diagnosed with a “schizophrenia spectrum” disorder according to DSM-IV-TR. The clinical evaluation was conducted using the positive and negative syndrome scale (PANSS). Pearson correlations of the different subscales in the three groups and between the negative scales with the affective symptom “depression” were conducted.

Results The sample consisted of 72 inpatients (schizophrenia 55.6%, SZA 20% and cluster A PD 19.4%). The negative and the general psychopathology scales directly correlated at different degrees in the three groups (schizophrenia: $r=0.750$, $P<0.001$; SZA: $r=0.625$, $P=0.006$; cluster A PD: $r=0.541$, $P=0.046$). The symptom “depression” directly correlated with 5 out of 7 negative symptoms: blunted affect ($r=0.616$, $P<0.001$), emotional withdrawal ($r=0.643$, $P<0.001$), poor rapport ($r=0.389$, $P=0.001$), passive/apathetic social withdrawal ($r=0.538$, $P<0.001$), lack of spontaneity & flow of conversation ($r=0.399$, $P=0.001$).

Conclusions Our study confirmed the existence of the “schizophrenia spectrum” with combined different disorders lying on a continuum in which negative symptoms mainly correlated with the psychopathological functioning. Noteworthy, the symptoms of the negative scale strongly correlated with the “depression” symptom, underlying the impact of the affective symptoms on the severity of the “schizophrenia spectrum” disorders.

Disclosure of interest The authors have not supplied their declaration of competing interest.

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EV1309

Ultra-resistant schizophrenia and potentiation strategies



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Introduction Treatment resistance to clozapine is estimated at 40–70% of the treated population. Several clozapine potentiation strategies have come into clinical practice although often without evidence-based support.

Objective The aim of our work was to identify the potentiation strategies in ultra-resistant schizophrenia depending on the subtype of schizophrenia.

Methodology This is a prospective study conducted on patients with the diagnosis of schizophrenia, based on DSM-IV-TR criteria, and hospitalized in the psychiatric department of the university hospital in Mahdia, Tunisia. The study sample consisted of patients meeting the resistant schizophrenia criteria as defined by national institute for clinical excellence (NICE), and the prescription of clozapine for 6 to 8 weeks was shown without significant improvement.

Results we have collected 10 patients. The mean serum level of clozapine was 462.25 mg/L. The potentiation strategies were different depending on the subtype of schizophrenia. For the undifferentiated schizophrenia, we have chosen ECT sessions. For the disorganized schizophrenia, we opted for amisulpiride and aripiprazole. For the paranoid forms, we have chosen the association of risperidone and ECT. A psychometric improvement was noted in BPRS ranging from 34 to 40%.

Conclusion Every potentiation strategy entails a cost, whether it is an additional monetary cost, adverse effects or greater stress to caregivers. The cost/benefit equation should be thoroughly evaluated and discussed before commencing a strategy.

Disclosure of interest The authors have not supplied their declaration of competing interest.

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EV1310

Increased prevalence of toxoplasma gondii seropositivity in patients with treatment-resistant schizophrenia



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Introduction Previous studies suggested that patients with schizophrenia had an increased prevalence of antibodies against toxoplasma gondii (TG) and that those seropositive patients had higher symptom severity. However, there is no data on the relationship between treatment-resistant schizophrenia (TRS) and TG seroprevalence.

Objectives To determine the association between TRS and TG seropositivity, and to further investigate the relationship between TG seropositivity and different clinical features of schizophrenia.

Methods In this cross-sectional study, we included 210 male inpatients with schizophrenia. TG seropositivity was determined by ELFA assay. Treatment-resistance was defined as a failure of at least 2 adequate anti-psychotic trials. Data were analyzed using χ^2 test or Mann–Whitney test.

Results The rate of TG seropositivity in the entire sample was 52.3%, whereas 47.6% of patients met the definition for treatment-resistance. Seropositive patients had twice the rate of treatment-resistance compared to seronegative patients (63.6% vs. 30.0%, $P<0.0001$). Moreover, in the seropositive group, the patients were older (47.6 ± 12.2 vs. 39.81 ± 12.01 years, $P<0.0001$), had higher number of previous hospitalizations (13.9 ± 11.7 vs. 9.6 ± 8.5 , $P=0.0073$), and increased Calgary depression scale for schizophrenia (CDSS) total score (7.8 ± 4.5 vs. 6.3 ± 3.8 , $P=0.012$). There were no differences between the groups in the age of disease onset, smoking, positive and negative syndrome scale (PANSS) total, positive and negative scores, and the life-time history of suicide attempts.

Conclusions Our results support the hypothesis that TG seropositivity might contribute to treatment-resistance in schizophrenia, at least in male patients.

Disclosure of interest The authors have not supplied their declaration of competing interest.

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EV1311

From polypharmacy to monotherapy a case about schizoaffective disorder



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The aim of the present poster is to describe an initial complex case of schizoaffective disorder with other clinical adverse conditions (metabolic disorders) in a young adult male, which gradually went into a positive treatment way from polypharmacy to monotherapy. His psychiatric history started when he was 25-year-old, he was diagnosed of heroine dependence, hypercholesterolemia and hypertriglyceridemia. In 2000 he had a suicide attempt in a context of depressive mood and delusions. He needed a psychiatric hospitalization for the first time in his life and he received anti-psychotics

for the first time too. Drug abuse was detected in that hospitalization (cannabis and alcohol). In 2001 was diagnosed of paranoid schizophrenia. In 2007 the diagnosis was modified to schizoaffective disorder and also was detected high blood pressure, Diabetes Mellitus II and overweight. From 2007 to the present he passed from a scheme treatment composed by four or more psychotropic drugs to monotherapy (only one psychotropic drug, an anti-psychotic), he stayed clinically stable and all his metabolic parameters remained equal or improved.

Disclosure of interest Janssen-Cilag research study.

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EV1312

Enjoying expression: Exploring the benefits of music therapy on patients diagnosed with schizophrenia and using metaphor games/improvisations for increasing emotional awareness level



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Although music therapy is an evidence-based and effective therapy method in clinical psychiatric settings all around the world, the literature on music therapy's effect specifically on emotional awareness is very limited. This study, which has been conducted as a part of presenter's music therapy master's thesis aims to examine the clinical benefits of music therapy in a Turkish university hospital, to enable further research and promote the recognition of music therapy as a valid clinical method in psychiatry in this country. A study was conducted in Istanbul university psychiatry clinic with 6 patients currently under standard care due to diagnoses of schizophrenia or schizophrenia-like disorders by the hospital staff. The participants attended 20 music therapy sessions with pre-post clinical psychological tests applied around the sessions. The results reveal that group music therapy supports the well being of outpatients diagnosed with schizophrenia. Significant changes on general functionality, personal and social performance, depression levels, increase in the level of ways of coping with stress and decrease in difficulties in emotion regulation concerning emotional awareness and are reported. Music therapy games/improvisations using animals as metaphors were played to reach emotional content of patients that normally have very limited verbal sharing in sessions, which possibly effected the change on emotional awareness. Session notes consisting of the therapy crew's observations support the statistical analysis of these benefits. These findings show that music therapy can be beneficial on multiple dimensions, including emotional awareness, in a Turkish university hospital; and therefore, more implication opportunities are suggested.

Disclosure of interest The authors have not supplied their declaration of competing interest.

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EV1313

Pre-morbid personality trait and cognitive function impact on schizophrenia course and social maladaptation



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Background Certain personality traits are found in persons with high risk for schizophrenia onset and therefore it could be used as diagnostic marker.

Objectives To analyze correlations between personality traits and cognitive functions on schizophrenia onset and its course and social adaptation.

Methods This was a retrospective cohort study conducted in Riga center of psychiatry and narcology, Latvia. Study consisted of two parts. In the first part, data on first presentation schizophrenia patients hospitalized in 2006 was collected from medical records. Patients without completed MMPI, Schulte table; visual memory and 10 words recall tests were excluded from study group. The Second part of the study consisted of participant interviews that were held in early 2016 acquiring demographic data and each participant completed a Sheehan disability scale (SDS). Microsoft Excel 2016 and SPSSv22 were used for data operation.

Results Study group consisted of 11 males and 20 females (35.5%/64.5%). Mean age of participants was 37 years (IQR = 48–33), but mean age at onset of first schizophrenia symptoms was 27 years (IQR = 37–21). 68% ($n=21$) of participants had schizoid personality traits as per MMPI and they had higher results on all SDS subscales. There was a negative correlation between the SDS score in the first section with the occupational level in 2006 ($P=0.065$) and 2016 ($P=0.040$) and marital status in 2016 ($P=0.040$) in those with psychopathy scale.

Conclusion The hypothesis that schizoid personality traits are a leading factor in the onset of schizophrenia, have not been proven. Schizophrenia patients with psychopathic personality traits are likely to have better social adaptation.

Disclosure of interest The author has not supplied his/her declaration of competing interest.

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EV1314

Is there a “critical age” for first use of marijuana? Analysis of cannabis induced experiences by age at first use in a large internet-based sample



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Introduction Increased psychotomimetic response to cannabis is demonstrated in psychosis-prone individuals. Early use of cannabis has poorer prognostic outcomes. However, as yet no cut-off age for early use has been established.

Aims and objectives To determine, if age at first use affects later cannabis experiences and to determine if a “critical age” of first use exists for psychotomimetic cannabis experiences.

Methods The cannabis experiences questionnaire (CEQ) (EUGEI version) was administered to a large internet-based non-clinical sample. Regression analysis was conducted of age at first use against CEQ scores controlling for gender, age frequency of use and duration of use. To determine cut-off age: independent ‘t’ tests (parametric) and Mann–Whitney-U tests (non-parametric) were used to determine significance of differences in CEQ scores at cut-off ages from 12–25.

Results We obtained data for 1115 participants. Younger age at first use was significantly associated with increased psychotomimetic experiences (adjusted $P<0.001$). All cannabis experiences were increased in those commencing at younger age at every cut off age from 17 to 22 ($P<0.001$) with maximal difference at 22. Psychotic experiences significantly varied from age of first use of 19 to 22 with maximal difference at cut-off ages 20, 21 and 22 ($P<0.001$). Pleasurable experiences were significantly reduced in those commencing later at every cut-off age from age of

use 17 to 22 ($P < 0.001$) with maximal difference between groups at age 20.

Conclusions Later onset of use is associated with reduced cannabis experiences till the early 1920s. This may have public health implications.

Disclosure of interest The authors have not supplied their declaration of competing interest.

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EV1315

Restraint or not restraint. Involuntary transport from home of schizophrenic patients



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Introduction Although physical restraint (PR) is a non-rarely practice on psychiatry there are few studies that focus the attention on the risk factors for this intervention. PR is a legitimacy practice when is needed and well applied but is not free from side effects. Knowing risk factors might be useful to improve the application of PR.

Objectives Study the risk factors involved with the use of PR at patient's home in individuals with schizophrenia before the involuntary transport (IT) to a psychiatric facility.

Methods Is a descriptive and observational study of 267 psychotic patients that were assisted by a psychiatric home care unit (EMSE) in Barcelona during their IT. The sample was divided in two groups, depending on the need of PR. Socio-demographic data were collected as well as positive and negative syndrome scale (PANSS), WHO disability assessment schedule (WHO/DAS), global assessment of functioning scale (GAF), Scale to assess unawareness of mental disorder (SUMD). Aggressiveness was assessed by PANSS-EC consisting of 5 items: excitement, tension, hostility, uncooperativeness and poor impulse.

Results From the 267 psychotic patients 109 required PR. 154 were male and the average of age was 47. The results were significant in the PR group versus no PR for PANSS-EC ($P = 0.000$), as well as WHO/DAS ($P = 0.017$), GAF ($P = 0.042$), Positive PANSS ($P = 0.000$), age ($P = 0.001$) and substance use ($P = 0.012$). Were no significant for gender, insight or Negative PANSS.

Conclusions Aggressiveness and violence were the most important PR related factors followed by positive symptoms, age, substance use and global functioning.

Disclosure of interest The authors have not supplied their declaration of competing interest.

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EV1316

Effectiveness in controlling symptoms with long-acting injectable aripiprazole



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Introduction Depot antipsychotic treatment has been a radical change in the evolution and prognosis of patients with schizophrenia. Long-acting injectable aripiprazole is an antipsychotic dopamine partial agonist. It has a good tolerance in terms of metabolism and prolactine level.

Objetives Studying the causes of readmission at the acute unit of Marqués de Valdecilla university hospital (HUMV) in patients treated with Long-acting injectable aripiprazole LAI 400 mg.

Methodology This is a descriptive study which pretends to assess the causes of readmission in a sample of 30 patients (12 women, 18 men) with non-affective psychosis, which had entered the acute unit of HUMV from 1st January to 30th September 2016 because of psychotic decompensations and had been treated with long-acting injectable aripiprazole 400 mg.

Results Out of the 30 patients there were five readmissions during the observation time. Two of them for psychotic decompensation, two because of premature abandonments, with oral aripiprazole supplementation and the last one because of desertion of injectable drug. No gender differences were observed.

Conclusions It is necessary 15 days of oral supplementation before and after the first dose of long-acting injectable aripiprazole to ensure that adequate therapeutic levels are achieved and to avoid readmissions by misuse of the drug. One of the limitations encountered in this work would be the small sample size and limited observation time. A longer-term research may allow to find more scientific evidence to clarify the clinical safety and efficacy of long-acting injectable aripiprazole in patients with non-affective psychosis.

Disclosure of interest The authors have not supplied their declaration of competing interest.

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EV1317

Psychotic disorder of organic etiology, in the context of sarcoidosis. A case report



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Introduction Neurosarcoidosis is an uncommon cause of psychosis. It courses with an affection of the brain, the spinal cord and other areas of the nervous system. It associates both neurological and psychiatric symptoms: cranial mononeuropathy, myelopathy or radiculopathy meningitis, neuroendocrine dysfunction, dementia, delusions, hallucinations.

Objectives To review in Pub-Med about neuropsychiatric manifestations of neurosarcoidosis.

Methods We describe the case of 60-year-old woman diagnosed with long evolution schizoaffective disorder with a recent decompensation in the context of a stressful situation. As somatic background to highlight: cognitive impairment (encephalic bilateral and symmetrical frontal atrophy in cranial magnetic resonance) and a probable sarcoidosis with hilar and mediastinal lymph nodes without histologic confirmation. She was hospitalized at the acute care unit because of a decompensation of her schizoaffective disorder. The patient was distressed, with delirious speech, sensoriperceptive hallucinations, hypothyria and weight loss.

Results Firstly we evaluate the lack of clinical improvement with an anti-psychotic drug in previous hospitalizations. For that reason, we thought in organic mental disorder as an alternative diagno-

sis. We started treatment with corticosteroids in spite of we did not observe a decompensation of sarcoidosis. In a few days it was remarked a clinical improvement and remission of the delusional and affective clinic.

Conclusions It is needed to complete the study and continue the monitoring of the patient to see the evolution and drug response. The diagnosis of neurosarcoidosis should be kept in mind for patients with both neurologic and psychiatric symptoms.

Disclosure of interest The authors have not supplied their declaration of competing interest.

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EV1318

Can drug interaction be useful? Case report of a schizophrenic patient treated with paliperidone long-acting injection



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Introduction Intramuscular paliperidone palmitate (PLAI) is a long-acting atypical anti-psychotic approved in Romania for the maintenance treatment of adults with schizophrenia.

Objectives To determine the efficacy and tolerability of PLAI in a non-compliant patient with previously very low tolerability to oral anti-psychotics. The patient had been on risperidone long acting injection (RLAI) and had significant adverse events (i.e. tremor, akathisia) which persisted even when treated with the lowest dose of PLAI: 50 mg.

Aims Since the efficacy of PLAI was good, and since a lower dose (than 50 mg of PLAI) is not available in Romania, we tried different ways to lower plasma concentration (PC) of the anti-psychotic because the patient presented clinically significant adverse effects (AE).

Methods Initially the time between the injections was extended at maximum recommended (35 days), with a slight effect, then an off label treatment was associated in order to lower the PC of PLAI. We used 300 mg of carbamazepine long acting, that may lower the PC of PLAI up to 30%. For the evaluation of the efficacy and tolerability, we applied: the clinical evaluation, the positive and negative syndrome scale, the Barnes Akathisia rating scale, the Simpson-Angus Scale and the abnormal involuntary movement scale.

Results After using the above mentioned, strategies, the one that had indeed good results on reducing AE, with no alteration of the psychic status of the patient, was the association of carbamazepine.

Conclusions In clinical practice, some off label medication associations may be salutary!

Disclosure of interest The authors have not supplied their declaration of competing interest.

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EV1319

Tracking referrals to early intervention in psychosis team: An audit



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Aims To monitor if the early intervention services (EIS) in Sandwell meet the standard of assessing all patients referred to

the team within the set target. To monitor factors that affects the outcome including the source of referral, whether the patients, are known to another team, and the demographic features of the patient.

Background Providing timely, appropriate and coordinated care for patients presenting with a first episode of psychosis has been a focus for EIS teams to improve outcomes, experiences and in reducing costs. In April 2016, new target times of 5–10 days for referral-to-assessment and 14 days for referral-to-treatment were introduced by the government.

Method All the referrals that were made since 01/04/2016 were followed up. A comparison was made with the referral-to-assessment and referral-to-treatment target for referrals made before the 01/04/16.

Results There has been an increase in referrals. Preliminary evidence gathered suggests that there has been a marked improvement in the referral-to-assessment pathway and referral-to-management pathway. Patients referred to the EIS are offered an earlier assessment. Majority of the referrals made are however not appropriate to receive care from the EIS, and are not taken on by the team. All the patients that are accepted by the team are offered a NICE treatment package. Most of the referrals that come from other EIS teams or wards, are accepted by the team, at least for an extended assessment. Referrals from Children services are usually at the point when they are due to turn 18, for a second opinion.

Disclosure of interest The author has not supplied his/her declaration of competing interest.

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EV1320

Antipsychotics in first-episode psychosis: Patterns of prescription in an inpatient unit



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Introduction The treatment of first-episode psychosis patients is different from those with multiple-episode schizophrenia: the response to antipsychotics is better, the required doses are lower and the sensitivity to side-effects is higher. As such, current guidelines recommend a “start slow, go slow” strategy and an active avoidance of side-effects.

Objectives/aims To know the patterns of antipsychotic prescription in first-episode psychosis patients of our inpatient unit.

Methods We retrospectively reviewed the clinical data of all non-affective first-episode psychosis patients admitted to the Inpatient Unit C of Hospital de Magalhães Lemos during 2015. The antipsychotics prescribed at admission and discharge were recorded, as well as the doses.

Results A total of 29 patients were identified. The mean age was 36.6 and 65.5% were man. At admission, all patients were medicated with second-generation antipsychotics: 62.1% with risperidone, 27.6% with olanzapine, 6.9% with paliperidone and 3.4% with aripiprazol. The mean dose of risperidone was 3.5 mg/day. By the time of discharge, 34.5% of patients were prescribed a depot antipsychotic, half of them risperidone. Among those with oral medication only, 55.5% were prescribed risperidone, 22.2% paliperidone and the remainder 22.3% other antipsychotics (aripiprazol, olanzapine or quetiapine). The mean dose of risperidone was 3.7 mg/day.

Conclusions Second-generation antipsychotics are clearly preferred. The mean dose by the time of discharge is similar to that used in clinical trials. However, antipsychotics are initiated at doses above the minimum effective dose. On discharge, an important proportion of patients are prescribed depot antipsychotics, which are known to improve medication adherence.

Disclosure of interest The authors have not supplied their declaration of competing interest.

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EV1321

Predictors of transition to psychosis in individuals at clinical high-risk for psychosis

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Objective Clinical high risk (CHR) for psychosis state is characterized by presence of potentially prodromal for schizophrenia symptoms. The aim of this study was to assess the predictors of transition to first psychotic episode.

Methods The study included 123 CHR subjects. All the subjects were characterized by the presence of one of the group of criteria: (1) UHR criteria, (2) basic symptoms criteria and (3) negative symptoms and formal thought disorders (FTD). The presence of FTD in clinical high-risk individuals was assessed with methods of experimental pathopsychology. The mean length of follow-up was 26 months (SD 18). All subjects were males, mean age = 20.2 (SD: 2.1). We examined the subjects' performance using the Cambridge automated neuropsychological test battery. We applied survival analyses to determine associations between a transition to psychosis and sociodemographic, clinical and neurocognitive parameters. To determine which items are the best predictors, Cox regression analyses were applied.

Results The psychosis developed in 39 subjects (31.7%). Global assessment of functioning, positive symptoms, blunted affect, social isolation, impaired role function, disorganizing/stigmatizing behavior, basic symptoms (thought pressure, unstable ideas of reference), neurocognitive parameters (visual memory and new learning, decision making, executive function) significantly influenced the transition to psychosis. A prediction model was developed and included unusual thought content (Wald = 12.386, $P < 0.0001$, HR = 2.996), perceptual abnormalities (Wald = 4.777, $P = 0.029$, HR = 1.43) and impaired role function (Wald = 1.425, $P < 0.028$, HR = 4.157).

Conclusion Clinical measures are important predictors for transition to psychosis in high-risk individuals.

Disclosure of interest The authors have not supplied their declaration of competing interest.

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EV1322

Diogene syndrome: About two clinical cases

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Introduction Diogenes syndrome was first described in 1975 by Clark to characterize the behavioral disorder in the elderly involving neglect of personal and domestic hygiene and a hoarding disorder or hoarding. He is regarded as a psychiatric disorder in its own right in the DSM V and declines criteria compulsive hoarding disorder ("Hoarding Disorder"). The condition is under diagnosed or its prevalence is important from 3.3 to 4, 6%.

Objective Study through two clinical, etiologic and psychopathological diogenes syndrome (DS) and the main diagnostic and therapeutic difficulties.

Case n° 1 Mrs. L. is 57 years old, without children and with a degree in political science. She was taken back by his partner for behavioral disorder type of pathological accumulation of objects.

His home has become inaccessible due to the accumulation of multiple stacks of magazines and other items. The meeting allowed to objectify an incurique presentation, delusional and hallucinatory syndrome.

Case n° 2 Mrs. BH aged 67, retired, widowed for 17 years. She lives alone after the suicide of his daughter. This would be followed by breast cancer. The patient was admitted following a report of neighbors who discovered that Mrs. BH, isolated for months, sleeping in the garden of her home saw the unhealthy state of the place and the accumulation of waste.

Conclusion Diogenes syndrome is heterogeneous, covering multiple medical, psychiatric and social situations. Its pathogenesis remains poorly understood and its management refers to any clinician can examine ethical questions the legitimacy of its actions.

Disclosure of interest The authors have not supplied their declaration of competing interest.

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EV1323

Moment-to-moment associations between emotional disturbances, aberrant salience and persecutory delusions

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Introduction Experiences of depression and anxiety are common among patients with persecutory delusions. It has been theorized that emotional disturbances affect the formation and appraisal of persecutory delusions directly and possibly via increasing the sense of aberrant salience.

Objectives Using a time-lagged analysis of experience sampling data, this study modelled the role of momentary levels of negative emotions and aberrant salience in maintaining persecutory delusions in patients with active delusions.

Methods Clinically acute participants with at least a mild level of persecutory delusions were assessed using experience sampling method (ESM; 7 entries per day for 14 days) and clinical rating scales. ESM data of participants who completed at least 30 ESM entries were analysed by using multilevel regression modelling.

Results The final sample consisted of 14 participants, with a total of 1161 momentary observations. Time-lagged analysis revealed that both negative emotions ($B = 0.125$, $P = .009$) and aberrant salience ($B = 0.267$, $P < .001$) predicted an increase in persecutory delusions in the next moment. Conversely, persecutory delusions did not predict change in negative emotions or change in aberrant salience in the next moment ($ps > .05$). Negative emotions also predicted an increase in aberrant salience in the next moment ($B = 0.087$, $P = .009$).

Conclusions Our results supported the hypothesis that both negative emotions and aberrant salience exacerbate persecutory delusions, rather than being merely the sequelae of the symptoms. Our results suggested both direct and indirect (via aberrant salience) pathways from negative emotions to persecutory delusions.

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EV1324

Delayed post-hypoxic leukoencephalopathy: Case report

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Introduction Delayed post-hypoxic leukoencephalopathy (DPHL) is an underrecognized syndrome of delayed demyelination, where patients manifest neuropsychiatric symptoms after a period of 2–40 days of apparent recovery from a cerebral hypo-oxygenation episode.

Objectives We report a case of a patient who successfully recovered from an overdose of heroin, but then suffered a delayed abrupt neurological deterioration.

Aims To improve assessment and recognition of DPHL.

Methods An adequate retrospective collection of clinical data and nonsystematic review of the literature was performed.

Results A 43-year-old male with schizoaffective disorder who attempted suicide with an overdose of heroin, was successfully revived and return to his previously mental status, but 3 weeks after, he abruptly developed progressive cognitive impairment with akinetic mutism and ataxia. He was admitted to our acute psychiatric unit after brain CT and chemistry analyses were unremarkable. Brain MRI showed diffusely symmetric hyperintensity in the white matter (WM), pronominally the periventricular WM, on FLAIR and T2 weighted sequences. At 16 weeks postoverdose, he presented improvement both cognitive and motor symptoms, lasting deficits in frontal-executive functions.

Discussion DPHL is characterized by similar clinical and neuroimaging features regardless of the initial insult. The mean lucid interval coincides with the replacement half-life for myelin related lipids and proteins. Prolonged mild-to-moderate hypo-oxygenation of WM is thought to disrupt myelin turnover. It appears probable that these were responsible for DPHL in our patient rather than a direct toxicity.

Conclusion DPHL can be diagnosed when clinical history, laboratory assessments and MRI findings are concordant. DPHL requires extensive support care and carries a relatively good prognosis.

Disclosure of interest The authors have not supplied their declaration of competing interest.

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EV1325

When schizophrenia leads to terrorism: A case report



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Background Some have suggested that terrorists are mentally ill and have used labels such as psychopathic or sociopathic, narcissistic, paranoid, are schizophrenic types, or passive-aggressive. Others have argued that although terrorist actions may seem irrational or delusional to society in general, terrorists in fact, act rationally, and there is no evidence to indicate that they are mentally ill/disordered, psychopathic or otherwise psychologically abnormal.

Objective and method Here we present the case of Mr. A, a 32 year old man diagnosed with schizophrenia, who travelled to Egypt and Syria in attempt to join the ISIS terrorist organization, and discuss

the clinical features, treatment processes and two years follow-up of this particular case.

Conclusion As described in some studies, most terrorists do not demonstrate serious psychopathology and there is no single personality type. Thus, the relationship between terrorism and mental illness mostly refers to the question about pathological travel as part of a religious and messianic delirium.

Keywords Schizophrenia; Terrorism; Pathological travel; Religion

Disclosure of interest The author has not supplied his/her declaration of competing interest.

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EV1326

Impairment of visual working memory among patients with paranoid schizophrenia

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Introduction Schizophrenia is associated with working memory (WM), executive dysfunction and access visual WM dysfunctions among patients with paranoid schizophrenia (PSz).

Material and methods We examined 89 patients (41.35 ± 11.52 years old, 65 males, 24 females, 15 with basic, 52 with middle and 22 with high formal education) with PSz (65% with prevalence of positive and 31 of negative syndromes) by Benton visual retention test (BVRT, var.A and E).

Results The average number of correct performed items was 3.12 ± 1.183 , the average errors, 13.04 ± 3.70 (6.51 ± 3.05 at left and 5.35 ± 2.30 at right visual field (VF)). Females had more corrects ($P = 0.0256$). Education is associated with less errors and more corrects. Patients with prevalence of negative syndromes showed more errors at left VF than those with positive, although the total number of errors and corrects were similar. Ageing was not directly associated with total number of corrects and errors. Twenty-three percent of our patients had addictions, 52% had omissions, 96% distortions (average 4.12 ± 2.31), 78% perseverations, 79% rotations, 83% misplacements and 61% size errors. Horizontal displacements were obtained from 42%.

Conclusions Visual WM dysfunction is frequent among patients with PSz. Female sex and high education are associated with better test performances. Negative syndromes are related with high number of errors at left VF, but not with total numbers of corrects and errors. We suggest horizontal displacement as specific error among patients with PSz.

Disclosure of interest The authors have not supplied their declaration of competing interest.

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EV1327

Hypothyroidism in psychiatric patients

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Introduction Hypothyroidism psychocognitive key features may include melancholia, memory impairment, depression and dementia which could be misdiagnosed as a psychiatric disorder.

Objective To study the incidence of hypothyroidism in psychiatric patients.

Methods This retrospective study included 232 psychiatric patients with mean age of 43.39 ± 10 years old weight mean of 79.81 ± 19.07 kg, BIM of 29.55 ± 6.83 , enrolled in a public mental health service.

Results Twenty point twenty-one percent (39) patients presented hypothyroidism with thyroid-stimulating hormone (TSH) levels above 5 mIU/L and Free T4 levels below 0.7 ng/dl.

Comparing the incidence of hypothyroidism in Brazilian population estimated rate of until 10% [1] with this psychiatric patients population we observed a significant difference with p value of $2.28 \text{ E-}6$. Neuroleptics 92%(36), biperiden 62%(24) and benzodiazepines 38% (15) were the most frequent prescribed drugs for these hypothyroidism patients.

Conclusion Significant difference in the incidence of hypothyroidism between general Brazilian population and the studied psychiatric patients was observed [2,3].

Disclosure of interest The authors have not supplied their declaration of competing interest.

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EV1328

Issues surrounding severe psychiatric post-patients' community living in Japan; how can we best prepare them?

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Introduction The average length of stay in Japan at psychiatric hospital is 292 days. In recent years, measures to shorten the hospitalisation period are being promoted.

Objective To understand patients who were discharged from emergency ward/acute psychiatric care units the needs post-discharge, in order to improve the quality of psychiatric nursing care at the psychiatric out patient care.

Methods Sixty-two patients who have been hospitalised in emergency ward/acute psychiatric care units, with a diagnosis of

schizophrenia and mood disorders, and currently visiting the out-patient department of psychiatric care were selected as the subject. Semi-structured interviews were conducted.

Results The issues that patients faced post-discharged were;

– daily life issues: how to support themselves, how to cook, what to eat, and how to sleep;

– relationship with families and supporters;

– concerns of their conditions such as anxiety, restlessness, dissatisfaction, loneliness, isolated feeling, drowsiness. Patients consulted their family members, their doctors, or professionals other than doctors.

Conclusion The needs for the support for patients who recently discharged from an acute psychiatric ward were high, with the instability of the patient as well as the possibility of worsening their symptoms. There was a high demand for professionals other than a doctor as a consultant, given the limited consulting resources the patients have. The patients' concerns post-discharge varied widely, focusing mainly on their daily lives. Support system, including monitoring, is necessary during early stages of discharge.

Disclosure of interest The authors have not supplied their declaration of competing interest.

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EV1329

Corticosteroid-induced psychosis: Case report and review of the literature

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Introduction Steroid psychosis still presents many unsettled clinical aspects. Despite several reviews and case reports are available, modes of onset and recovery need a more accurate description. We will focus on a 53-year-old woman who was hospitalized against her will because of her agitated psychotic state. Her symptoms were indicative of an acute psychotic disorder resulting from the use of corticosteroids. We considered it important to report this case because corticosteroids have been widely prescribed since about 1950 to treat a broad spectrum of somatic illnesses and to emphasize the relevance of the dose of steroids in this case.

Objectives We describe a case of substance-induced psychotic disorder resulting from corticosteroids administration and we review the scientific literature about this topic.

Aims To obtain more information about the incidence of steroid-induced psychotic symptoms, the relation between the type of steroids, its dose and the clinical presentation, the most important risk factors and how to prevent psychotic episodes during steroids-treatment.

Methods After discussing the case, we studied the literature systematically using official medical browsers.

Results Very little reliable evidence has been available relating to steroid-induced psychosis.

Conclusions There is much to learn about adverse psychiatric reactions to corticosteroid treatment. It should be improved awareness of the limited available knowledge and to stimulate research aimed at improved methods of prevention, recognition and treatment.

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EV1330

“Pseudoneurotic Schizophrenia” Revisited: The role of obsessive-compulsive symptoms in low-level disorganization psychosis



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Objective Recent research has suggested a dual impact of obsessive-compulsive dimension on functioning in schizophrenia with a gradual transition from an improving to a worsening effect depending on obsessive-compulsive symptom (OCS) severity (from mild to moderate-severe). Aim of the present study was to investigate whether this varying effect of OCS on functioning might be mediated or moderated by schizophrenia symptom dimensions or occur independently.

Method Seventy-five patients affected by schizophrenia were administered the SCID-IV, the PANSS, the YBOCS and the SOFAS. The sample was divided into two groups according to the severity of OCS (absent/mild and moderate/high).

Results In both groups, a significant interaction between OCS and disorganization dimension was found: the dual effect of OCS on functioning occurred only among patients with low disorganization symptoms while it was no more apparent at higher levels of disorganization (Figure 1).

Conclusion Data suggest that in patients with schizophrenia, functioning at least in part depends on the interaction between disorganization and OCS. Particularly, mild OCS contributes to higher levels of functioning in patients with psychosis at low levels of disorganization. In keeping with the historical concept of “pseudoneurotic schizophrenia”, we speculate that obsessive dimension might have a pathoplastic influence in milder forms of schizophrenia spectrum disorders, balancing the effect of underlying low disorganization symptoms.

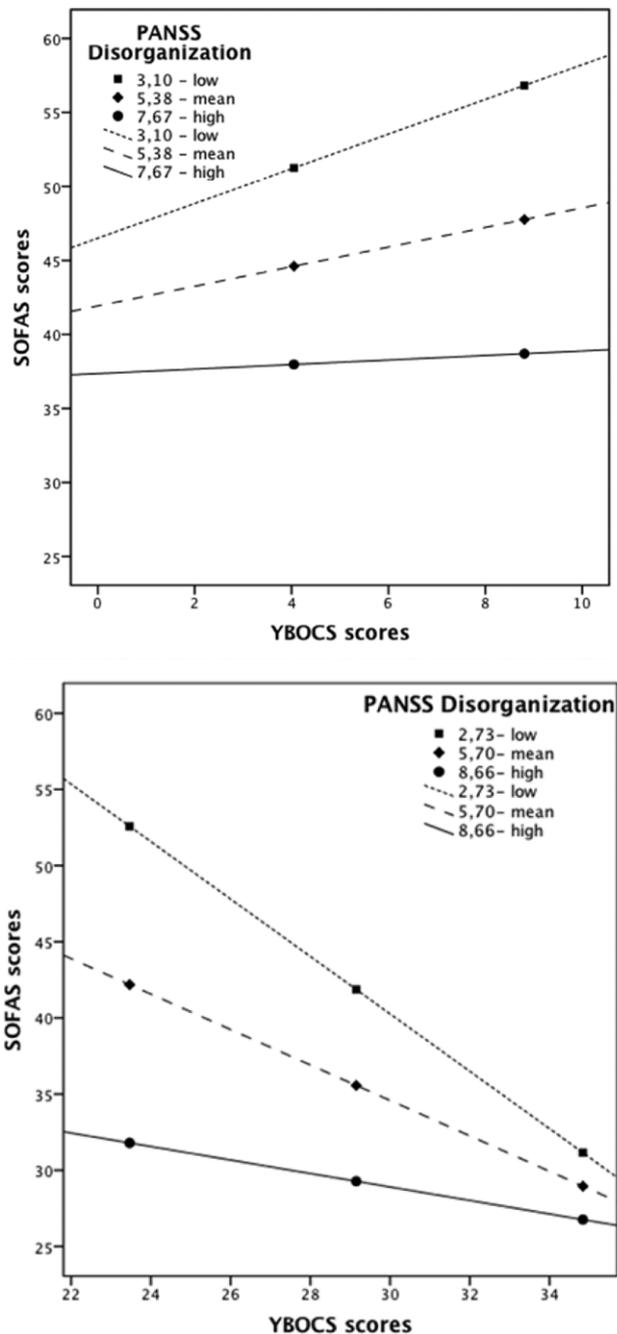


Fig. 1

Disclosure of interest The authors have not supplied their declaration of competing interest.

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EV1331

Antipsychotics in chronic schizoaffective disorder: A naturalistic study



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In spite of the beneficial effects of antipsychotics (AP) on the course of schizoaffective disorder (SAD) in general, there is an evidence for some negative aspects of their application. The objective of the study was to investigate the clinical manifestations and the course of resistant SAD while treated by the different AP. At present, the research includes 63 patients with SAD and duration of psychotic and/or affective symptoms more than six months. The research was naturalistic follow-up. The first group of patients ($n=18$) were treated with SGA. An average duration of hospitalization was 61.2 days. After a reduction of acute psychotic condition, subthreshold psychotic and anxiety symptoms were still remaining. The total PANSS score was 71 ± 8 . The second group ($n=24$) was treated with a combination of FGA and SGA. An average duration of hospitalization was 53.8 days, the total PANSS score was 79 ± 6 . It has been prevailed subthreshold bipolar symptoms. The third group of patients ($n=21$) were treated with FGA. An average duration of hospitalization was 45.5 days; the total PANSS score was 63 ± 10 . The negative symptoms and subthreshold depressions have been prevailed among the patients.

To conclude, the treatment of SAD by the SGA and combination of SGA and FGA are more likely associated with persistence of subthreshold psychotic and/or bipolar disorder and the longer duration of hospitalizations. On the other hand, application of FGA in SAD is more likely associated with negative symptoms and depressions after a reduction of acute psychotic condition.

Disclosure of interest The authors have not supplied their declaration of competing interest.

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EV1332

The emergence of psychosis in a patient with severe hypothyroidism: A case report and literature review



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Hypothyroidism is associated with changes in mental state that can range from mild cognitive impairment to depression to florid myxedema coma. A few cases have linked the occurrence of psychotic symptoms in the context of severe hypothyroidism, an event referred in the literature as "myxedema madness". We describe the case of a 48-year-old male with no past psychiatric history and a past medical history of hypertension and hypothyroidism who presented to the psychiatric unit for management of new-onset psychosis, particularly paranoid delusions. On basic medical screening, the patient was found to have severe hypothyroidism manifested by a TSH level of 51.85 and a free T4 level less than 0.4. The patient was treated with both an antipsychotic and thyroid hormone replacement, after which his hypothyroid symptoms and his psychosis improved. Liothyronine was also prescribed to speed up the recovery course, as his delusions were thought to be due to his hypothyroidism. The aim of this poster is to shed light on the possibility of development of psychosis concomitantly with severe hypothyroidism, given the rarity of such events, as well as to illustrate the importance of treating the underlying medical cause rather than only focusing on the treatment of the psychiatric symptoms. The use of Liothyronine proved to be beneficial in this case, as the patient's symptoms drastically improved after its adminis-

tration. This could potentially illustrate the importance of using Liothyronine particularly in the treatment of delusional disorder in severe hypothyroidism.

Disclosure of interest The authors have not supplied their declaration of competing interest.

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EV1333

Adjunctive minocycline in clozapine and amisulpride treated schizophrenia patients with persistent symptoms



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Objective Clozapine and amisulpride are two effective antipsychotic and their combination often is used for treatment refractory people with schizophrenia, yet many patients partially respond. Clinical data and the recent literature suggest benefits with minocycline. In our study we adjunct minocycline in five schizophrenic patients and we observed them for a period of 6 months.

Methods Our patients received adjunct minocycline (100 mg oral capsule twice daily).

Results Using the PANSS, we identified a statistically significant ($P<0.05$) clinical improvement from the fourth week of treatment for positive mainly, and less for negative symptoms in all our patients. Global cognitive function did not differ, although there was a significant improvement in working memory favoring minocycline. Moreover there was a marked reduction of anxiety and depressive symptoms.

Minocycline was well tolerated and no patient presented side effects.

Conclusion Minocycline seems to help significantly schizophrenic patients who do not respond fully to their medication consisted of clozapine and amisulpride. Larger studies are needed to validate these findings.

Disclosure of interest The authors have not supplied their declaration of competing interest.

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EV1334

Major psychotrauma and social stress–risk factors for the unfavorable course of paranoid schizophrenia



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Introduction Recent studies in the neurobiology of schizophrenia highlighted the role of neuropsychoenocrine activations as a consequence of psychostress followed by the activation of the HPA axis with an excess of endogenous cortisol. The relation endogenous cortisol–glutamatergic hyperactivation enhances the excitotoxic mechanisms and the cortical-subcortical alterations in schizophrenia.

Method We conducted a retrospective study on 40 patients, with ages between 25 and 55 years, admitted in the university clinic of Craiova between January 1, 2015 and December 31, 2015 for paranoid schizophrenia according to ICD-10 criteria and with positive history of psychotrauma and physical abuse in childhood and adolescence.

Results The frequency of psychotraumas, social stress and physical abuse in our group was significantly higher in women (63.33%), in patients with urban residence (80.00%) and age group 36–45 years (46.67). There was a pattern of residual defectuality reflected by positive symptoms (83.33%), alcohol abuse (80.00%), aggressive behavior (66.67%) and suicide attempts (30.00%). The poor course with minimal social functioning (GAFS < 40; 36.67%) was correlated with a high number of relapses and hospitalizations (> 9 hospitalizations; 43.33%), cognitive deficit (MMSE < 23; 76.67%). The psychosocial factors involved in the pathogenesis and course of schizophrenia were social stress (60.00%), physical abuse in childhood and adolescence (20.00%) and psychotraumas (20.00%).

Conclusions. Psychotrauma and physical abuse in childhood and adolescence and during the course of paranoid schizophrenia constitute a risk factor for a poor outcome with cognitive deterioration, aggressive and suicidal behavior that call for prophylactic measures and qualified psycho-social interventions associated to the pharmacological treatments.

Disclosure of interest The authors have not supplied their declaration of competing interest.

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EV1335

Differential diagnosis and therapy of cycloid psychoses: A case report

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Kraepelin already challenged his dichotomy of psychoses, because in clinical practice too many cases were not in line with his pattern. Different terms for these disorders were coined. Leonhard separated cycloid psychoses from other forms of endogenous psychoses. The idealized subtypes (anxiety-beatific, hyperkinetic-akinetic-motility and confusional exited-inhibited) are characterized by a bipolar course with complete recovery. Operationalised criteria were developed by Perris. We report on a 60 year old woman diagnosed as schizophrenic in 1984/1985 and 2006. In August 2015 she was admitted with stupor and mutism and therefore was treated with fluphenazine and lorazepam. Six days later the clinical picture changed, she became confused and very agitated. After change of treatment to benperidole her clinical condition improved within 12 days. After 3 further days she became confused, agitated and euphoric again. The symptoms persisted in spite of a change of treatment to haloperidole. After diagnostic revision therapy was augmented with lithiumcarbonate. Six days later the psychotic symptoms began to improve and were completely remitted after 10 further days. The case report points out that a differential-diagnostic revision of an apparently therapy-resistant schizophrenia should not only be carried out according to ICD 10 criteria but a cycloid psychosis should be taken into account, too. Perris-criteria are contrasted with ICD 10-criteria for schizophrenia and mania with psychotic symptoms. Symptomatology and clinical course in our patient fulfilled exactly the Perris-criteria. We recommend an augmentation trial with lithium in acute phases of cycloid psychoses by all means before ECT.

Disclosure of interest The authors have not supplied their declaration of competing interest.

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EV1336

Attitude of person living with psychosis towards MH professionals: A qualitative study

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Aims Studies investigating attitudes of people with mental illness are scarce. The aim of the present study was to investigate person living with psychosis on their attitudes and perception towards the mental health professionals in contact with mental health services.

Methods An in-depth interview was used to explore their lived experiences and attitude towards mental health professionals.

Results Both negative and positive attitudes were prevalent among the patients. Most negative attitudes concerned on not giving time, the MHPs are most interested in financial gains. They felt attitude changes according to diagnosis, psychosis perceived as diagnosis with violence; they are more interested in protecting themselves, perception that treating symptoms and not cause of illness. On the contrary, they felt positive on the relationship and time given to them.

Discussion and conclusions The PLWI's attitude to MHPs could be a product of the type of admission (forced upon), symptoms related or on the type of service settings. The present study is purely qualitative, single settings, could not be generalised. However it points on the need for sensitization of MHPs and relationship building oriented intervention.

Disclosure of interest The authors have not supplied their declaration of competing interest.

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EV1337

Parkinson's disease and psychosis: Report of a case

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Introduction Jealous delusional ideation appears in 7-14% of cases of Parkinson's disease. Treatment with dopaminomimetics drugs is a significant risk factor for psychosis. However, the most likely etiology of psychosis in these patients is a loss of central cholinergic function associated with age since described psychosis even before the introduction of the L-Dopamine. Cognitive impairment and sleep disorders are predictors of development of psychosis.

Objective Present a clinical case of psychosis in Parkinson's disease and its treatment.

Method Reason for consultation. Patient diagnosed with Parkinson's disease with behavioral disorder and delusional.

Current illness The patient after antiparkinsonian medication has increased suspicion, self-referentiality, delusional jealousy ideation to her husband, delusional interpretations regarding somatic symptoms, insomnia and behavioral disorders with aggression.

Family background Mother with Alzheimer's.

Personal history No contact with mental health.

Psychopathological examination Conscious, repetitive language, dysphoric mood with delusions of prejudice and jealousy.

Mixed insomnia.

Diagnosis Psychosis in Parkinson's disease.

Treatment Quetiapine 300 mg/day. Carbidopa 25 mg/L-dopa 100 mg: 1-0-1. On subsequent visits quetiapine was suspended and replaced by clozapine 200 mg/day.

Results The treatment of psychosis was effective with the use of quetiapine and subsequently clozapine with good tolerance and effectiveness. He also said lower antiparkinsonian medication.

Conclusions Psychotic symptoms are the most common psychiatric clinic in Parkinson's disease. Often not enough antiparkinsonian dopaminomimetics reduced to control psychotic symptoms and use of antipsychotics is required. The use of antipsychotics in

Parkinson's disease should be careful for the likely increase in motor clinical and increased mortality. The most useful, are especially quetiapine and clozapine atypical antipsychotics.

Disclosure of interest The authors have not supplied their declaration of competing interest.

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EV1338

Muscarinic mechanisms in psychosis: A multimodal imaging study



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Background The majority of people with psychosis suffer from cognitive problems. These cognitive problems are among the most disabling features of the illness and have a negative effect on clinical outcome. Research has demonstrated that acetylcholine including muscarinic receptors play an important role in cognitive function. A post-mortem study in chronic patients with schizophrenia demonstrated a decrease of 75% of muscarinic M1 receptors.

Aim The aim of this study was to investigate the role of M1 receptors in-vivo in brain and cognitive function in psychosis.

Methods Thirty medication free patients with psychosis and 30 healthy controls matched for age, gender and IQ were included for 1) 1x IDEX Spect scan to determine M1 binding potential; 2) 2x fMRI scan using a visual memory task; 3) 2x MRS to determine choline concentrations; 2x CANTAB cognitive battery. Except for SPECT all subjects were tested twice, once with placebo and once with biperiden M1 antagonist.

Resultaten Patients demonstrated a significant negative correlation between M1 binding potential and cognitive impairments and negative symptom scores on PANSS. Following biperiden challenge, performance on verbal learning and memory was worse. Hippocampal activity was larger during a visual memory task in patients.

Conclusie These results support a role for the M1 receptor in cognitive function in psychosis.

Disclosure of interest The author has not supplied his/her declaration of competing interest.

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EV1339

Schizophrenia and obsessive compulsive disorder



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Introduction A recent reviews of published researchers suggest, that up to 25% of schizophrenia patients suffer from obsessive-compulsive symptoms (OCs) and about 12% fulfill the diagnostic criteria for obsessive-compulsive disorder (OCD). Recently, the interest in this issue has significantly increased, probably due to the finding, that second generation antipsychotics, especially clozapine, might induce or aggravate OCs.

Objective The aim of our study was to investigate and clarify the literature data about the extent to which comorbid OCs affects the severity and course of schizophrenia.

Methods The articles were identified by the keywords "schizophrenia comorbidity" and "obsessive compulsive disorder", using the medline and web of science search. Additional information was obtained by studying the references of summaries of relevant articles.

Results Obsessive-compulsive symptoms or fully expressed obsessive-compulsive disorder leads to more severe overall psychopathology and poorer treatment outcomes in patients with schizophrenia. This comorbidity is accompanied by increased neurocognitive impairment, high levels of anxiety, depression, and suicidality, less favorable levels of social and vocational functioning, and greater social and health service utilization.

Conclusions In clinical practice, schizophrenia patients should be carefully monitored for OCs, which may occur at any time during the schizophrenia disease. Early recognition and targeted treatment of this comorbidity reduce patient's distress; positively influence the course of illness and overall treatment outcome.

Disclosure of interest The authors have not supplied their declaration of competing interest.

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EV1340

Comorbidity of schizophrenia and social phobia



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Introduction The most common comorbid disorder in schizophrenic patients is a social phobia. It is usually an unrecognized problem that may be associated with a high distortion in managing claims of life.

Objectives The aim of our study was to determine the extent to which comorbid social phobia affects the severity and course of schizophrenia.

Methods The publications were identified in the database medline and web of science using the keywords "schizophrenia comorbidity" in combination with the terms "social phobia" or "social anxiety disorder". Other relevant sources of information were obtained from the cited works by important articles.

Results The current state of research shows that the incidence of comorbid social phobia in psychotic disease states in the range from 11% to 36%. Social phobia in psychotic patients remains largely unrecognized. An untreated social phobia is associated with more severe psychotic symptoms, worse quality of life and lower self-esteem. It also increases the tendency to social isolation and overall worsens social adaptation. Patients with comorbid social phobia and schizophrenia have a higher amount of lifetime suicide attempts and often abuse alcohol or addictive substance.

Conclusions Patients who have both schizophrenia and social phobia have a lower quality of life, impaired functioning in life, a higher incidence of suicide attempts and increased risk of relapse of psychosis. It is, therefore, necessary that physicians treating the patients with schizophrenia had in mind the possibility of the presence of comorbid social phobia, and in the case of its occurrence, they also treat it.

Disclosure of interest The authors have not supplied their declaration of competing interest.

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EV1341

Schizoaffective disorder and life quality



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Introduction schizoaffective disorder is a nosographic entity characterized by a combination of symptoms of schizophrenia with mood episodes. The fact that its diagnosis is difficult, and often oscillates between schizophrenia and bipolar disorder raises the problem of its care and the outcome of patients who suffers from it.

Objective To evaluate the quality of life of treated patients with schizoaffective disorder.

Materials and methods This is a cross-sectional study realized at the psychiatric consultation of Mahdia hospital during a 6month period. Data were collected from patients and from their medical records using a predefined questionnaire.

Results A total of 52 patients were included, the average age was 38 years. The majority of patients (63.5%) were unemployed. The use of psychoactive substances was noted in 63.5% of patients. Multiple linear regression analysis allowed us to find that 12 factors were more significantly associated with impaired quality of life which were, in descending order of importance: the EAS score > 39, the EGF score ≤ 70, the null or partial adherence, the presence of side effects seriously affecting daily activity, the depressive subtype, the lack of employment, the socio-economic level, the lack of stable budgetary resources, an age > 60years, the widowed and divorced marital status, the PANSS score (≥ 45) and negative symptomatology (PANSS).

Conclusion The diagnosis of schizoaffective disorder has a triple relevance: clinical, prognostic and therapeutic. Identifying a schizoaffective disorder and the risk factors that may affect the quality of life provides a significant practical impact for the patient's benefit.

Disclosure of interest The authors have not supplied their declaration of competing interest.

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EV1342

Schizoaffective disorder and life events



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Introduction The schizoaffective disorder is multifactorial. Several factors almost unquestioned, even indisputable, participate in the episodes' decompensation and affect various fields: biological, pharmacological or neurobiochemical.

Objectives Draw up the sociodemographic and clinical profile of patients treated for schizoaffective disorder and determine the role of life events in the onset of the disorder.

Methods This is a retrospective study of 52 patients hospitalized in the psychiatric department of Mahdia diagnosed with schizoaffective disorder according to DSM-IV-TR during the period from January 2014 until June 2014. The information was collected using a preset sheet with 35 items.

Results A total of 52 records was gathered. The average age was 38 years. The sample was predominantly male, of rural origin in 61.5% of cases. The level of education was low in 59.6% of cases. More than half were without profession and single in 46.2% of cases. The mean age at onset of the disorder was 25.2 years. The presence of life events preceding the onset of the disorder was noted in 22 patients, that to say, 42.3% of the sample. Family and emotional events were most frequently encountered with respective rates of 48.2 and 24.7%, followed by the professional events (20%) and social ones (6%).

Conclusion Life events are due to chance but also to the environment. The complexity of the "event" concept was again underlined in a new perspective, breaking social rhythms.

Disclosure of interest The authors have not supplied their declaration of competing interest.

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EV1343

EEG spectral power changes in solving spatial logical task in schizophrenia patients in the first episode and in remission



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Introduction Despite the assumption that the EEG parameters in schizophrenia may be predictive for the treatment outcome, there are only a small number of such studies present. We hypothesised that the characteristics of the changes in EEG rhythms during cognitive load might differ in the first episode of psychosis and remission being dependent on the stage of the illness.

Methods The EEG rhythms spectral power (SP) in the resting state and their changes during the performance of spatial logical task in 25 first-episode psychosis patients (FEP) and same patients in remission (REM) after 6–18 months were analysed. Control group included healthy subjects matched with patient group by gender, age and years of education.

Results The resting state SP values did not differ in FEP and REM. When performing a task, FEP theta SP was decreased compared to the resting state values in F7, F8, P3, T6 sites ($P < 0.05$), while gamma2 SP was increased in Fz ($P < 0.001$) and Pz ($P < 0.01$). REM theta, alpha, and beta1 SP was decreased in the same way as in norm in all sites ($P < 0.05$). Gamma2 SP increase was found in sites Fp1, F8, Fz ($P < 0.05$). FEP theta and beta1 SP changes during cognitive load positively correlated with the PANSS scales (delusions, thought disorders, hallucinations). REM did not have significant correlations between SP and PANSS parameters.

Conclusions The analysed REM EEG characteristics differ less from the norm than the FEP. Based on the results, the performance of the task is related to the stage of the illness.

Disclosure of interest The authors have not supplied their declaration of competing interest.

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EV1344

Serum testosterone level and its relation to aggressive behavior in schizophrenia



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This work is presenting partial preliminary outcomes of our study focused on evaluating the levels of testosterone in psychotic patients and its relationship to aggressive behavior.

Our study group included 10 male patients (from planned 20), with history of aggressive behavior at baseline and 24 male patients (from planned 40), without history of aggressive behavior. Non-aggressive patients were considered as control group. All included patients were hospitalized in psychiatric hospital Hronovce with diagnose of psychotic disorder. Levels of testosterone were measured by laboratory evaluation. Aggressive behavior was assessed by HCR scale, which was linked with every TSH evaluation. The level of testosterone was measured in all subjects at the baseline and in

the group of aggressive patients was realized next measurement after 14 days of hospitalization.

According to our preliminary findings, the average level of TSH in our whole study group was 478.66 ng/dl (range from 158.06 to 767.81). The control group showed average value of TSH 486.84 ng/dl (range from 158.06 to 767.81). The group of patients with history of aggressive behavior showed average value of TSH 459.04 ng/dl (range from 191.81 to 638.02) and after 14 days of cure the levels were of average value 452.55 ng/dl (range from 253.53 to 657.92).

These preliminary findings don't show significant intergroup differences, but there are some clear casuistic declines in TSH. After collecting the envisaged group of patients we plan to correlate values of testosterone level with the score of HCR, intergroup comparison and detailed analysis (including demography, pharmacology).

Disclosure of interest The authors have not supplied their declaration of competing interest.

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EV1345

Belief inflexibility and dimensions of delusional beliefs in non-affective psychosis: Comparison with non-clinical meaningful beliefs

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Introduction Belief inflexibility (BI) has been considered as a crucial factor for delusional conviction, but less is known about other dimensions of delusional beliefs. Question has been raised

regarding the extent to which BI distinguishes delusions from strongly held (non-deluded) personally meaningful beliefs.

Objectives We examined the association between BI and major dimensions of delusional beliefs/non-clinical personally meaningful beliefs, and compared results from two BI measures (Maudsley assessment of delusions schedule [MADS] and bias against disconfirmatory evidence [BADE] task).

Methods Idiosyncratic delusional beliefs from 40 outpatients with non-affective psychosis and personally meaningful beliefs from 30 healthy controls were assessed in an interview. Belief dimensions (conviction, preoccupation, and distress) and BI were measured.

Results Compared with controls, patients reported higher levels of distress and preoccupation but a comparable level of conviction (3.30/4 vs. 3.00/4, $t(66.967) = 1.928$, $P = n.s.$). Patients exhibited lower belief flexibility than controls on MADS but not on BADE. In patients, delusional conviction was associated with lower flexibility on a MADS item ("possibility of being mistaken": $t(38) = 4.808$, $P < 0.01$) and the BADE evidence integration index ($r = 0.463$, $P = 0.01$). In healthy controls, belief conviction was associated with lower flexibility on a MADS item ("reaction to hypothetical contradiction": $t(27) = 3.345$, $P = 0.002$). Two-way ANOVA revealed that the association between possibility of being mistaken and conviction was stronger in patients than controls ($F(1) = 6.718$, $P = 0.012$). In both groups, BI on either measure did not correlate with distress or preoccupation.

Conclusions BI was specifically associated with belief conviction. The association was significant for both groups, and was stronger in patients than controls.

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e-Poster viewing: Sexual medicine and mental health

EV1346

Sexual satisfaction among women with breast cancer

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Background Despite the outstanding breakthroughs in medical sciences, breast cancer is still regarded as one of the most important diseases, worldwide. This condition is also the most common cancer among women and the second leading cause of death.

Aim This study aimed to investigate on sexual satisfaction among breast cancer patients

Methods This review article has written by more than 32 published papers in websites during 2008 until 2016.

Result Esfandiari et al. (2015) have done a study about a comparison of marital satisfaction, public health and body image among normal subjects and breast cancer patients with breast evacuation and conservation in Tehran, Iran. The result of this study showed that women with breast cancer were significantly different from normal subjects in terms of marital satisfaction, mental health and body image.

Rezaipour et al. (2004) has done a study about relationship between women's experience of orgasm and marital relation satisfaction in health care centers of Arak. This result showed there was a relationship between women's orgasm experience and the amount of satisfaction from marital relation.

Nekouefard and Jahangiry (2014) have done a study about sexual function among patients with breast cancer in Tehran. In their study, there was a meaningful and direct relationship between type of surgery and sexual satisfaction. The results of that study show that disease and treatment have a considerable influence on marital relationship.

Conclusion It seems that dealing with marital satisfaction of women during the early stages of breast cancer diagnosis and treatment is a necessary for mental health.

Disclosure of interest The authors have not supplied their declaration of competing interest.

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EV1347

Persistent genital arousal: Differential diagnosis and management in the emergency room of psychiatry



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Background We describe the case of a 50 years old woman who attended the emergency room for complaints that involves continuous orgasms in the last two months that she describes "as waves". The woman is a widow and claims not to have had sexual relationships since her husband died four years ago.

Main objective Persistent genital arousal disorder (PGAD) is a relatively unknown clinical condition affecting several women. Moral standards, as well as conservative beliefs regarding sexuality, are believed to be involved in the etiology and maintenance of this syndrome. Nevertheless, there are no consistent data on the content of the beliefs system presented by these women.

PGAD It has been identified as a condition of often unprovoked genital arousal associated with a significant level of distress.

PGAD is not well understood, and no definitive cause has been determined.

Our main objective was to review the literature on PGAD, identify possible causes of the disorder, and provide approaches to the assessment and treatment of the disorder based on the authors' experience and recent literature.

Comments PGAD is a potentially debilitating disorder of unwanted genital sensation and arousal that is generally spontaneous and unrelenting. Since its first description in 2001, many potential etiologies and management strategies have been suggested. PGAD likely represents a range of conditions manifesting in unwanted genital sensations. Successful treatment requires a multidisciplinary approach and consideration of all reversible causes as well as cognitive therapy.

Disclosure of interest The authors have not supplied their declaration of competing interest.

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EV1348

Multidisciplinary approach about contraception in a day hospital of mental health



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Background Women with mental illness are a disadvantaged group both in terms of their gender and because of their mental disorders, and they experience serious problems related to reproductive health.

The high rates of unplanned and unwanted pregnancies among women with schizophrenia underscore the importance of understanding their attitudes and practices related to family planning. Different studies reveal that even though many sexually active women with serious mental illnesses do not want to become pregnant, they do not use birth control.

Objectives Release last data about contraception methods among patients with severe mental illness after doing a bibliographical review. Also reflect present setup in Motril day hospital women patients and their relationship with sexuality and contraception. At the same time we intend to clarify and unify the proceedings on ethical problems respecting subject's autonomy, beneficence, qualification and minors' protection.

Methods Data were collected through face-to-face interviews and a questionnaire based on the literature and prepared by the researchers which was designed to determine the kinds of reproductive health issues the patients were experiencing.

Results It was found that female patients with psychiatric disorders had more negative attributes with regard to contraception approach and sexuality compared with a corresponding healthy population.

Conclusions We reached an agreement about future contraception approaches in Motril day hospital users as part of the global treatment offered in our section.

Motril Hospital gynaecology service has facilitated the proceedings for contraceptive subcutaneous implants insertion in those indicated women.

Day hospital patients were instructed individually and through group work about healthy sexuality.

Disclosure of interest The authors have not supplied their declaration of competing interest.

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EV1349

Sperm donation and surrogacy from a male perspective



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Introduction Societal changes in the last decades led to the arise of new paradigms on gender equity. Studies addressing fertility/infertility issues have been conducted mainly in women and in this research area, male partners have deserved less attention. More recently there has been a major focus on the idea that fertility/infertility aspects have to be conceptualized from a couples' perspective.

Goals The current study sought to explore attitudes towards gamete donation and surrogacy in a sample of young men in reproductive age.

Methods A total of 111 males with ages ranging from 18 to 40 years old and without children completed an online questionnaire addressing attitudes towards gamete donation and surrogacy.

Results The majority of participants (77.3%) would be willing to donate their sperm, and their main motivation for doing that would be to feel "happy to help a couple struggling to have a child". Participants stated that the likelihood of donating would increase if they were able to attend counseling, to complete the procedure in an IVF center located in their residence area, and being provided with more information about infertility. Regarding surrogacy 82% are in favor of this procedure legalization and 49.5% would be willing to use it if they needed.

Conclusion Men showed a positive attitude towards sperm donation and surrogacy, emphasizing the importance of counseling and information availability on these topics. This may suggest that they are willing to get involved when fertility issues are addressed.

Disclosure of interest The authors have not supplied their declaration of competing interest.

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EV1350

Sexual minorities: The terminology



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Introduction The term "sexual minority" includes a variety of gender and sexual identities and expressions that differ from cultural norms. Usually, sexual minorities are comprised of lesbian, gay, bisexual and transgender individuals.

Objectives/aims Definition of the correct terminology for sexual orientation, sexual behaviors, gender identity, gender expression and gender dysphoria.

Methods Literature review concerning researched articles published in Pubmed/Medline as well as related bibliography.

Results Human sexuality is a broad concept that embodies interaction among anatomy, hormones, physiology, psychology, interpersonal relationships and sociocultural influences.

Healthcare providers can support sexual minorities by normalizing sexuality throughout childhood, early identification of gender or sexual orientation nonconformity and associated psychosocial and health concerns, helping parents support their child, assisting with decisions about disclosure and providing educational resources to the community.

Conclusions This work focuses on providing more awareness about this topic and reducing stigma associated with sexual minorities.

Disclosure of interest The authors have not supplied their declaration of competing interest.

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EV1351

Sexual functioning in male patients suffering from depression and anxiety disorders



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Introduction Sexual dysfunctions are frequent in patients with mental illnesses. In particular, anxious and depressive symptomatology often impacts on sexual functioning.

Objectives The aim of this study was to evaluate the relationship between sexual function and psychological symptoms in a group of male patients with depression and anxiety disorders.

Methods From outpatients program, we consecutively recruited a group of 46 males: 28 patients had major depression and 18 anxiety disorders. Then, we administered two self-report psychometric tools to assess male sexuality, depression and anxiety, i.e., international index of erectile function (IIEF-15), and Depression Anxiety Stress Scales (DASS-21). *t*-tests and Pearson correlations were performed.

Results We found significantly higher score in terms of desire and general sexual wellness in people with anxiety disorder compared to people with depression. However, we found more significant correlations among depressive/anxious symptomatology and sexual impairment in males with anxiety disorders compared to males with depression.

Conclusions Our results revealed that males diagnosed with depression show a decrease of sexual desire, as a vast part of literature previously affirmed. On the contrary, the relationship between psychological symptomatology and sexual dysfunction, as the reduction of erectile function, was higher in males with anxiety disorders. This difference is probably due to a major iatrogenic effect of antidepressive treatments in depressed patients, while in anxious patients could be the psychological state, per se, the main cause of sexual dysfunctions.

Disclosure of interest The authors have not supplied their declaration of competing interest.

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EV1352

Sexual dysfunction and mood stabilizers in bipolar disorder: A review



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Introduction Mood stabilizers can cause many side effects. Although many of these are well known, like thyroid and renal failure after taking lithium, sexual dysfunction side effects remains unclear.

Methods We made a systematic computerized literature search of clinical studies using MEDLINE, The Cochrane Library and Trip for clinical studies of sexual dysfunction published up to December 2015.

Results Only eight relevant papers were identified. All of them studied lithium sexual dysfunction in bipolar disorder patients. Valproic acid, carbamazepine and lamotrigine were not studied in patients with bipolar disorder. Nevertheless, the three were studied in epilepsy. Clinical reports usually used Arizona Sexual Experience Scale or Psychotropic Related Sexual Dysfunction Questionnaire to measure sexual dysfunction and Brief Adherence Rating Scale to measure medication adherence. They suggest lithium could decrease desire and sexual thoughts, worse arousal and cause orgasm dysfunction. In overall, those patients with sexual dysfunction had lower level of functioning and poor compliance. Taking benzodiazepines during lithium treatment may increase the risk of sexual dysfunction even more.

Conclusion There are few studies that focus on mood stabilizers sexual dysfunction. This inevitably entails a number of limitations. First, the small sample size and, in some studies, the relative short period of follow-up may underestimate the results. Besides, practical management was not treated in any study. Actually, handling this side effect have not been well established.

To conclude, this revision suggest that approximately 30% patients receiving lithium experience this side effect, and it is associated with poor medication adherence.

Disclosure of interest The authors have not supplied their declaration of competing interest.

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EV1353

Sexuality of Tunisian women with polycystic ovary syndrome



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Introduction The polycystic ovary syndrome (PCOS) is a heterogeneous disease with multiple facets. In a few decades, this syndrome has gone from a purely gynaecological domain to sexology one; PCOS is thus considered a systemic disease. However, the domain of sexuality continues to be neglected. The aim of our study was: assessing women's sexuality with PCOS by comparing them to a sample correlated with the age of control subjects. We performed a cross-sectional study of case-control, conducted between October and November 2015.

Data was collected by oral questionnaire proposed to women whose anonymity was respected. To assess the sexuality we used the "female sexual function index" (FSFI) developed by Rosen et al.

Results The average BMI of the patients was $30.2 \pm 6.3 \text{ kg/m}^2$, with a range of 17.2 to 43.5 kg/m^2 . The average frequency of sexual intercourse per week was 1.6 ± 0.5 for patients and 2.1 ± 0.9 for the controls. The scores used in this study show that 90% of sexual dysfunction exists in women with PCOS. For controls, a sexual dysfunction was found in 40% of cases.

All aspects of sexuality were affected (desire, arousal, orgasm and satisfaction). The lowest scores were found in the following areas: arousal, lubrication and orgasm.

Conclusion The therapist during a consultation for a patient with PCOS should check her psychological state. Also, asking the patient about her sex life should be part of the monitoring of the disease.

Disclosure of interest The authors have not supplied their declaration of competing interest.

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EV1354

Methylation of the HPA axis related genes in men with hypersexual disorder



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Introduction Hypersexual disorder (HD) defined as non-paraphilic sexual desire disorder with components of impulsivity, compulsivity and behavioral addiction, was proposed as a diagnosis in the DSM-5. Recent research shows some overlapping features between HD and substance use disorder including common neurotransmitter systems and dysregulated hypothalamic-pituitary-adrenal (HPA) axis function. We have reported that HD was significantly associated to DST non-suppression and higher plasma DST-ACTH levels indicating HPA axis dysregulation in male patients with HD.

In this cohort, comprising 54 male patients diagnosed with HD and 33 healthy male volunteers, we aimed to identify HPA-axis coupled CpG-sites, in which modifications of the epigenetic profile are associated with hypersexuality.

Methods We performed multiple linear regression models of methylation M-values to a categorical variable of hypersexuality in 87 male subjects, adjusting for depression, DST non-suppression status, CTQ total score, and plasma levels of TNF-alpha and IL-6.

Results Seventy-six individual CpG sites were tested, and four of these were nominally significant ($P < 0.05$), associated with the genes CRH, CRHR2 and NR3C1. Cg23409074-located 48 bp

upstream of the TSS of the CRH gene—was significantly hypomethylated in hypersexual patients after corrections were made for multiple testing using the FDR-method. Methylation levels of cg23409074 were positively correlated with gene expression of the CRH gene in an independent cohort of 11 healthy male subjects. CRH is an important integrator of neuroendocrine stress responses in the brain, modulating behavior and the autonomic nervous system; our results show epigenetic changes in CRH gene related to hypersexual disorder in men.

Disclosure of interest The author has not supplied his/her declaration of competing interest.

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EV1355

Female sexuality in the context of dual control model



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Introduction Dual Control Model (DCM) is one of the contemporary concepts of mechanisms rooted in the central nervous system that control human sexual behaviors. The DCM holds promise for application both in scientific settings and, although at the moment limited, clinical practice. A number of psychometric tools, i.e. the SIS/SES, SES II-W and SES II-W/M questionnaires based on the DCM theoretical assumptions have been developed.

Methods A total of 309 women aged 18–45 were eligible for the study. Inclusion criteria were met by 214 individuals who were included in the further analysis. Sexual excitation/sexual inhibition inventory for women (SESII-W) was used to evaluate sexual inhibition and sexual excitation. Semi-structure interview was used to evaluate sexual function in investigated individuals. Correlation between risky sexual behaviors, FSD and SE/SE was measured.

Results Among the women, 28.5% were diagnosed with FSD, with orgasmic dysfunction being the most common, 11.2%. Engaging in risky sexual behavior (having multiple sexual partners and one-night-stand sexual relationships, sexual intercourse with persons known to be HIV-positive, drug users or prostitutes, unprotected vaginal, oral and anal sex, sex for money or drugs and sexual activity while using alcohol and/or psychoactive substances) was associated with higher sexual excitation scores and lower sexual excitation scores of SESII-W. In contrast, the presence of FSD were negatively correlated with SE and positively with SI.

Conclusions Dual control model might be a good model describing different sexual behaviors in the population of women.

Disclosure of interest The authors have not supplied their declaration of competing interest.

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EV1356

Sexual excitation, sexual inhibition and a prevalence of sexual disorders among msm and heterosexual men



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Introduction Dual control model of the sexual response (DCM) indicates, that there are two separate, but cooperating systems of sexual excitation and inhibition. Previous studies using DCM concept have shown, that MSM (men having sex with men) had higher excitation (SES) and one of the types of inhibition (SIS1) levels, in comparison to the exclusively heterosexual men. MSM also reported more frequent occurrence of sexual disorders (erectile disorders, premature ejaculation and decreased sexual desire).

Objectives Comparison of the MSM and heterosexual men groups in order to verify erenow observed differences in sexual excitation/inhibition propensity and prevalence of sexual problems.

Methods The sample consisted of two groups: 47 heterosexual men and 60 MSM. The participants have anonymously filled up questionnaires (Polish version of the Sexual Inhibition/Sexual Excitation Scales SIS/SES and the author's survey) via internet. Then statistical analysis was executed.

Results Our findings have shown, that both groups were similar in their propensities for sexual excitation (SES) and inhibition due to the risks of failure in sexual performance (SIS1), while MSM scored higher on the inhibition scale, related to the threat of negative consequences of sexual response (SIS2). Heterosexual men more frequently suffered from premature ejaculation and less commonly reported decreased desire. There were no differences in the erectile disorders report between MSM and heterosexual men.

Conclusions Our findings are mostly in conflict with previous DCM studies results. Several issues, just like method of sexual orientation assessment or cultural differences may had its impact on such results. More detailed studies on these issues are required.

Disclosure of interest The authors have not supplied their declaration of competing interest.

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EV1357

The under-diagnosed green-eyed monster: Otello syndrome and how to manage it



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Otello syndrome derives its name from Shakespeare's drama (character) and, clinically, describes a person with delusions of the partner's infidelity. A variety of other psychopathology may present: obsessive-compulsive features, alcohol dependency, voyeurism, sadism, possessiveness and domineering, hypersexuality, paranoid attitude, abuse of different nature, violent behaviour, including, occasionally, homicide. Yet, in the author's opinion, the syndrome, unless it presents itself as obviously absurd, is frequently missed.

Management is rather difficult and does not always result in recovery but, if not treated with neuroleptics, it would render any other means of treatment useless. The condition could pose a diagnostic challenge. Moreover, it also poses an ethical dilemma whether to warn the spouse of the psychotic condition of the partner, the poor prognosis and possible implications of its existence. Moreover, the long-term partners of such patients frequently present with the symptoms of dependency, submissiveness or even masochism. The paper discusses the abovementioned issues, including the likely psychodynamics, biological background, historical and social elements and possible effective management.

Disclosure of interest The author has not supplied his/her declaration of competing interest.

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EV1358

The importance of psychosexual variables in the sexual functioning in sexually active adults



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Introduction Sexuality is a very important human dimension which contributes to psychosocial well-being and psychosexual variables, such as sexual self-esteem, sexual anxiety and sexual depression, can affect sexual functioning; however, there are few studies that demonstrate this relationship.

Objectives To assess the psychosexual variables and sexual performance levels in a sample of adults, and verify and determine the degree of association between sexual functioning and self-esteem, anxiety and sexual depression.

Methods The study included 422 adults that were sexually active (who had sex in the previous month); 265 (62.8%) were women and 149 (35.3%) were men, who filled out a sociodemographic questionnaire and scales related to sexuality and sexual functioning, Sexuality Scale and Sexual Functioning Questionnaire Short Form (CSFQ 14), broadcast over the internet.

Results The results obtained allowed to know the relationships between the variables and psychosexual sexual functioning, and was statistically significant correlation between the two dimensions and significant differences between the correlation when comparing gender and sexual orientation.

Discussion and conclusions This study allows us to highlight the importance of psychosexual variables in sexual functionality expression, in the sense that those working in the area of sexuality should be aware of how the human psyche interferes with sexual manifestation.

Disclosure of interest The author has not supplied his/her declaration of competing interest.

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EV1359

Sexual dysfunction in obese women

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Introduction The increasing prevalence of obesity represents a major public health problem, with can effect on physical and emotional well-being and psychosocial function. Somatic and psychological dysfunctions, such as infertility, osteoarthritis, social disabilities caused by stigmatization, sleeping problems or apnea, are also known to follow obesity. Sexual dysfunction (SD) may also be related to obesity, but is rarely mentioned, and may cause concern for the affected individual and partner, constituting a great problem.

Objectives The aim of this study was to identify the frequency of SD among obese women.

Methods Our study concerned 42 obese married women consulting in endocrinology department. Obesity was defined by body mass index (BMI) ≥ 30 . All participants assessed a sociodemographic data and the "Female Sexual Function Index" (FSFI). FSFI is a 19-item multidimensional self-reporting measure that quantifies six domains of female sexual dysfunction (FSD), including desire, arousal, lubrication, orgasm, satisfaction, and pain. Score ≤ 26 indicate the presence of FSD.

Results The mean age was 33.6 years (20 \rightarrow 47 years). The mean total score of FSFI was 22.5 (3.2 \rightarrow 32.6). The percentage of SD among obese women was 68.2%. FSFI score was correlated to ancient obesity ($P=0.026$; $r=0.347$) and waist circumference

($P=0.007$; $r=0.412$). High socio-economic level was correlated to desire and satisfaction ($P=0.021$ and $P=0.048$ respectively). Women with high educational level have better blurbification ($P=0.005$). FSFI score was not correlated to BMI or obesity class.

Conclusion Almost two-thirds of obese women have sexual dysfunctions. Women with ancient obesity and higher waist circumference seemed to have better sexual functions.

Disclosure of interest The authors have not supplied their declaration of competing interest.

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EV1360

Rethinking classification of zoophilia

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Introduction In 2011, Anil Aggrawal proposed ten-point classification system of zoophilia, based on forensic literature review.

Objectives (1) Allow for conceptualization and improved management of zoophilic patients in clinical practice or forensic examinations, (2) describe identity of modern-day zoophiles, including demographics and psycho-social profile, and (3) determine normative and pathologic traits and behaviours.

Methods A qualitative observational study of user activity ($n=958$) on discussion forums, combined with brief demographic survey. Data were analyzed according to principles of grounded theory. Surveys of own design (demographic, discreet + open ended questions) were answered by 350 participants. Presented data show aggregate conclusions from mixed methods qualitative and quantitative analysis.

Results Proposed classification system categorizes zoos as either classic, sexual, romantic, or platonic. Relationship goals of classic and romantic zoos are reminiscent of those typical of human partnership, differentiated by the commitment and psychological distress level (romantic zoos, affectionate relationship goals outweigh sexual pursuit; classic zoos, romantic and sexual urges cause distress rather than pleasure). Sexual zoos show high prevalence of hypersexuality traits. Platonic zoos are typically confused about the roots of their sexuality. Contrary to common perceptions, prevalence of sexual sadism is extremely low ($<1\%$ in our study). Sociopathic traits determine propensity for animal cruelty, which is not synonymous with typical zoophilia. Half of respondents were in committed relationship with human partner, whom they frequently attempted to "convert" into practicing zoophile.

Conclusions We can categorize zoophiles into four sub-types. Emotional attachment and sexual urges play equal role in bonding with animal partner.

Disclosure of interest The authors have not supplied their declaration of competing interest.

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EV1361

Digital communities of people with paraphilia: A study of zoophiles

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Introduction Accessibility of the Internet allows people to connect anonymously and without boundaries – features particularly

important for people with relatively rare sexual preference such as paraphilia.

Objectives To (1) allow for conceptualization and improved management of zoophilic patients in clinical practice or forensic examinations, (2) analyze how zoophiles network using online discussion forums, and (3) describe main goals of digital networking.

Methods A qualitative observational study of user activity ($n=958$) on discussion forums, combined with brief demographic survey. Data were analyzed according to principles of grounded theory. Next, surveys of own design (demographic, discreet + open ended questions) were answered by 350 participants. Presented data show aggregate conclusions from mixed methods qualitative and quantitative analysis.

Results Zoophiles (or, zoos) use Internet to connect with other zoophiles (26.6% to have casual sex, 17.7% for dating, and 17% to exchange pornography). Connections are easiest to be established in countryside, where zoophilia clusters. In fact, there are village communities of zoos where explicit sharing of animal sexual partner(s) (28%) and/or voyeurism (30%) serve as bonding ritual. Over 40% of zoophiles are reluctant to meet other zoos in person, since they view them as “weird”, pointing to phenomenon of internalized stigmatization due to having non-normative sexuality. Online forums are also used by zoophiles to exchange information about which districts are at risk of becoming a target of social ostracism.

Conclusions People with zoophilia use digital communities to network, meet for sex, find dating partners and for own safety reasons.

Disclosure of interest The authors have not supplied their declaration of competing interest.

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EV1362

Motivation of sexual relationship with animal—Study of a multinational group of 345 zoophiles



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Introduction We explore relationship-seeking behaviour of zoophiles (zoos), using Francoeur's (1991) definition of sexual orientation (as consisting of affection orientation, sexual fantasy orientation, and erotic orientation).

Objectives This study intends to be the largest in recent decades' comprehensive analysis of self-identified zoophiles, living on all five continents. It describes similarities and differences between normative sexual orientations (hetero- and homo-) and zoophilic sexuality, using Francoeur's (1991) framework.

Method A qualitative observational study of user activity ($n=958$) on discussion forums, combined with brief demographic survey. Data were analyzed according to principles of grounded theory. Next, surveys of own design (demographic, discreet + open ended questions) were received by $n=350$ participants. Presented data show aggregate conclusions from mixed methods qualitative and quantitative analysis.

Results Trend analysis yielded four main discussions among zoophiles – worldview, personal space, sex life, and online space. Within worldview category, zoos overwhelmingly discuss bad press (55%), as well as social (41%) and legal (22%) ostracism. In personal space, the primary concern is coming at easy with own sexuality (>60%) and forming lasting relationship with either human, animal, or both partners simultaneously. In terms of sex life, zoos are concerned with improving sex play (>40%) and figuring out legality of sexual encounters with animals (22%). Concerning online

space, the biggest concern here is networking (40%) and meeting other zoos for dating (15%).

Conclusions Modern zoophiles have a wide array of personal, social, legal, and sex life challenges that can be approximated using qualitative studies.

Disclosure of interest The authors have not supplied their declaration of competing interest.

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EV1363

Sexual and mental health of patients with cardiovascular disease: A review



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More than 4,000,000 people die from cardiovascular diseases in Europe every year. Even though a significant reduction in mortality of patients suffering from heart and blood vessels disorders can be observed across the continent, a number of hospitalizations in this group constantly increase. Large disparities in the assessment of population's health awareness, prevention activities and the availability of specialized treatment between different regions of Europe are still recognized with the highest incidence rates in Central Europe, Eastern Europe and the countries of the former Soviet Union. Both researchers and clinicians pay increasingly more attention to the cardiac patients' quality of life. It determines not only the daily physical, mental and social functioning, but also a general response to the further treatment conducted in outpatients clinic. Sexuality is an integral part of the human personality. Disorders appearing in the area make it difficult to fully achieve the comprehensive well-being from the individual, interpersonal and social dimension. Reduction of satisfaction and decrease in sexual activity are commonly observed in cardiac patients and frequently associated with depression and anxiety disorders. Older age, pharmacological treatment, and variety of cardiovascular risk factors (diabetes, hypertension, dyslipidemia, physical inactivity, smoking) also negatively influence sexual functioning. Thus, cardiac rehabilitation programs must be designed in a way to include recommendations regarding clinical management of sexual dysfunction, improving functional capacity, quality of life, morbidity and mortality of the patients with cardiovascular disease across Europe. Psychiatric assessment and general psychological well-being appraisal seem to be inseparable in these regards.

Disclosure of interest The authors have not supplied their declaration of competing interest.

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EV1364

Evaluation of self-esteem and childhood trauma in patients with sexual disorders



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Introduction Sexual dysfunction (SD) is defined as the deterioration of sexual response cycles caused by anatomic, physiologic or psychological reasons.

Objectives We believe that SD is closely related to self-esteem and childhood trauma (CT).

Aim In this study, the level of self-esteem and CT in patients diagnosed with SD vs. controls are aimed to be compared. In addition, relationship between complaints of SD self-esteem and CT variable subgroups are planned to be investigated.

Method Twenty-four patients visited Prof. Dr. Mazhar Osman Psychiatric Hospital with matching defined criteria and 24 control counterparts statistically matching were taken sociodemographic data form, Rosenberg Self-esteem Scale (RSS) and Childhood Trauma Questionnaire (CTQ-28) was applied.

Results CTQ-28 averages and RSS variables which are sensitivity to criticism, depressive mood, psychosomatic symptoms, feeling threatened in interpersonal relationships, degree to participate in discussions, relationship with father were higher in patients with SD ($P < 0.05$). Considering the relationship between complaints of SD and CTQ-28 subscales, physical abuse, emotional abuse, physical neglect, emotional neglect averages of patients were observed significantly different rooted by genitopelvic pain/penetration disorder and premature ejaculation and in emotional neglect by premature ejaculation and low libido combination ($P < 0.05$).

Conclusions In literature, there are many studies that show CT leads to SD and several studies state that self-esteem is affected in patients with SD [1]. CT must be considered and determined in the goal of treatment of SD.

Disclosure of interest The authors have not supplied their declaration of competing interest.

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e-Poster viewing: Sleep disorders and stress

EV1365

Evaluation of depression and anxiety, and their relationship with insomnia, nightmare and demographic variables in medical students



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Introduction Researches showed comorbidity of sleep disorders and mental disorders.

Objectives and aims The current study aimed to evaluate depression and anxiety and their relationship with insomnia, nightmare and demographic variables in the medical students of Qazvin University of Medical Sciences in 2015.

Method The study population included 253 medical students with the age range of 18–35 years. Data were gathered using Beck depression inventory, Kettle anxiety, and insomnia and nightmare questionnaires and were analyzed by proper statistical methods.

Results Among the participants, 126 (49.6%) subjects had depression and 108 (42.5%) anxiety. The prevalence of depression and anxiety among the subjects with lower family income was significantly higher ($\chi^2 = 6.75$, $P = 0.03$ for depression and $\chi^2 = 27.99$, $P < 0.05$ for anxiety). There was a close relationship between depression with sleep-onset difficulty, difficulty in awakening and daily sleep attacks, and also between anxiety with sleep-onset difficulty and daily tiredness ($P < 0.05$). In addition, there was a close relationship between depression and anxiety with nightmare; 16.2% of the subjects with depression and 26.5% of the ones with anxiety experienced nightmares.

Conclusion Results showed a relationship between nightmare, insomnia and level of family income with increasing depression and anxiety in the medical students; hence, due to the importance of medicine in human life, it is necessary to evaluate the mental health of medical students, identify and solve the relative problems such as anxiety, depression and related symptoms such as insomnia and nightmare in them.

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EV1366

Insomnia and sleep state misperception: Clinical features, diagnosis, management and implications



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Background Insomnia is a highly prevalent complaint, largely associated with mental disease. Clinical evidence classifies insomnia in 2 subtypes: with sleep misperception (WSM) and without sleep misperception (wSM). That presents distinctive pathophysiologic pathways and different public health implications.

Objectives Describe the main differences between primary insomnia WSM and wSM regarding:

- clinical features;
- diagnosis;
- management;
- implications.

Methods We conducted a systematic review. PubMed, Embase and PsycInfo were searched from 2000–2016. The reference lists of systematic reviews, narrative synthesis and some important articles were included. Following the inclusion criteria, we selected 25 studies from 59 articles.

Results The prevalence of sleep-state misperception in primary insomniacs (total sleep time > 6.5 h and sleep efficiency $> 85\%$) is around 26%. Insomniacs with normal sleep duration showed a profile of high depression and anxiety and low ego strength, whereas insomniacs with short sleep duration showed a profile of a medical disorder.

Cortical hyperarousal is higher in insomniacs and could be related to an alteration in sleep protection mechanisms. The sleep architecture was relatively normal for the WSM comparing with the group wSM. Risk of cardiometabolic, neurocognitive morbidity and mortality, and responses to treatment are different between these two insomnia phenotypes. Patients with short sleep duration may respond better to biological treatments, whereas insomnia with normal sleep duration may respond primarily to psychological therapies.

Conclusions The clinical characteristics of patients with sleep-state misperception differed from those without this condition. Available research related to these conditions is expanding rapidly, but many questions remain unanswered.

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EV1367

Sleep environment of preschool children effects on children's sleep disorder and parents' mental health



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Introduction In Korean culture, co-sleeping of parents and children are quite common, which is different from the Western culture where solitary sleeping of children is preferred. In this study, we evaluate the sleep environment factors that effect on children sleep disorder, and parent's parenting stress and mental health.

Methods Surveys were conducted to 115 participating parents of preschool children sleeping behaviour lecture. Seventy-one completed surveys were analyzed for the study. The mean age of target children was 53 ± 23 months. Parents' mental health was evaluated by using several forms such as Insomnia Severity Index, Korean-Parenting Stress Index short form, and The Patient Health Questionnaire-9. Children's sleeping environment and quality were assessed by Child Sleep Habit Questionnaire and Sleep environment survey.

Results Pearson correlation analysis ($P < 0.05$) was conducted to evaluate the relationship between the sleep disorder of children, and the parent's parenting stress and mental health. Analyzing the data through the partial least square path modeling, co-sharing would have negative effect; bed-sharing could have negative effect on the depressing emotion of parents ($P = 0.065$). Solitary sleeping of children could have positive effect on parent's mental health ($P < 0.01$).

Conclusion Preschool children's sleeping disorder occurs more often in co-sleeping children with parents than solitary sleeping children. Parents' parenting stress is related to the parent's age and depression, further related to the children sleeping disorder and their sleep environment. Although, it is difficult to generalize the exact cause, evaluation and improvement of children's sleep environment would help to reduce the parent's parenting stress.

Disclosure of interest The authors have not supplied their declaration of competing interest.

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EV1368

Trazodone a good start key for normal sleep in two cases of somnambulism



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Introduction In our current practice, we do not see many cases of somnambulism in adults. We do not have much information about their treatment and outcome. In difficult cases, some clinicians try to use benzodiazepines, which decrease slow-wave sleep. More recent reports suggest the use of zolpidem.

Objectives Sleepwalking disorder consists of a sequence of complex behaviours that are initiated in the first third of the night during deep NREM (stage III and IV) sleep. The architecture of normal sleep is impaired. In important cases - with dangerous behaviour - we need treatment.

Aims Trazodone is an antidepressant with sedative effect due to H_1 and α_1 receptors blockade. Trazodone can rewrite the bad sleep architecture of depressive patients with insomnia and improve

sleep in such cases. For these reasons, we try to use trazodone in somnambulism.

Method We had two case studies (males, 24 and 22 old), diagnosed with NREM arousal disorder, sleepwalking type, according to DSM-5. Both patients were treated with trazodone 50 mg/day, up-titrated with 50 mg/day every three days. The target used dose was 150 mg/day because this is the most sedative.

Results Somnambulism disappeared in both cases after the first dose of trazodone. We treated three month both patients and then down-titrated and stopped the treatment. After one year from stopping the treatment, the patients had not new episodes of somnambulism.

Conclusions Trazodone has the power to rewrite, in those cases, the sleep architecture of somnambulism. This action is due to blockade the brain's arousal histamine and adrenaline systems.

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EV1369

Sleep duration and suicidal behavior: A systematic review



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Introduction Suicide is a serious public health problem, being the second leading cause of death among 15–29-year-olds. Many risk factors have been associated with suicidal behavior, such as psychiatric disorders, family history of suicide, loss of a close friend/relative, physical/sexual abuse, lack of support network, or sleep disturbances where nightmares and insomnia have been consistently reported to increase the risk of suicidal behaviors.

Objective To conduct a systematic review to examine the association between short sleep duration and suicidal behaviour (suicide ideation/attempt/suicide).

Methods This is a systematic review of published research articles in the electronic database PubMed in the last 10 years. The query "sleep" or "sleep disorders" and "suicide" was used. Studies that assessed the relation between sleep duration and suicidal behaviour, with a well-defined index for sleep disorders and with an outcome measure of suicidal behavior were included.

Results Of the 522 references founded, 33 articles met the inclusion criteria (1 review, 1 qualitative and 31 quantitative studies). An association between short sleep duration and suicidal behaviour was found in most of the studies with children/adolescents and adult samples. However, this relation was not verified in the research into the elderly.

Conclusion The results point to a significant association between short sleep time and the presence of suicidal behaviours, for both adults and children/adolescents. The effect of short sleep duration seems to be more consistent with suicidal ideation, but not for attempts, needing further studies to highlight the importance of this link between sleep duration and suicide.

Disclosure of interest The authors have not supplied their declaration of competing interest.

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EV1370

Personality and insomnia: The role of gender

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Introduction Several epidemiological studies have been conducted to document the prevalence and correlates of insomnia. Most of them confirm their high prevalence in the general population, and a gender difference in the risk for insomnia.

Aims To study the role of gender in the relationship between personality (perfectionism and neuroticism) and insomnia ([IG] insomnia group, [ISG] insomnia symptoms group, and [GSG] good sleepers group).

Methods A total of 549 college students (80.1% females) filled in the MPS (Frost et al., 1990; Hewitt and Flett, 1991), EPI (Barton et al., 1992, 1995), and a self-reported questionnaire to assess insomnia symptoms.

Results No differences were found between female and male samples, concerning the dimension of perfectionism – doubts about actions. The IG and the ISG showed higher levels of doubts about actions than the GSG. However, only in female sample the IG and the ISG showed higher levels of concern over mistakes in comparison with the GSG. In males, no significant differences between the sleep groups were found, in which respects concern over mistakes. The level of extroversion was higher in the GSG, but only in male sample. In females, there were no significant differences between the sleep groups in relation to extroversion.

Conclusions No gender differences were found for the role of doubts about actions in insomnia. Only in females, the dimension – concern over mistakes is important in insomnia, and only in males the dimension – extroversion is important to have a good sleep. These results warrant further research.

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EV1371

Use of buspirone in selective serotonin reuptake inhibitor-induced sleep bruxism

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Sleep bruxism is characterized by the involuntary clenching or grinding of the teeth during sleep and can cause severe health problems, including the destruction of tooth structure, temporo-mandibular joint dysfunction, myofascial pain, and severe sleep disturbances. Iatrogenic sleep bruxism may be common during treatment with psychotropic medications, such as anti-psychotics and antidepressants, especially selective serotonin reuptake inhibitors (SSRIs). Bruxism is a common movement disorder that affects 8–21% of the population. The majority of bruxism symptoms are mild or moderate, although rare but severe cases may lead to serious periodontal damage, temporo-mandibular dysfunction, sleep disturbances, jaw pain, and stiffness. As a result, such cases must be treated with medication. It has been hypothesized that the mechanism of SSRI-induced bruxism may involve excessive serotonergic action on the meso-cortical neurons arising from the ventral tegmental area. It has been argued that, the addition of buspirone, was necessitated by the high level of resid-

ual anxiety. As a result, these symptoms may have been prevented through the use of buspirone alone. Buspirone, is an agonist of the 5-HT1A receptor that increases dopaminergic neuron, firing in the ventral tegmental area and increases the synaptic release of dopamine in the prefrontal cortex. These effects ameliorate drug-induced bruxism. Buspirone can also ameliorate extrapyramidal side effects, such as akathisia and tardive dyskinesia, and this property may be an additional explanation for the bruxism-related effects of the drug. Furthermore, buspirone may be an effective treatment for the bruxism associated with the use of these medications.

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EV1372

Sleep disturbances, mental toughness, and physical activity in patients with multiple sclerosis (MS) compared to healthy adolescents and young adults

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Background Multiple sclerosis (MS) is the commonest chronic autoimmune demyelinating and inflammatory disease of the CNS, afflicting both body and mind. Typical symptoms are fatigue, paraesthesia and depression, along with cognitive impairments. Whereas there is extant research on fatigue, depression, and cognitive impairment of patients with MS during the clinical course, no research focused on sleep, psychological functioning, and physical activity (PA) at the moment of the diagnose. The aims of the present study were therefore to assess possible state markers of mental toughness (MT) as a dimension of psychological functioning, sleep disturbances (SD), PA among patients at the moment of the diagnose, and to compare these data with those of healthy adolescents and healthy young adults.

Methods A total of 23 patients with recently diagnosed MS (M = 32.31 years), 23 healthy adolescents (M = 17.43 years), and 25 healthy young adults (M = 20.72 years) took part in the study. They completed questionnaires covering socio-demographic data, MT, SD, and PA.

Results Patients with MS reported similar MT traits as adolescents, and an equal amount of moderate PA and SD as young adults. Further, patients reported a lower level of vigorous PA, compared to healthy adolescents and young adults.

Conclusions Compared to healthy adolescents and young adults, patients at the moment of the diagnose of MS reported similar MT traits, SD and moderate PA. The pattern of results suggests that at the moment of the diagnose MS is not predictable by poor MT, poor sleep, and decreased level of moderate PA.

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EV1373

Kleine–Levin syndrome. A case report

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Introduction Nowadays, 30% of the Spanish population suffers from some form of sleep disorder, occupying much of the visits to a psychiatrist. Sleep disorders are not a serious condition by itself, but have serious implications in daily life: physical exhaustion, poor performance, daytime sleepiness. Insomnia is a most common sleep disorder, however, hypersomnia must also be considered due to the limitations that it causes.

Objective By the description of case report, we will carry out a review of the syndrome Kleine Levine.

Methods Case report.

Results A case of Kleine–Levin syndrome in a 23-year-old male is described. The episodic disorder was characterized by excessive sleep, voracious appetite, hyper-sexuality, irritability and memory loss. Among its history, he included a psychotic episode in childhood and an episode of behavioral disorder caused by a stressful situation. His partner refers a similar episode of hypersomnia last year that was self-limiting in 15 days and he did not go to the doctor. Patients often act normal between episodes. Remission was spontaneous. Prospects, for organic aetiology, differential diagnosis. However, arises additional tests (analytical, brain CT, EEG. . .) resulted no pathological. Patient fulfilled the criteria for KLS, but due to the rarity of the disorder he was previously diagnosed as psychosis not otherwise specified.

Conclusions This case report aim to highlight that KLS though considered a rare disorder but not uncommon and lack of enough available research data is likely to be responsible for missed or erroneous diagnosis; thus we require more systematic studies regarding etiologies and treatment.

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EV1374

Evaluation of insomnia management in the elderly by general practitioners

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Introduction Insomnia is the most common sleep disorder in the elderly. Its management must take into account the physiological changes associated with age, a higher frequency of co-morbidities and polypharmacy.

Aim To evaluate the management of insomnia in the elderly patients by general practitioners and to compare it with international recommendations.

Methods We conducted a cross-sectional and descriptive study among general practitioners in Sfax over a period of two months (January and February 2016). We proposed to these doctors to participate in our study by sending to them a questionnaire in their emails, which they fill anonymously.



Results A total of 32 doctors responded to the questionnaire. Among them, 62.5% reported that they often or very often receive elderly consulting for insomnia. Before prescribing hypnotic drugs, 65.6% of practitioners reported that they often advise lifestyle and dietary rules. The most prescribed hypnotic classes were: benzodiazepines (BZD) 59.37%; antihistamines 59.37% and homeopathic treatments 56.25%. In the last prescription, the treatment period exceeded 30 days in 18.75%. As for the prescription of BZD, molecules with long half-life were used in 37.48% of cases, and the dosage was identical to adult in 34.4% of cases.

Conclusion The prescription of hypnotic treatment in the elderly meets a logical approach to care, after an accurate diagnosis, taking into account psychiatric and somatic co-morbidities, the precautions and contraindications. In this context, we have identified several shortcomings in the management of insomnia in the elderly in general practice. A multiplication of training on this subject is needed.

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e-Poster viewing: Substance related and addictive disorders

EV1375

A comparison and contrast of cannabis and amphetamine-type stimulant induced psychoses

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Background The term “psychosis” is very broad. Substance users represent one group with particularly high rates of psychotic symptoms.

Objective This review will present an update on cannabis and amphetamine-type Stimulant (ATS) and will try to differentiate and compare their associated psychotic features.

Method A systematic literature search was conducted from 1980 to date in the following databases: MEDLINE, PsycINFO and PubMed. Articles were included if they were highlighting substances induced psychoses, with particular emphasis on stimulants/amphetamine/methamphetamine and cannabis/marijuana induced psychoses, schizophrenia-spectrum disorder or schizophrenia.

Results There are many differences between these two substances regarding source, neurobiological processes, average latency periods before developing psychosis, clinical features as compared to schizophrenia, risk of using drugs and developing psychosis and drugs use and development of schizophrenia and urine screening test. With the recent proposals to regulate cannabis use, a further investigation of the association of this use with psychosis is required.

Conclusions Our search elicited many studies of one substance and its association with psychosis but few comparative studies across substances. Yet in our opinion, these comparisons could shed further insight on the development of psychotic features.

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EV1376

Self-care concept developed by drug users

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Introduction The care to the alcohol and/or other drugs' user focuses on the logic of care for extended clinical and harm reduction, under the focus of the user and his family co-responsibility towards treatment.

Aim This study aimed to understand the concept of self-care developed by drug users.

Methods It is about a descriptive exploratory study with a qualitative approach. It was conducted in a center of psychosocial attention (CPSA), in Recife, Pernambuco, Brazil. The study participants were alcohol and/or other drugs users, over the age of 18 years, both sexes and were in treatment in the mentioned service in morning, afternoon and evening shifts. Data collection occurred in consultation records and individual interviews for the sample characterization, and three operating group sessions, one per shift, guided by the question: "what is self-care for you?" The interviews and sessions were audio-recorded, transcribed and submitted to analysis by ALCESTE software.

Results It was noted that self-care was conceptualized by the drug users from different points of view. For some, self-care is to self-protect, for others it means taking medications. The family, religion and CPSA were identified as a support network for the self-care maintenance. Furthermore, the self-care was related to the desire to recover losses.

Conclusion This study provided the understanding improvement of the self-care concept, supporting the care practice for the interventions planning, targeting the co-responsibility of the alcohol and/or other drugs users.

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EV1377

Regional features of prevalence of cannabinoid dependence in children in Siberia

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Aim To distinguish socio-cultural predictors of cannabinoid dependence of child population in Siberia.

Methods Clinical verification of dependence, due to cannabinoid use in the age group "0–14 years" across 22 administrative territories of Siberia and the far east. Review, of statistical materials of regional narcological institutions.

Results Cannabinoid dependency in children has been revealed in 8 of 22 territories—intensive indices per 10,000 of the population of the matched age were in two territories—0.2, one territory—0.4, in two—0.7, and in three—2.1, 3.2, 14.0, respectively. In the related territories, the specific weight of cannabinoid dependence in total structure of substance dependence for population as a whole

(children, adolescents, and adults) was as follows: 0.7%, 0.8%, 2.7%, 3.5%, 27.2%, 67.6% and 76.9%. Therefore, for those territories where ill children are under observation their number per 10,000 of the population is closely associated with structural size of addictions: high level of cannabinoid dependence, formed in the territory, is interrelated with greater number of children, dependent on cannabinoids in this territory. With account for made corrections it should be recognized that "saturation level" of the territories, in particular, with cannabinoids results in higher indices of substance dependence among child population.

Conclusions It should be considered that calculation of intensive indices is conducted for the age group "0–14 years" while diagnosed age range includes children aged 9–14 years, therefore, real indices of dependence, with account for this hypothetical correction, are three times higher as a minimum.

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EV1378

Selincro use in a patient diagnosed with dependence to stimulants, alcohol abuse and hyper-sexuality

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Introduction Hyper-sexuality is an increased sexual activity that causes stress the individual at social levels. There are studies that support the theory that neurophysiological abnormalities of individuals appear in this disorder and do not overlap with the alterations found in substance addictions. However, it is doubtful whether addiction to other substances can trigger behavior in the sexual sphere.

Objective To report a case of abuse of alcohol as a trigger relapse in terms of sexual alterations in a patient diagnosed with alcohol abuse, stimulants dependence and hyper-sexuality.

Case description Here we report a married gentleman in the fourth decade of his life that presents behavior and sexual activity level compatible with a case of hyper-sexuality. After conducting motivational interviews with the psychologist to aim a sustained abstinence of amphetamines and a lack of alterations on the sexual sphere, the patient achieved clinical stability over several years. However, it is referred for psychiatric consultation as he presented recently abusive alcohol consumption associated with Speed. He relapsed in the sexual sphere by increasing sexual desire and impulsiveness. It was decided to prescribe oral nalmefene (1 tablet daily) for two months and then stop treatment regularly (taken PRN in case of high risk situations). As a result, he has had sustained remission for over 6 months.

Conclusion Although, there are studies suggesting that neurobiological changes among the pathologies described are different, the treatment of alcohol abuse can be beneficial in other diseases such as hyper-sexuality as disinhibition associated with alcohol intoxication.

Disclosure of interest The authors have not supplied their declaration of competing interest.

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EV1379

Example of alert and reporting system of scopolamine poisoning among Parisian cocaine users at regional, national and European levels



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Introduction In the literature, few intoxications are related to scopolamine due to its presence in cocaine, heroin or even in counterfeit rohypnol tablets. Nonetheless, during summer 2016, several cases of non-fatal intoxication appeared in the region of Paris.

Objectives Demonstrate how clinical detection of rare toxic events are fostered by exchanges in close collaboration with different territorial level.

Aims Improve the detection of short toxic epidemic.

Methods Suspected cases of scopolamine poisoning notified to Parisian Addictovigilance centre were reported. Information shared through different levels of the alert process contributed to strengthen their assessment.

Results Seventeen cases of probable scopolamine poisoning among cocaine users were registered between the 6 and 24 of July. In the first 4 cases, toxicological analysis, of blood samples were scopolamine positive, with high concentration between 7 ng/mL and 25 ng/mL (usual therapeutic range: 0.1 to 1.1 ng/mL). A collected sample of this cocaine powder had a purity of 23.2%, with 15.2% of scopolamine. Half time of scopolamine is longer than half time of cocaine (3–8 hours versus 1–2 hours): this could explain why the observed effects lasted over 24 hours (8/17). Main clinical features were mydriasis (15/17), high blood pressure (12/17), tachycardia (13/17), behavioural disorder with agitation (13/17), hallucinations (5/17), and coma (8/17). Practitioner's responsiveness and the extensive information sharing [MM1] between regional and European level were congruent.

Conclusions Adulterated street drugs can lead to short toxic epidemic which could be unnoticed. Emerging event should require careful assessment with linkage between risk assessors and risk managers.

Disclosure of interest The authors have not supplied their declaration of competing interest.

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EV1380

The perception and attitudes of nursing staff in state psychiatric hospitals regarding the causes and treatment of substance abuse and effecting factors



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Objective This study was performed with the aims of determining the perceptions of nursing staff in psychiatric hospitals regarding the causes and treatment of substance addiction as well as their attitudes towards people with substance abuse problems.

Method This study was carried out with 389 nurses working at 5 state psychiatry hospitals in Turkey. In this study, demographic questionnaire, the causes of drug abuse scale (CADAS), drug abuse scale (CUDAS), attitudes scale (AS), and a demographic questionnaire were used. Independent sample *t*-test, variance, correlation, and linear regression analyses were used.

Results In this study, 82.8% of the nurses were female, and the mean age was 33.79 ± 7.58 . We found that the demographic characteristics of the nurses did not affect their perception regarding the causes of addiction and treatment ($P > 0.05$); but it did have an effect upon their attitude towards people with substance use problem ($P < 0.05$). Also, it was established that there was a negative relationship between their perception regarding causes of substance misuse and their attitude towards a person with substance use problem; and a positive relationship between their perception regarding substance misuse treatment and their attitude towards the person with substance use problem ($P < 0.05$).

Conclusion Nursing staff working in psychiatric hospitals in Turkey have the perception that a person takes substances in order to “cope with problems” and for reasons pertaining to his/her “social environment”. Nursing staff tends to indicate a negative attitude towards persons with substance abuse problems, such distancing themselves socially from the patients.

Keywords Nurse; Addiction; Substance abuse; Treatment; Psychiatry hospital

Disclosure of interest The authors have not supplied their declaration of competing interest.

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EV1381

Evaluation of dynamics of neurocognitive indicators and pathological craving in patients with dependence on synthetic cannabinoids during use of microwave resonance therapy



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Background There is no unequivocal estimation of influence of synthetic cannabinoids on health of the users, their influence on neurocognitive functions and their correction with use of microwave resonance therapy (MRT).

Objective To evaluate dynamics of pathological craving and neurocognitive functions in patients with dependence on synthetic cannabinoids during use of MRT.

Materials and methods Thirty-two patients (main group with dependence on synthetic cannabinoids with MRT) and 38 patients (control group with medication and without MRT) were examined. Craving was evaluated with “Drug Craving Scale”; efficiency with CGI. For evaluation of psychophysiological functions we used methods: “number square”, “balance-tranquility”, “verbal memory”, “linear visual estimation”, “exclusion of the word”.

Results and discussion After therapy, stopping of symptoms of pathological craving was observed in the main group as 29.6% as more than in control group, improvement according to CGI as 37.1% as more than in control one. The evaluation of neurocognitive indicators was conducted. Attention: in the main group improved by

11 ± 1.3 points; in control one by 7 ± 3.1 points. Level of activation: in the main group decreased by 16 ± 2.9 points; in control one by 9 ± 3.5 points. Memory in the main group improved by 3 ± 0.21; in control one by 2 ± 0.3 points. Perception: in the main group improved by 1.5 ± 0.2; in control one by 0.8 ± 0.12 points. Thought: in the main group improved by 14.0 ± 1.6; in control one by 6.4 ± 1.1 points. Thus, it was shown that during use of MRT both perception and processing of information, improve in complicated conditions, reduction of pathological craving accelerates.

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EV1382

Which psychological and socio-demographic dimensions predict amphetamine abuse?



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Introduction Amphetamine abuse has become a serious health concern worldwide, and this holds also true for Iran.

Aims Investigating psychological and socio-demographic dimensions to predict amphetamine-abuse.

Methods Hundred amphetamine abusers and 100 healthy controls took part in this cross-sectional study. Participants completed questionnaires covering socio-demographic and psychological dimensions.

Results Compared to healthy controls, amphetamine abusers reported more insecure and ambivalent attachment styles, higher novelty-seeking and risky behaviour, less current social support and stable relationships, and lower emotional competencies. No differences were found for socio-demographic dimensions.

Conclusions Results from this cross-sectional study underscore that amphetamine abuse was related to poor social relationships, poor emotional competencies and higher risky behaviour. The cross-sectional nature of the study, however, does preclude any conclusions about the causal direction of amphetamine abuse and poor interactional behavior.

Disclosure of interest The authors have not supplied their declaration of competing interest.

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EV1383

Treatment of alcoholism – New targets?



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Introduction Alcohol use disorders (AUD) is a preventable cause of significant morbidity and mortality worldwide. AUD is a heterogeneous disorder stemming from a complex interaction of neurobiological, genetic, and environmental factors. To achieve

treatment effectiveness this heterogeneity should be considered, as well as safety.

Objectives Review mechanisms underlying alcohol addiction in order to work out new, more effective treatment strategies.

Aim To update on treatment for alcoholism.

Methods A literature search was performed on PubMed database.

Results Alcohol dependence is a chronic, relapsing condition in which there is evidence of significant change in the motivation and control systems in the brain. Increasingly drug therapy is focused not just on the treatment of the acute withdrawal syndrome, but on modifying these other dysregulated brain systems. Of the numerous neurotransmitter systems that have been identified for the development of new medicines, the most promising compounds appear to be those that modulate the function of opioids, glutamate with or without gamma-aminobutyric acid, and serotonin. Other putative therapeutic medications including direct modulators of dopamine function and enzyme inhibitors also shall be discussed. At present, only four medications are approved for the treatment of alcohol dependence in Europe, that is naltrexone, acamprosate, disulfiram and the most recent nalmefene. Among other promising strategies the following drugs are mentioned: baclofen, topiramate, ondansetron, aripiprazole, rimonabant and varenicline.

Conclusions Pharmacological development remains a high priority in the alcoholism field. Drugs have different safety profiles that need to be balanced with the treatment objective, individual patient preferences and comorbid conditions.

Disclosure of interest The authors have not supplied their declaration of competing interest.

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EV1384

The singular therapeutic project as an interdisciplinary care strategy to the alcohol and/or other drugs user



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Introduction Among the psychosocial care network services and devices, highlights the Center of Psycho-Social Attention (CPSAad) aimed at building a comprehensive, regionalized care, based on the extended clinic and from Singular Therapeutic Project (STP).

Aims Report a successful experience of building a Singular Therapeutic Project in Center of Psycho-Social Attention.

Methods This is a descriptive/reflective study type experience report, held in CPSAad from experiences of Mental Health's Multidisciplinary Residency members linked to the Center for Studies in Public Health, João Pessoa, Paraíba, Brazil.

Results It was noted that the STP assists practitioners in the planning of interventions from the needs highlighted by the user and it promotes the knowledge exchange and the co-responsibility of those involved in the care. Therefore, was built a STP of a homeless alcoholic user who initially attended the service as its basic needs refuge (food, hygiene and rest) without showing any interest in participating of activities, little interaction with professionals and other users, difficulties in expressing himself, besides often arriving at the service under alcohol influence. The residents planned the STP from the user's admission through the qualified hearing and construction of bonds.

Conclusions The Singular Therapeutic Project operationalization allowed the user to feel cared, attended in his needs and recognized by the staff; favoured its treatment co-responsibility, leading him to participate in the proposed activities, medical appointments and

examinations, and consequently the improvement of his interpersonal relationships.

Disclosure of interest The authors have not supplied their declaration of competing interest.

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EV1385

Ethylone: A synthetic cathinone emerging in Barcelona



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Introduction Synthetic cathinones, the active component in “bath salts”, have surfaced as a popular alternative to other illicit drugs of abuse, such as cocaine, MDMA (ecstasy), and methamphetamine, due to their potent psychostimulant and empathogenic effects.

Objectives To describe the presence of Ethylone in samples delivered to energy control from 2014 to 2015 in Spain.

Methods The total number of samples analyzed from 2014 to 2015 was 8324. Only those samples containing ethylone were studied. They were analyzed by energy control, a Spanish harm reduction NGO that offers the possibility of analysing the substances that users report. Analysis was done by gas chromatography-mass spectrometry.

Results From June 2014 to December 2015, 8324 samples were delivered to EC. From this samples 28 (0.336%) contained ethylone. Twelve (0.144%) were delivered as MDMA, representing a 0.783% of the samples delivered as such, and only one sample (0.012%) delivered as MDMA presented ethylene as an adulterant along with MDMA. Other 6 samples (0.072%) were delivered as ethylone and 10 samples (0.120%) were delivered as unknown pills.

Discussion Ethylone consumption is found to be an emerging issue according to the results of our samples, an increase of such is found during 2015. This might be traduced as an increase of ethylone in the drug market, but a sample selection bias should be considered as samples were voluntary delivered by consumers. An alarming phenomenon is that in some occasions ethylone is sold as MDMA, but effects take longer to occur and last longer, which may lead to an overdose if used as MDMA.

Disclosure of interest The authors have not supplied their declaration of competing interest.

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EV1386

Psychometric evaluation of the Slovenian translation of the Circumstances, Motivation and Readiness Scales



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Introduction According to the available data, treatment motivation and readiness are closely linked to retention. There are

instruments for measuring the stages of motivation and readiness, and predicting treatment retention and outcome.

Aim This study describes psychometric properties, while focusing on the reliability of the Slovenian version of the Circumstances, Motivation and Readiness (CMR) scales.

Methods We included 109 male and female patients with opioid addiction at the Centre for Treatment of Drug Addiction, Ljubljana. The CMR was translated into Slovenian by using the “forward-backward” procedure by our team and its author. Data analysis addressed psychometric properties of the CMR. Internal consistency was examined by applying exploratory and confirmatory factor analysis, while reliability was examined with Cronbach's coefficient alpha.

Results Cronbach alpha coefficients of reliability were calculated for each of the three CMR subscales and for the total score. The total alpha was 0.842. Alpha for Motivation was 0.860, for Circumstances 0.372 and for Readiness 0.818. Exploratory factor analysis extracted a 3-factor solution with 56% explained total variance. The factors do not provide an exact match with the dimensions C, M and R.

Conclusion On the basis of these results we can conclude that the Slovenian translation of the CMR is a valid instrument for evaluating patients' motivation and readiness for treatment.

Disclosure of interest The authors have not supplied their declaration of competing interest.

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EV1387

Czech gamblers view on luck as the cause of uncontrollable events



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The belief in deterministic luck is considered to be one of the factors contributing to maintenance of gambling behavior. This belief was found to be stronger during the gamble situation in problematic gamblers than non-problematic. The present study deals with the difference in luck attribution between the Czech gamblers and the control group. The main goal was to find out whether the difference between belief in luck is also present in non-gamble situation. A questionnaire containing the Belief in luck and luckiness scale and 14 stories of uncontrollable events was administered to 30 pathological gamblers and 30 matched participant (by age, education, gender and nationality), who did not play any hazard games regularly. In uncontrollable events participants chose from non-material causes (luck, chance, god, destiny) one they believed to be the best fit. Results have shown a statistically significant difference between gamblers and control group in the way of attributing the causes. Control group has chosen significantly more “chance” option meanwhile gamblers opted for luck, God and destiny. There was no statistically significant difference in explicitly formulated belief in luck. It seems that the stronger casual attribution of luck, god and destiny in pathological gamblers compared to non-gamblers are not restricted only to gaming situations. Rather we can find it in other uncontrollable events as well. The absence of the difference between patients and control group in explicit belief in luck measured by questionnaire could be pointing to the stronger effect of the treatment for explicit belief than for more subtle causal attributing.

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EV1388

Efficacy of rational emotive therapy among substance users

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Introduction Rational emotive behavior therapy refers to a realistic time bound therapeutic approach, starting with activated concern model of emotional disturbance and change.

Objective To set short-term goal and long-term goal for substance users by rational emotive behavior therapy.

Aims The present study aims at ameliorating emotional disturbance among addicts.

Methods A purposive sampling method was adopted. Therapy was administered on 50 substance users admitted in recovery hospital running by pioneer organization Human Development and Research Institute. Each day morning meeting was organized consisting of creed, narration from day by day; personal and interpersonal pull up, acknowledgement, newspaper reading, recreational activities, and serenity prayer. Quantitative and qualitative analysis was recorded.

Results Inferential statistics have shown that statistically significant differences were found among them those who have undergone counselling processes. They have found a proper orientation and significant qualities of life. Such therapy enabled them to find sobriety.

Conclusion In conclusion, it could be stated that Rational Emotive Behaviour therapy was found to be effective among substance users. We can utter with Walen et al. that rational emotive behaviour therapy is 'not merely working to dispel misery, but actively promoting happiness'.

Disclosure of interest The author has not supplied his/her declaration of competing interest.

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EV1389

Reasoning, critical thinking and attitudes toward substance abuse in adolescence: Explaining the mediator role of emotional intelligence

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Introduction Adolescence is frequently described as a golden time for prevention of substance abuse.

Aims This study is aimed at determining the fit of structural equation modeling for change of attitude toward substance abuse based on the components of emotional intelligence (intrapersonal awareness, interpersonal awareness, adaptation, stress management, and general mood) and reasoning, critical thinking in female adolescents.

Objectives and methods The data were collected in random multistage sampling from 800 senior high school students at 4 different regions of Tehran by using the Bar-on Emotional Intelligence Inventory, the adolescent-special revised inventory, Ricketts Critical Thinking Questionnaire, New Jersey Test of Reasoning Skills and Nazari's Questionnaire for Attitude toward Substance Abuse. In the 618 valid questionnaires were statistically analyzed.



Results Path analysis and path coefficients in the structural equation model suggested that the strongest relation belongs to the reasoning skill, directly predicting attitude with a 61% level and also, has indirect, significant impacts on attitude through intrapersonal awareness, adaptation and stress management. The weakest relation belongs to general mood which, with a 21% level, predicts attitude toward substance abuse. Results of the fit indices in the final model also indicate that all indices are at a desirable level and the model has good fit to the data, implying that there is a linear relation between independent variables and between the moderating variables and a dependent variable.

Conclusions It is reasonable to show the importance of attitude toward substance abuse in prevention programs for students.

Disclosure of interest The authors have not supplied their declaration of competing interest.

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EV1390

Efficacy of vortioxetine for patients with dual pathology

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Introduction Patients with dual pathology have worse clinical evolution and worse therapeutic response. Drugs modify the functioning of certain neurocerebral transmission systems, producing cognitive, emotional and behavioral changes. Vortioxetine (Brintellix[®]) is used as a treatment for major depressive disorder (MDD) and it is considered a new multimodal antidepressant. Preclinical data suggest that the effects on numerous serotonin receptors result in regional increases in noradrenaline and dopamine as well as glutamatergic transmission.

Objectives This analysis assessed the efficacy of vortioxetine (Brintellix[®]) in patients with affective disorders and abuse drugs (dual pathology).

Methods Efficacy was assessed with a study of patients who were recruited in a qualitative and observational study. They were treated with vortioxetine (Brintellix[®]). Outcome measures included changes from baseline to endpoint in Hamilton Depression Rating Scale (HDRS). They were also interviewed weekly about craving and substance use. Urine test controls were done to corroborate results.

Results A total of 11 vortioxetine-treated patients improved their depressive and anxiety symptomatology. Seven of them (64%) were males and four of them (36%) were women. Cocaine was the main drug of abuse ($n=9$, 82%). The doses were between 5 and 20 mg/day. After the clinical evaluation and 12 weeks of treatment, they achieved to reduce significantly the drug use and verbalized a decrease in craving. Two patients dropped out of the study.

Conclusions Vortioxetine (Brintellix[®]) was shown as efficacious in reducing depressive and anxiety symptoms in patients with dual pathology.

Disclosure of interest The authors have not supplied their declaration of competing interest.

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EV1391

Alcoholic hallucinosis after chronic alcohol abuse: A case report

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Introduction Alcoholic hallucinosis is a rare complication of chronic alcohol abuse and a prevalence of 0.6–0.7% in alcoholics has been reported.

Case report A 54-year-old Indian immigrant in Barcelona was referred for psychiatric evaluation in April 2016 by due of his behavioral alterations. Evaluation revealed that he was apparently asymptomatic when he came to Spain, 18 years ago. He had been consuming alcohol since 1974 and gradually the frequency and quantity increased to 600 mL of rum daily by 1996. He complained of hearing voices of family members, being irritable even when he was alone and in catatonic phases. He was found to be gloomy, reclusive, not sleeping and talking to oneself. He used to have sleep disturbances; irritability and tremors when temporarily stopped alcohol consumption. He presented a clinical abstinence syndrome, with pharmacological resistance to benzodiazepine perfusion: it was necessary to use dexmedetomidine an Alpha2-agonist with sedative and analgesic properties. After 12 days of medical treatment on UCI, he recovered from abstinence syndrome and was transferred to psychiatry ward. Blood analysis showed raised aspartate amino transferase and alanine amino transferase. Computed tomography and magnetic resonance imaging brain revealed bilateral lateral ventricle enlargement with narrowing of lower end of Aqueduct of Sylvius. He was treated with oral paliperidone. The dose was gradually increased to 18 mg/day and he responded quickly. In the follow-up, he was abstinent from alcohol, compliant with treatment and free from all kinds of hallucinations after medication adherence and psychotherapy.

Disclosure of interest The authors have not supplied their declaration of competing interest.

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EV1392

Alexithymia and alcohol use disorders: A critical review

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Introduction Alexithymia is a multifaceted construct that was first described by Sifneos as difficulty identifying and communicating feelings, differentiating feelings and somatic sensations of emotional arousal, a diminution of fantasy and imagination and an externally oriented cognitive style. Between 45–67% of alcohol dependent individuals have been identified as alexithymic.

Aims and methodology The aim of this study is to review the published research on alexithymia and alcohol use, to present a critical update on the relationship between alexithymia and alcohol use disorders.

Results Research studies have shown high prevalence rates of alexithymia in alcohol dependent populations, yet there is only preliminary evidence to indicate relationships between alexithymia, alcohol consumption and severity of alcohol problems, and limited evidence examining the different dimensions of alexithymia in relation to alcohol dependence. Hence, the notion that alexithymia is a vulnerability factor in the development and maintenance of alcohol use disorders is premature. Despite limited support for a relationship between alexithymia and alcohol dependence, several studies have examined alexithymia in association with other risk factors for alcohol use including attachment, depression, personality disorder traits, emotional and perceptual dependency and suicidal ideation.



Conclusion A number of key issues need to be addressed in examining the veracity of the link between alexithymia and alcohol dependence. Although, alexithymia is often considered a risk factor for the development of alcohol use disorders, there is little evidence to support this notion. Given that alexithymia may have the potential to interfere with treatment outcomes, a better understanding of the role of alexithymia in alcohol use is needed.

Disclosure of interest The authors have not supplied their declaration of competing interest.

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EV1393

Addictive behaviors among psychiatric outpatients



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Introduction Little is known about the epidemiology of smoking and substance use disorders (SUD) among psychiatric outpatients in south of Tunisia.

Objective Examine the prevalence of smoking and SUD among adult psychiatric outpatients at the regional hospital of Gabes.

Method A survey was conducted to assess the extent of alcohol abuse, drug abuse and smoking among adult psychiatric outpatients ($n=115$), with different psychiatric diagnoses (DSM-5), aged over 18 years, following the psychiatric department of the regional hospital of Gabes. Data collection was done through a semi-structured interview with the patient and a family member + review of medical records. SUD was defined as an abuse or dependence to alcohol or drug.

Results Smokers account for 29.6% of the patients. Smoking was significantly higher in male patients (97.1% vs. 43.2%, $P<10^{-3}$). Compared to nonsmokers, smokers patients had significantly more the diagnosis of schizophrenia (64.7% vs. 35.3%, $P=0.004$), a higher level of education (52.9% vs. 32.1%, $P=0.03$), a higher rate of alcohol (14.7% vs. 1.2%, $P=0.008$) and drug use disorders (8.8% vs. 0%, $P=0.02$), and a higher rate of relapses (3.5 vs. 2, $P=0.004$). Alcohol use was noted in 6% of patients and cannabis in 4%. Patients with a SUD had significantly more the diagnosis of schizophrenia (100% vs. 36.2%, $P=0.05$), a higher rate of smoking (100% vs. 27.7%, $P=0.02$). Financial situation, education, marital status and age of onset of the disease were not associated with SUD.

Conclusion Addictive behaviors are prevalent among psychiatric outpatients. This has implications in treatment and management of these patients.

Disclosure of interest The authors have not supplied their declaration of competing interest.

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EV1394

Impact of hepatitis B (HBV)/C (HCV) virus co-infection on the survival of schizophrenic patients with co-occurring substance use disorders followed for 12 years



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Introduction There is no evidence on influence of HBV/HCV co-infection on survival characteristics in population with dual disorders.

Objective To determine the impact of HBV/HCV co-infection on the long-term survival of schizophrenic patients with co-occurring substance use disorders.

Methods Charts of 223 subjects admitted from January 1, 2002 to May 31, 2006 were assessed. The Kaplan–Meier survival analysis was used to estimate the cumulative survival rates. The association between HBV/HCV and mortality was estimated using the Cox proportional-hazard regression models, with adjustments for potential confounders. The main outcome was all-cause mortality. Median observation time was 10.3 years.

Results Total all-cause 11 year, unadjusted mortality was 18.0% in population with no viral hepatitis (VH) infection ($n=185$; 83.0%), 66.7% in population with HBV mono-infection ($n=3$; 1.3%), 50.0% in population with HCV mono-infection ($n=28$; 12.6%), and 64.3% in population with HBV/HCV co-infection ($n=7$; 3.1%), $P<0.00001$. In Cox regression, the adjusted hazard ratio was 4.22 (95% CI: 1.00–18.63; $P<0.05$) for the HBV, 4.24 (95% CI: 2.13–8.47; $P<0.00001$) for the HCV, 6.18 (95% CI: 2.01–19.01; $P<0.0015$) for the HBV/HCV, all vs. no VH-infection.

Conclusions The high mortality of schizophrenic dual disorders patients with HBV/HCV necessitates new approaches to secondary and tertiary prevention to reduce the burden of chronic liver disease and to improve survival. The strong adverse effect of HBV/HCV on survival should encourage clinical trials including schizophrenic dual disorders patients on whether patients benefit from treatment choices. It is essential that adequate resources and strategies are targeted to the schizophrenic dual disorders patients with HBV/HCV.

Disclosure of interest The authors have not supplied their declaration of competing interest.

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EV1395

Increased intake of monosaccharides and disaccharides in opioid-addicts



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Introduction Persons dependent on opioids often characterized by the coexistence of a whole range of dysfunctional behaviors, which may also lead to eating disorders.

Objectives Impulsive and risky behavior, conducive to the formation of polysubstance dependence, including food addiction, which manifests itself in the uncontrollable craving substances, that are quickly metabolized and turned into sugar in the bloodstream.

Aims Aim of the study was to assess the nutritional status and carbohydrates consumption in opioid-dependent individuals treated with methadone substitution therapy.

Methods Fourteen opioid addicts during methadone maintenance treatment were examined. Eighteen healthy individuals matched for age and gender were included to the control group. The 24 hour diet recalls interview was used. After the dietary recall, a special questionnaire was administered to ascertain frequency of refined carbohydrates consumptions during the past 30 days.

Results It was found the nutritional deficiencies in the diet and poor nutritional status in opioid-addicts compared to healthy ones. Opioid-dependent individuals significantly more often snack between meals. It was found increased consumption monosaccharides and disaccharides in foods and beverages in opioid-addicts compared to healthy ones ($P<0.05$).

Conclusions Investigation of dietary behaviors may facilitate understanding of dynamics of addiction, so that we can use more effective methods of treatment.

Disclosure of interest The authors have not supplied their declaration of competing interest.

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EV1396

The cat and the mouse game: Is there a shift towards more dangerous substances in the cathinone illicit market?



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Introduction After mephedrone's ban in March 2010 new cathinones proliferated widely, even a new branch of atypical derivatives was launched into the market, represented by MDPV. The cardiovascular and central nervous system toxicity draws attention to this new family of cathinones, also known as pyrovalerones. MDPV was scheduled in 2011, leading to the apparition of Alpha-PVP from which there is little information.

Objectives The aim of the present study is to describe the evolution of different cathinones in the samples delivered for analysis to the harm reduction NGO energy control from March 2009 to March 2016 in Spain.

Methods Energy control is a Spanish harm reduction NGO that offers to drug users the possibility of analyzing the substances they intend to consume. From March 2009 to March 2016 a total of 24,528 samples were analyzed by the NGO from which 760 contained cathinones. Substance analysis was done by gas chromatography–mass spectrometry.

Results From 2009 to 2016, cathinones represented a 2.82% from all analyzed samples. From March 2009 to March 2010, only 5 different cathinones were detected, in this same period methylone ($n=16$; 37.20%) and mephedrone ($n=17$; 39.53%) represented 76% of analyzed cathinones ($n=43$). From March 2015 to March 2016, 132 cathinones were detected: methylone and mephedrone represented only 19.69%, giving prominence to clephedrone ($n=25$; 18.93%) and Alpha-PVP ($n=24$; 18.18%).

Conclusions The evolution of synthetic cathinones detected by energy control is consistent with the evolution described in the literature. From 2009 to 2016, the cathinones detected diversify and new substances with higher toxicity potential appear.

Disclosure of interest The authors have not supplied their declaration of competing interest.

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EV1397

Is cloninger type 1 and type 2 alcoholism differ in terms of emotion regulation?



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Introduction Emotional disturbances are a central characteristic of many mental disorders, including alcohol addiction.

Objectives In this study we aimed to investigate the emotion dysregulation among alcohol use disorders and to compare the emotion regulation difficulties with type 1 and type 2 alcoholism.

Methods Thirty-three treatment-seeking AUD individuals were recruited from addiction division of psychiatry department of Çanakkale Onsekiz Mart University. Patients who agreed to participate in the study and completed detoxification treatment were enrolled to the study. After describing the study and obtaining informed consent, participants were assessed with demographic questionnaires (including questions such as age, gender, income status, duration of alcohol use, amount of alcohol use, duration of abstinence were given to participants) followed by the semi-structured interview. Emotion regulation was assessed with the difficulties in emotion regulation scale.

Result Of the patients, 93.9% were male. The average age of participants was 41.21 ± 12.8 years. Of the participants, 60.6% were type 1 and 39.4% of type 2. There was statistically significant difference between type 1 and type 2 alcoholism in terms of emotion regulation. Type 2 alcoholism has more emotional regulation difficulties than type 1 alcoholism. This finding may be consistent with earlier onset of having more impulsive drinking pattern in type 2.

Conclusions In conclusion alcohol use disorders are thought to be associated with emotion dysregulation. Emotion regulation difficulties, was higher in type 2 than type 1. Emotional regulation strategies should be considered in the interventions and may be evaluated as a new prognostic criteria.

Disclosure of interest The authors have not supplied their declaration of competing interest.

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EV1398

Impact of childhood trauma on co-morbidity among alcohol dependent patients: Controlled study

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Introduction Childhood trauma has been found to be prevalent in treatment-seeking alcoholics.

Objectives We aimed to investigate the childhood trauma prevalence among alcohol dependent patients and the prevalence of psychiatric co-morbidity.

Methods A total of 61 participants were assessed; 35 treatment-seeking alcohol dependent patients and 26 age-gender matched controls in the addiction division of psychiatry department of Çanakkale Onsekiz Mart University. After describing the study and obtaining informed consent, participants were assessed with demographic questionnaires, followed by the structured clinical interview for the DSM-IV-TR and childhood trauma questionnaire (CTQ-28).

Result The 91.4% of the patients were male, mean age was 42.03 ± 12.9 . The overall prevalence of CTE of the alcohol dependent patients was (88.6%) higher than the control (42.3%) group. Respectively the prevalence of physical neglect was 80%, emotional neglect 74.3%, emotional abuse was 51.4%, physical abuse 40% and sexual abuse 28.6%. For psychiatric disorders 96.8% of the alcohol dependent patients with childhood trauma reported any of the psychiatric disorders, 64.5% ever having a mood disorder with 25.8% ever having any anxiety disorders, and 16.1% ever having attention and hyperactivity disorder. The most common psychiatric co-morbidity was found to be as depression (58.1%).

Conclusions In conclusion alcohol use disorders are thought to be associated with childhood trauma. Patients with alcohol use disorders are exposed to have more childhood trauma. Childhood trauma is associated with psychiatric co-morbidity especially depression. We have to ask for childhood trauma in alcohol dependent patients with psychiatric co-morbidity.



Disclosure of interest The authors have not supplied their declaration of competing interest.

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EV1399

Tobacco cessation failure: Predictive value of BDI score

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Background Smoking is a major healthcare issue. Evidence shows considerable comorbidity between nicotine dependence and depressive disorders.

Objectives We are interested in the correlation between Beck's depression inventory (BDI) scores and smoking cessation outcomes.

Methods Retrospective, transversal and analytical study. Data were collected from 95 patients followed in the smoking cessation consultation of The military hospital of Tunis. The BDI was used to assess depressive symptoms and nicotine dependence evaluated by Fagerstrom test for nicotine dependence (FTND).

Results Population was composed of men (92%), married in 65% of cases, with a mean age of 45 ± 13 years. The mean age of smoking initiation was 18 ± 4.5 years. Regular smoking average was 37 ± 20 Packs/Year. The mean cigarette consumption was 30 ± 15 per day. Forty-two percent patients reported at least one attempt to quit smoking, with an average of 37.26 days of abstinence. The mean score of FTND test was 7 ± 2.31 . The BDI score was higher than 3 in 86% of cases. Patients with severe depression (BDI > 15) had never attempted a withdrawal in 71% of cases ($P=0.009$), had a high or very high dependence in 85.7% of cases ($P=0.016$). The average of cigarettes per day was 40 ($P=0.035$) and they had failed withdrawal in 79% of cases ($P=0.53$).

Conclusion There was a fairly consistent association between presence of depression and smoking severity. This suggests that for individuals with nicotine dependence who are interested in quitting smoking, assessment and treatment of depressive symptoms may improve smoking cessation outcomes.

Disclosure of interest The authors have not supplied their declaration of competing interest.

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EV1400

Does a state of alcohol hangover impair event based prospective memory?

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Introduction The alcohol hangover state (AHS) is characterized by range of symptoms (e.g., drowsiness, fatigue, gastro-intestinal problems, dry mouth, nausea, sweating) that remain after ones blood-alcohol level returns to zero following a recent bout of excessive drinking. Recent findings have revealed a range of cognitive deficits associated with an AHS, including memory deficits. It is less clear what impact the AHS has upon everyday remembering; of which prospective memory is an excellent example (PM: memory for future plans/actions; such as remembering to perform a task at a specific time).

Aims The present study explored whether the AHS impairs everyday PM.



Methods Twenty-one AHS participants were compared with 28 non-AHS controls using a between-groups design. All completed a prospective remembering video procedure (prvp), which measured event-based pm. the prvp required the participant first to memorise a series of specific action-locations combinations and then to recall these combinations whilst viewing a CD clip of a busy shopping high street. Drug use (alcohol, smoking, etc.) and mood (anxiety and depression) were also measured, as these have been shown to have a deleterious impact upon PM.

Results The AHS group recalled significantly fewer event-based PM combinations on the PRVP compared with the non-AHS control group ($P < 0.05$). There were no significant differences between the groups on age, smoking, alcohol use or mood.

Conclusion These results confirm that a state of alcohol hangover impedes everyday prospective memory. The wider implications will be discussed at conference.

Disclosure of interest The author has not supplied his/her declaration of competing interest.

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EV1401

Audit of near-fatal overdoses (NFOs) in patients on treatment via substance misuse services (SMS)



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Introduction In the NHS Forth Valley (Central Scotland) substance misuse service (SMS), there is an arrangement whereby the details of individuals administered naloxone for overdose via the ambulance service are passed to the SMS. Each patient has an allocated keyworker (nurse). It is accepted that near fatal overdoses (NFOs) are possible precursors to fatal overdose and drug-related deaths.

Objectives To assess:

- if the information is being disseminated appropriately;
- service response and follow-up for individuals;
- patterns which might influence prescribing practice.

Methods A list of NFOs of known patients for the previous two years was acquired from the ambulance service. There was a retrospective review of the SMS prescribing database and clinical casenotes.

Results Patterns:

- 81% male;
- 53% aged < 40;
- 14% of NFO's involved those in titration phase;
- 86% were prescribed methadone. Methadone average dose 57 mg (20–80 mg) and 54% were prescribed > 60 mg/day.

Receipts of information:

- sixty-one percent of keyworkers were notified.

Service response:

- in most cases when the keyworkers was informed, there was prompt action to contact and review patients (0–21 days). However, only 21% had a timely review (within 1 month) by a doctor following NFO.

Conclusion There needs to be an improvement in the dissemination of information between the ambulance service, administrative staff and keyworkers. Most NFO patients were prescribed > 60 mg of methadone. There needs to better identification of “harm-reduction” prescribing whereby methadone doses should be reduced at times of ongoing drug use. Fourteen percent of NFO's involved those in titration phase (twice weekly reviews) which provides an opportunity to screen and intervene for potential NFOs.

Disclosure of interest The authors have not supplied their declaration of competing interest.

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EV1402

Sexual dysfunctions in injectable drug users in Tunisia



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Introduction The drug addiction in the buprenorphin with high dosage (BHD) by injectable way, represents a real plague in Tunisia, consequently, we are confronted with diverse complications including the sexual dysfunctions.

Objectives Identify and determine prevalence of the sexual dysfunctions among this population.

Methods It is a transverse, descriptive study. We looked for sexual dysfunctions by using the international index of the erectile function (IIEF 15), among a population of 52 male users of BHD by injectable way.

Results The average score in the IIEF-15 was 36.65 with a standard deviation of 20.87, a negative correlation with duration and the quantity of consumption was noted.

The average erectile function (EF) was 15.63 ± 9.26 , which corresponds to a mild to moderate erectile dysfunction, whereas 31% had a severe dysfunction.

The average score of the orgasmic function (OF) was 6.35 ± 3.52 .

The average score of the sexual desire (SD) was 4.27 ± 2.90 .

The average score of the satisfaction with sexual intercourses (IS) was 5.77 ± 4.54 , an alteration was noted in 96% of the cases, which was correlated with the severity of the consumption.

The average score of the global satisfaction (OS) was altered at 92% of the subjects.

The majority of the subjects brought back the chronology of their disorders in after the consumption of BHD. No patient consulted in sexology.

Conclusion It is thus important to educate stakeholders, on the frequency of sexual dysfunctions and the importance of their screening to improve the management of this problem.

Disclosure of interest The authors have not supplied their declaration of competing interest.

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EV1403

Addictology consultations: Experience of the outpatient department of the Razi hospital



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Introduction The addiction is a social and universal phenomenon. Its coverage is quite recent in Tunisia. It requires a facilitation of the access to healthcare, with broadcasting of the policy of reduction of risks.

Objectives Raise a current situation of the addicting conducts of our patients.

Methods Retrospective descriptive study, concerned the patients having an addiction in psychoactive substances followed in the external consultation of the hospital Razi between November 2014 and September 2016.

Results The average age was 34 ± 10.23 years.

Among the patients, 93.7% was of sex male.

Almost half immigrated in secret in Europe.

Seventy-five percent had criminal record.

The most used product was tobacco followed by alcohol, cannabis, benzodiazepines, Trihexyphenidyl and the opiates.

The buprenorphin is the most consummate opiate in misuse.

Target substances of the request of weaning are respectively: the buprenorphin (58.87%), benzodiazepines (12.63%), the trihexyphenidyl (7.71%), the alcohol (5.61%), the cannabis (5.26%).

A pathological personality was raised in 17.5%.

A psychiatric comorbidity was found to 8% of the patients.

The coverage is made on 3 shutters: biological by the symptomatic treatment of the weaning and the comorbidities, psychological and social by the social and occupational reintegration thanks to non-governmental organizations.

Conclusion Addictology is a stigmatized speciality in Tunisia, by the peculiarity of the patients and the slowness of the results. Nevertheless the number of consultants does not stop increasing where from the interest to create more specialized services and structures of rehabilitation.

Disclosure of interest The authors have not supplied their declaration of competing interest.

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EV1404

Nalmefene against alcohol use disorder: A report of one case



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Introduction Alcohol consumption represents a significant factor for mortality in the world: 6.3% in men and 1.1% in women. Alcohol use disorder is also very common: 5.4% in men and 1.5% in women. Despite its high frequency and the seriousness of this disorder, only 8% of all alcohol-dependents are ever treated. One potentially interesting treatment option is oriented toward reducing alcohol intake.

Aims To describe one case who has improved his alcohol consumption after starting treatment with nalmefene, an opioid receptor antagonist related to naltrexone.

Methods A 35-year-old male with alcohol use disorder since 2001 came to our consult in November 2015. He was in trouble with his family and he had a liver failure. We offer a new treatment option with nalmefene 18 mg to reduce alcohol consumption.

Results Before to start nalmefene he drank 21 drinks/week. Six-month later, he decreased alcohol intake until 5 drinks/week with better family relationship and liver function. After starting nalmefene he complained of nausea, so we recommend to take the middle of the pill for next 7 days. After this time he returned to take one pill with good tolerance and no more side effects or withdrawal syndrome.

Conclusions Nalmefene appears to be effective and safe in reducing heavy drinking and in preventing alcohol withdrawal syndrome due to its opioid receptor antagonism. This case suggests nalmefene is a potential option to help patients, who do not want or cannot get the abstinence, in reducing their alcohol consumption.

Disclosure of interest The authors have not supplied their declaration of competing interest.

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EV1405

The royal road to the obesity: A case report of food addiction



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Increasing prevalence of obesity in the world and increasing role of processed foods in daily life has led to become the focal point of food addiction. In recent years, the animal studies and human brain imaging studies demonstrated the neurobiological and behavioral similarities between drug addiction and food addiction. Here, we aim to present a 13-year-old, female, adolescent who applied with complaints of anger and irritability and shows serious addictive behaviors of chocolate. Our patient with increasing chocolate consumption in the last two years was using atomoxetine 60 mg/day with attention deficit hyperactivity disorder (ADHD). She gradually needs more chocolate to be satisfied. She has complained of nervousness, irritability and serious chocolate-seeking behavior during chocolate deprivation. She gained weight in proportion to the increase in chocolate consumption. Her daily diet was increasingly deteriorated. We used behavioral approach and sertraline in her treatment and were observed that partially benefit from treatment. Combined data from retrospective accounts of adults and prospective observations of youth indicates that juveniles with ADHD are at increased risk for cigarette smoking and substance abuse and behavioral addiction such as Internet addiction, gambling and sex addiction during adolescence. Recognition of the food addiction is important to fight against obesity, strengthening the treatment of choice in the food addiction and take political measures against food addiction are becoming inevitable.

Disclosure of interest The authors have not supplied their declaration of competing interest.

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EV1406

Chronic methiopropamine modifies preference of choice in rat gambling task



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Introduction and aims Rat gambling task (rGT) is a recently developed animal model making translational research possible in psychiatric disorders related to decision-making deficits. Methiopropamine (MPA) is a structural analog to methamphetamine and a temporary controlled substance. Although increasing concerns have been raised regarding MPA's abuse, few sources of information exist regarding its psychopharmacology. Thus, we investigated whether MPA produces any changes in the choice of preference in rGT.

Methods Rats were trained in a touch screen chamber to learn the relationships between 4 different light signals on the screen and accompanied reward outcomes and punishments set up with different schedules, for one session of 30 min each day. Once animals showed a stabilized pattern of preference, they were given a total of 5 IP injections (a single injection per day, every other day) with saline or MPA followed by 2 weeks of withdrawal. Upon MPA challenge injection, their preference of choice was re-tested in rGT chambers.

Results Depending upon their preference of choice, rats were separated as risk-averse or risk-seeking groups. When they were pre-exposed to and challenged with MPA, rats in the risk-averse group significantly changed their preference toward more disadvantageous choices. These effects were not shown when they were pre-exposed to saline and challenged with MPA.

Conclusions These results indicate that MPA badly influences decision-making behavior as in gambling task, implying that it may aggravate pathological symptoms of bad choices, resulting in

negative consequences, observed in the patients with behavioral addictions.

Disclosure of interest The authors have not supplied their declaration of competing interest.

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EV1407

Identifying the relationship between marital adjustment and, sex roles and burnout rather than dependence features of the patient in wives of the patients with AUD



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Objective To identify the relationship between marital adjustment and, sex roles and burnout rather than dependence features of the patient in wives of the patients with AUD.

Method The study sample consisted of 33 wives of AUD patients (according to DSM-IV-TR criteria) who were applied to a University Hospital Alcohol Dependence Clinic to leave alcohol use. Sociodemographic questionnaire, Marital Adjustment Scale (MAS), Maslach Burnout Inventory (MBI), Bem Sex Role Inventory-Short Form (BSRI) and, Beck Depression Inventory (BDI) were applied to the wives of ADD patients.

Results Mean MAS score was under cut-off score (29.63 ± 10.33) and it shows that marital adjustment is lower in wives of ADD patients. It was shown that marriages longer than ten years, and higher emotional exhaustion scores were associated with lower marital adjustment in our study. Masculinity scores were higher in wives who perceived their income status higher. In contrast to previous studies, which examined marital adjustment, masculinity role was found to be associated with higher marital adjustment in our study.

Discussion Emotional exhaustion and depression are common in spouses of the patients with ADD in our study. There may be a distortion in expected roles of the spouses which cause a disequilibrium on the family relationship. Lower income status, having increased number of children was associated with severe depression in wives which found to reduce marital adjustment scores. Finally, most of the wives of ADD patients will need psychotherapeutic treatments during addiction period. So incorporating spouses into treatment of ADD patients is a necessity to improve marital adjustment and burnout.

Disclosure of interest The authors have not supplied their declaration of competing interest.

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EV1408

Interventions to improve lifestyle and quality of life in patients with concurrent mental illness and substance use



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Background Patients with co-existence of psychiatric disorders and substance use have an increased risk of premature death. This

is attributable to a higher prevalence of physical comorbidities and the lifestyle related to substance use. Furthermore, they experience low quality of life (QoL). Studies addressing lifestyle interventions for these patients are warranted.

Aims To investigate the physical health and QoL in patients with co-existence of psychiatric disorders and substance use, and to analyse for changes in their (a) health, (b) substance use and (c) QoL after a 24-month health-promotion programme. Further aims were to investigate associations between (a) QoL and number of interventions, (b) QoL and patient characteristics and (c) QoL and length of participation in the intervention.

Methods In this naturalistic cohort study, 64 non-selected patients were engaged in health-promoting interventions added to contemporary treatments. QoL and clinical variables were measured at the beginning of and continuously during the programme by means of the WHOQoL-Bref questionnaire.

Results At enrolment, the patients' intake of cannabis and alcohol was high. During follow-up, patients consumed significantly fewer caffeinated beverages ($P=0.038$) and fast-food meals ($P=0.018$), and slept significantly less ($P=0.032$). The average dose of antipsychotic medication increased significantly ($P=0.015$). QoL was low at enrolment but improved significantly overall ($P=0.009$) and in the psychological ($P=0.020$) and environmental domains ($P=0.012$) at follow-up. The difference in total QoL was positively associated with the number of interventions attended.

Conclusion This programme shows promise in addressing health promotion for these patients and can easily be integrated into contemporary treatments.

Disclosure of interest The authors have not supplied their declaration of competing interest.

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EV1409

Clock genes SNP array identifies a key role of the PER1/HES7 gene in the risk of cannabis addiction and psychiatric comorbidities



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The existence of biological rhythms disruption in addicted subjects has been described including disturbances in their sleep-wake pattern, rest-activity rhythms, and feeding schedules. Circadian rhythms have also been related to psychiatric diseases, including mood and anxiety disorders and the regulation of dopaminergic transmission, especially in reward circuitry in substance abusers. The relationship between them remained enigmatic and no data on the role of clock genes variants on cannabis dependence have been documented. We aimed at exploring the role of clock gene genotypes as potential predisposing factor to cannabis addiction, using a high throughput mass spectrometry methodology that enables the large-scale analysis of all the known clinically-relevant polymorphisms of the core human clock genes. We have conducted a case-control study on 177 Caucasians categorizing between cannabis-addicted subjects ($n=83$) and casual cannabis consumers ($n=94$). We report here a strong association between the TT* genotype RS1442849 in *PER1/HES7* gene and a significantly higher risk of vulnerability to be dependent to cannabis. Moreover, this SNP was overrepresented in the subsets of cannabis users with more severe characteristics like personal psychiatric history, unemployed status, and beginning of cannabis use early in lifetime as well as large weekly consumption. *HES7* gene is a newly described gene with a circadian expression regulated by reactive oxygen species in many cell types including neural stem cells. The *HES7* TT* genotype RS1442849 gene could intervene on the dopamine reward systems. This genotype thus represents the first potential biomarker for

stratification of cannabis consumers for the risk to develop a true dependence.

Disclosure of interest The authors have not supplied their declaration of competing interest.

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EV1410

Do not forget alcohol damage – Cognitive impairments related to alcohol



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Introduction Chronic excessive alcohol consumption may lead to structural and functional damage of the brain. Alcohol-related cognitive impairments are well-established and confirmed by neuropsychological and neuroimaging studies. However, the influence of each neuropathological mechanisms is still under discussion. This topic is increasingly becoming focus of attention in psychiatry.

Objectives Review the neuropathology, clinical features, neuropsychology and management of alcohol-related cognitive impairments.

Aims Evaluate clinical impact, management and prognosis of alcohol-related cognitive impairments.

Methods A literature search was performed on PubMed and Medscape database.

Results According to our literature research, there is a debate concerning the relative contributions of the direct toxic effect of alcohol and the impact of thiamine deficiency on the alcohol-related cognitive impairments. Research about this issue is challenging, considering the multiple patterns of alcohol abuse, the personal and lifestyle factors, and the vulnerability of specific brain regions. The cognitive decline is linked to neuroanatomical alterations and primarily affects executive functions, episodic memory, and visuospatial capacities. These deficits may range from mild to severe but usually remain undiagnosed, unless they are specifically investigated. Maintenance of lasting abstinence is associated with cognitive recovery, but some impairments may persist and interfere with the prognosis.

Conclusion Recognizing and screening for alcohol-related cognitive impairments is crucial to offer significant benefits to patients by optimising management strategies.

Disclosure of interest The authors have not supplied their declaration of competing interest.

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EV1411

Problematic Internet use and associated mental health issues in South Korean Internet users



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Introduction The Internet is commonly used in modern society; however, Internet use may become a problematic behaviour. There

is an increasing need for research on problematic Internet use (PIU) and its associated risk factors.

Objectives This study aims to explore the prevalence and health correlates of problematic Internet use among South Korean adults.

Methods We recruited the participants aged between 18 and 84 years old among the online panel of an online research service. The sample size of the survey was 500. Of these 500 participants, 51.4% ($n=257$) were men and 48.6% ($n=243$) were women. A participant was classified as a problematic Internet use (PIU) if his/her total score of Young's Internet Addiction Scale (YIA) was above 50. Stress Response Index (SRI), Fagerstrom test for nicotine dependence, lifetime average caffeine consumption, and sociodemographic query form were used in the collection of data. The t test and chi-square test were used for data analysis.

Results One hundred ninety-seven (39.4%) of the participants was classified into the PIU group. There was no difference of gender and education between PIU and normal users. However, PIU group was younger (mean 39.5 years) than normal users (mean 45.8 years). PIU group was more likely to have high levels of perceived stress, nicotine dependence, and drink more often caffeinated beverages ($P < 0.05$).

Conclusions These data indicate that problematic Internet use is associated with perceived stress level, nicotine and caffeine use in South Korean Internet users. More research is needed to better understand the relationship between Internet use and mental health issues.

Disclosure of interest The authors have not supplied their declaration of competing interest.

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EV1412

Exercise addiction: Links, risks and challenges faced



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Introduction Exercise addiction is a condition described by a craving for physical training resulting in excessive exercise behaviour and withdrawal symptoms. It has not been accepted as a mental disorder and further research is needed to examine the pathology of the condition.

Objectives Exercise addiction is suggested to have links to other mental disorders and risks in terms of negative consequences such as injuries. Treatment for exercise addiction faces several challenges as the condition is associated with ambivalence, and studies based on controlled interventions are missing.

Aims The aim of this study was to examine and interpret the existing research on links, risks and challenges faced in treatment interventions.

Methods A literature review was conducted in the databases PubMed, PsycINFO and Scopus with the terms: "exercise addiction, excessive exercise" and/or "comorbidity, eating disorder, depression, anxiety, personality, pain, injury, illness, social isolation, stress, intervention, treatment".

Results Exercise addiction seems to be associated with eating disorder pathology, obsessive-compulsive behaviour and personality

traits characterized by perfectionism, narcissism and neuroticism. Overload injuries (e.g. stress fractures) and impaired interpersonal relations are reported. In a treatment context, low compliance is described as a challenge. Thus, motivational interviewing is recommended, and also cognitive behavioural therapy is suggested for treatment. None of these interventions have yet been scientifically evaluated in addicted exercisers.

Conclusion This review concludes that exercise addiction has links to psychopathology and increases the risk of injuries. More research is needed to estimate the level of psychosocial and physiological distress in these athletes. Controlled treatment interventions have to be conducted.

Disclosure of interest The authors have not supplied their declaration of competing interest.

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EV1413

Therapy workshop: Experience of the senses



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Introduction The psychoactive substances consumption modifies the users' sense-perception.

Objectives Discuss the therapeutic workshop as a stimulation strategy of the sense organs.

Methodology The activities were developed at a Center of Psycho-Social Attention for alcohol and other drugs – CPSAad, located in north-eastern Brazil. The therapeutic workshop was divided into six sessions; being worked a sense organ in each meeting. Initially, the sessions were explained and they entered the room in silence. At first, vision and lastly, taste. The taste dynamic session was initiated by the pool where users experienced different flavours and made distinctions between them, including a food without flavour, experiencing feelings of pleasure and displeasure. This dynamic was finalized in the institute's kitchen with different ice cream flavours. The participants freely served themselves, being led to reflections on their choices of pleasure. The sixth session was constituted by listening about all Therapy Workshop Experience of the Senses, on which participants reported emotions and feelings experienced during the sessions, such as: fear, anxiety, craving, denial, pleasure and displeasure.

Results It was identified a universe of sensations that can be translated into a sense-perception reframing about themselves and their surroundings.

Conclusion The participants presented a sensory dullness, relating the experienced stimuli to the consumption of psychoactive substances, demonstrating a strong equivalence between the proposed activity and substance dependence. This activity enabled an interdisciplinary approach, through knowledge and interventions exchange.

Disclosure of interest The authors have not supplied their declaration of competing interest.

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EV1414

Prescription opioid abuse, addiction and psychopathology in a pain clinic



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Introduction There has been an escalation of therapeutic use and abuse of opioids. Aberrant drug related behaviors (ADRB) have prevalence between 2.8% and 62.2% in chronic pain patients treated with opioids and dependence is estimated around 3.27%.

Objectives To estimate the prevalence of dependence, ADRB, risk of opioid abuse, and co-occurring disorders in patients with chronic pain in our environment.

Methods A total of 115 ($n = 115$) patients attending our pain clinic were screened to evaluate the risk of opioid abuse and presence of dependence including a clinical interview, hamilton depression scale (HAD), opioid risk tool (ORT), diagnostic criteria for substance abuse and dependence (DSM IV-TR) and a checklist of ADRB.

Results Among the patients, 78.26% were taking opioids, aberrant opioid related behaviors were detected in 20% and 8.9% met criteria for abuse or dependence; 11.3% had high risk and 20% moderate risk of opioid abuse (ORT). The most prevalent substance use disorders were sedative (11.3%) and alcohol (5.2%). There was a significant difference in means ($t = -3.20$ $P < 0.005$) in ORT scores between patients with current opioid dependence ($x = 7.70$ [$s.d. = 3.07$]) and without it ($x = 2.88$ [$s.d. = 3.58$]); 30.4% had anxiety, 20% depression and 3.5% adjustment disorders; 57.5% and 48.3% had a score > 10 on anxiety and depression respectively on the HAD.

Conclusions A systematic screening of risk of opioid abuse and of dependence as well as psychotherapy to treat comorbid psychopathology should be part of the treatment protocol.

Disclosure of interest The authors have not supplied their declaration of competing interest.

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EV1415

Cannabinoid hyperemesis syndrome: A Parisian case series



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Introduction Currently, cannabis remains the most widely used illicit psychoactive substance in the world. Its main pharmacological properties are known and its use for therapeutic purpose is still expanding. Also, its acute and chronic toxicity become more described, even if some mechanisms of pharmacotoxicology still remain to clarify as the cannabinoid hyperemesis syndrome (CHS). **Objectives** To describe cases of CHS, to highlight the clinical presentation and all the complexity of the medical exploration for making an accurate diagnosis.

Method We present a case series of CHS related to cannabis use and notified to the Parisian addictovigilance center.

Results Eight cases were collected between 2011 and 2016. The users are almost exclusively men (7/8), with a median age of 31 years and some of them present a history of psychiatric disorder. All of them report important daily cannabis consumption (up to 15 joints by day) with duration of consumption averaged at 10 years. All patients present recurrences of clinical signs of the syndrome including vomiting (8/8) and abdominal pains (8/8) leading to repeated hospitalizations. Despite the presence of compulsive taking hot showers notion (7/8), specific sign of the CHS, its diagnosis were made by a physician in 5 cases. Carried out medical

examinations are often complete, invasive, even going to an explorative laparotomy for one patient.

Conclusion The CHS remains not well known. A better understanding of this syndrome will enable better patient care while avoiding costly spending unnecessary investigations.

Disclosure of interest The authors have not supplied their declaration of competing interest.

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EV1416

Drug safety related to agents used for opioid maintenance therapy



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Introduction There is only little data regarding drug safety related to agents used for opioid maintenance therapy (OMT).

Objectives/aims To study drug safety and the reporting behaviour of adverse drug reactions (ADR) related to OMT.

Methods A cross-sectional questionnaire-based telephone survey among physicians providing outpatient OMT in a federal state of Germany ($n = 176$; response rate = 55.7%) was conducted.

Results Most of the respondents ($n = 97/55.1\%$) reported that they observe ADR related to buprenorphine, [dihydro]codein and [levo]methadone rarely ($n = 38/21.6\%$), very rarely ($n = 39/22.2\%$) or never ($n = 20/11.4\%$). Methadone was reported to be most frequently associated with the occurrence of ADR ($n = 82/46.6\%$), followed by levomethadone ($n = 33/18.8\%$), buprenorphine ($n = 6/3.4\%$), and dihydrocodeine ($n = 3/1.7\%$). Frequently observed ADR related to these agents were gastrointestinal, nervous system and psychiatric disorders, and hyperhidrosis. Methadone and levomethadone (not buprenorphine) were reported to be frequently associated with fatigue, weight gain, and sexual dysfunction. Only buprenorphine was reported to be frequently associated with withdrawal and rebound effects, and drug intolerance. Hundred twenty-nine participants (73.3%) stated that they never report ADR related to OMT, whereas $n = 19$ (10.8%) did so when referring to ADR related to their complete medical practice ($\text{Chi}^2 = 141.070$; $\text{df} = 1$; $P < 0.001$).

Conclusions Our data revealed similar patterns of ADR related to outpatient OMT as those reported in the product information or in pain therapy. Motivation to report ADR related to agents used for OMT may be reduced compared to ADR related to the general medical practice.

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EV1417

Absent substance use disorder and survival of extraordinarily high blood alcohol concentration



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Introduction Intoxications with alcohol are very frequent in clinical psychiatry and may lead to death depending on (maximum) blood alcohol concentration (BAC) and accompanying factors as

liver function, tolerance, comedication, etc. Death may occur due to ethanol-induced respiratory depression and/or aspiration of gastric content (due to an impaired gag reflex); thus, securing of the airway and ventilation are occasionally necessary.

Objectives/aims To illustrate the broad range of clinical outcomes of alcohol intoxications and their adequate therapy.

Methods We present the case of a 58-year female patient with depression who demonstrated a very high BAC of 8.68 g/L (representing the highest survived BAC in literature) due to ingestion of large amounts of alcohol with suicidal intent.

Results Intubation and ventilation were lifesaving and the patient did not develop any physical or mental consequential damage. As the patient had not regularly used alcohol or any other psychotropic agent tolerance could be ruled out.

Conclusions This case emphasizes the necessity of rapid securing of the airway in patients with alcohol intoxication and respiratory depression and, furthermore, illustrates the large inter-individual differences regarding ethanol susceptibility.

Disclosure of interest The authors have not supplied their declaration of competing interest.

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EV1418

The neural basis of cognitive control in gambling disorder: A systematic review of fMRI studies



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Introduction Decreased cognitive control over the urge to be involved in gambling activities is a core feature of gambling disorder (GD). Cognitive control can be conceptualized as the sum of high-order cognitive faculties interacting in the achievement of goal-oriented behaviors. As such, cognitive control can be differentiated into several cognitive sub-processes, such as response inhibition, conflict monitoring, decision-making and cognitive flexibility, all of which prove to be pivotal in GD clinical phenomenology.

Objectives Over the past few years, several studies and reviews have indicated a lack of cognitive control in GD through self-report questionnaires and neurocognitive tasks. Conversely, there are only a limited number of neuroimaging studies, which investigate the neural mechanisms underlying diminished cognitive control in GD.

Aims This research aims to systematically review functional magnetic resonance imaging (fMRI) studies that target cognitive control in GD.

Methods A literature search was conducted in order to find appropriate published articles on fMRI studies in GD.

Results Fourteen fMRI studies were included. Depending on which neurocognitive task was employed, the studies were divided into five different sections: conflict monitoring, response inhibition, delay discounting, cognitive flexibility and decision-making.

Conclusions Impaired activity in prefrontal cortex may account for decreased cognitive control in GD, contributing to the progressive loss of control over gambling behaviors. However, the way in which cognitive control interacts with affective and motivational processes in GD is still matter of investigation. Among prefrontal areas, orbitofrontal cortex has been indicated as a possible nexus for sensory integration, value-based decision-making and emotional processing, thus contributing to both motivational and affective aspects of cognitive control.

Disclosure of interest The authors have not supplied their declaration of competing interest.

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EV1419

Is methylone a new public health threat in Spain?



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Introduction Due to the continuous search for new, legal, less expensive, and more powerful highs by drug users, the synthesis of novel cathinone derivatives has become a fruitful industry, leading to a fast emergence of new alternative substances every year. Methylone (3,4-methylenedioxy-N-methylcathinone) is one of the substances that rapidly emerged as the main ingredient of “bath salts”, becoming readily accessible on the Internet. This fact has raised concerns about its potential harmfulness.

Objectives The aim of the present study is to analyze the presence of methylone in samples delivered to energy control from 2014 to 2015 in Spain.

Methods A total of 8324 samples were assessed from June 2014 to May 2015. Only those samples acquired as methylone were studied. They were analyzed by energy control, a Spanish harm reduction NGO that offers the possibility of analyzing the substances that users report. Analysis was done by gas chromatography-mass spectrometry.

Results Ten users reported to have acquired methylone (0.12%). The most used source for acquiring it was the Internet (60%). Other sources included a friend or relative (10%), home-delivered (10%) or undetermined (20%). There was no peak of consume as 50% were acquired in 2014 and 50% in 2015.

Discussion According to the results, the presence of methylone in our samples is extremely low. Therefore, despite the fact that methylone monitorization is ought to be carried out, this substance is not expected to be an emerging issue concerning Public Health and no further clinical research should be done.

Disclosure of interest The authors have not supplied their declaration of competing interest.

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EV1420

Substance use among youth psychiatric outpatients



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Introduction Portuguese young adults (15–34 years old) were more frequent engaged in substance abuse (1.2%) than the general population, according to the Portuguese substance use annual report (2014). Alcohol was the most frequent substance use on youth adults. Cannabis was the most frequent illicit substance used (23.9% of users were considered dependent), with higher prevalence than previously reported. LSD (0.4%) use was also higher among young adults than in previous studies. Cocaine (0.4%), heroine/opiates (0.4%), ecstasy (0.3%), and hallucinogenic mushrooms (1.1%) had their consumption lowered among young adults.

Objectives/aims To characterize a population of young adult psychiatric outpatients, regarding substance use and associated risk.

Methods Socio-demographic characterization of our young adult unit outpatient users between 1st January 2015–31st July 2016. Substance use was assessed with the Portuguese version of Alcohol, Smoking and Substance Involvement Screening Test (ASSIST).

Results A total of 255 outpatients were observed during the timeframe; 58 outpatients were assessed with ASSIST: 44 females (75.9%) and 14 males (24.1%), aged between 16–33 years old (average: 20.95; median: 19.50). For tobacco, 3.5% had high risk, 37.9% moderate risk and 58.6% low risk; 22.4% had moderate risk of alcohol, 13.8% moderate risk of cannabis, and 20.7% moderate risk of tranquilizers. For others substances (cocaine, stimulants, inhalants, hallucinogens, and opiates) the risk was low.

Conclusions In our sample, alcohol and cannabis use had the highest risk, as reported in the National Annual Report; however, we observed a moderate risk for tranquilizers use. In future care planning, youth mental health should address tobacco and alcohol abstinence, and preventive measures regarding anxiolytics should be undertaken, such as banning sale without medical prescription.

Disclosure of interest The authors have not supplied their declaration of competing interest.

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EV1421

Comparative examination of the differences between cannabis psychosis and methamphetamine psychosis in a psychological state



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Background With the rapid and intensive spread of marijuana abuse among youth, Japanese society is focusing on law enforcement against drug abusers. In 2016, a mass killing allegedly committed by a marijuana abuser was reported in Japan.

Objectives To consider that common recognition of the diverse process and potential risks of cannabis psychosis should be shared among psychiatrists.

Aims Elicit differences between cannabis psychosis and methamphetamine psychosis, and determine whether specific guidelines for treatment of cannabis psychosis are required.

Method Intensive retrospective review of distinctive methamphetamine and cannabis psychosis through case studies in our hospital.

Result Major symptoms of methamphetamine psychosis include auditory hallucination and paranoia, however recovery is achieved soon after undertaking treatment. In cannabis psychosis, distinctive features are megalomania and by a pseud-enlightenment experience of supernatural existence, abusers stick to an unrealistic self-estimate of omnipotent, which leads them to refuse the fading away of this feeling and repeat abuse.

Conclusion Psychological substances have strong suggestibility so abusers' symptoms are easily modified by their mental state. Involvement of syndicate or perception of illegality reflects abusers' drastic symptoms, but after dehospitalisation, recurrences are relatively fewer. Cannabis, however, grows wild and is admitted legally in some countries, so abusers lack awareness of guilt by mistaken perception of omnipotence and unrealistic optimism. Due to addiction and depersonalization, they rather enjoy gaining contact with supernatural power and fall into social withdrawal and are implicated to social problems. Considering the difficulty of rehabilitating and returning abusers to the community, we should not disregard the risks of cannabis abuse.

Disclosure of interest The author has not supplied his/her declaration of competing interest.

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EV1422

Amy Winehouse Foundation young persons' substance use survey–pilot findings



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Introduction Government-funded research indicates the prevalence of substance use in this age group is decreasing. However, anecdotal evidence suggests otherwise.

Previous surveys have been limited by:

- difficulty recruiting schools;
- the range of substances included;
- paper surveys.

Objectives To determine whether a secure online survey method improves substance use prevalence data collection in school age adolescents.

Method An online survey was created following literature review, and assessment of the reliability and validity of existing surveys. A comprehensive range of substances were included. A total of 750 students (11–16 yrs) from a mainstream school in Lancashire completed the survey during a supervised classroom session. Focus groups were conducted with students and teachers.

Results No technical problems were encountered and survey data was securely transferred to Excel allowing instant analysis.

Teachers felt the survey would be unproblematic to administer independently and found the inclusion of substances such as legal highs, and energy drinks, especially relevant.

Most students completed the survey within the session and reported a positive experience, although some difficulties understanding wording were mentioned. They felt an online survey improved confidentiality (and therefore honesty) and was easier to fill in. However, there was concern about teachers reading their responses.

Conclusions A secure online survey may be acceptable to both teachers and students, and enables the collection of hundreds of surveys in a short time period. It also improves analysis techniques. Further analysis of whether there is a teacher-versus-researcher supervision effect on the honesty of student responses is required.

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EV1423

Population characteristics of methamphetamine shabu users



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Introduction Shabu is a crystal methamphetamine whose consumption is common among the community of Philippine immigrants in Spain.

Objectives To describe the sociodemographic, healthcare and clinical characteristics of patients using shabu who have been treated by the psychiatry and addiction department of a tertiary hospital.

Methods We describe the cases of patients treated in the psychiatry and addiction department of the hospital del Mar in Barcelona, Spain with methamphetamine use disorder. We collected sociodemographic variables, monitoring features and psychiatric comorbidity from the review of medical records.

Results Ten cases of patients with severe use disorder of shabu were identified. Eight patients are from the Philippines. Nine are men (90%). At the beginning of the medical follow-up the average age was 30 years (21–41 years). All of them reported being unemployed. Four patients were referred urgently to the hospital from an ambulatory care center, two belonged to a specific program for children and adolescents, two were treated at the emergency department and two were assessed during their admissions in other departments. Regarding clinical characteristics, six had associated psychiatric disorders: two have paranoid schizophrenia, two had induced psychotic episode, one had unspecified psychosis and other had conduct disorder.

Conclusions Shabu is a drug that the Philippine community in Spain consumes in their daily life in a social context. However, consumption of this drug could be linked to the onset of psychotic symptoms. Registration is necessary to standardize the consumption pattern in order to establish a relationship between consumption and the appearance of psychotic and organic symptoms.

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EV1424

Elevated neutrophil lymphocyte ratio in patients with substance use disorders



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Introduction Disturbances in inflammatory processes may play a role in the pathophysiology of psychiatric disorders. The neutrophil lymphocyte ratio (NLR) and C-reactive protein (CRP) are indicators of the systemic inflammatory response.

Objectives The current study was prepared based on the assumption that dysregulated immune function and elevated inflammation markers may be seen in substance use disorders.

Aims Our aim was to investigate whether NLR and CRP are higher in patients diagnosed with substance use disorders than in healthy subjects.

Methods The participants in the study included 115 male inpatients diagnosed with alcohol ($n=41$), heroin ($n=46$), or synthetic cannabinoid ($n=28$) dependence according to the Diagnostic and Statistical Manual of Mental Disorders, Fourth Edition (DSM-IV-TR), and 32 healthy male volunteers. We used NLR and CRP as measures of systemic inflammation. Blood samples were taken on the next morning of admission for detoxification. Addiction severity was assessed using the Addiction Profile Index (API).

Results The difference between the groups with respect to NLR was statistically significant ($P=0.014$). Patients diagnosed with alcohol, heroin or synthetic cannabinoid dependence had similar NLR. Patients with alcohol or synthetic cannabinoid dependence had significantly higher NLR than healthy controls ($P=0.001$ and $P=0.029$, respectively). Patients with heroin dependence trended towards statistically significantly higher NLR compared to healthy controls ($P=0.067$). CRP levels did not differ significantly between

the patient and control groups. NLR and CRP were not significantly correlated with API scores.

Conclusions Our findings suggest that NLR is elevated in patients with substance use disorders in comparison to healthy controls.

Disclosure of interest The authors have not supplied their declaration of competing interest.

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EV1425

Retrospective analysis of a novel community opiate detoxification programme within Bristol specialist drug & alcohol service (BSDAS)



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Introduction Until recently community opiate detoxification strategies have largely been limited to gradual dose reductions in opiate substitute treatment (OST). These detoxes are often lengthy leading to “windows of opportunities” in patients’ motivation to detox being missed. Furthermore, many patients remain on sub-optimal OST doses for long periods of time, during which they are more vulnerable to relapse to illicit opiate use.

Within our community service, we adapted and implemented a novel two-week community opiate detoxification programme using buprenorphine front-loading and lofexidine. We worked in partnership with Bristol drugs project (BDP) to offer an 8-week psychosocial intervention alongside the medically assisted detoxification.

Objectives Assessing the completion rates and clinical safety of this intervention.

Methods Data collection was performed through retrospective review of patients’ case notes over a 9-month period.

Results Seventy-five percent of the patients starting an opiate detox successfully completed the intervention.

Lofexidine improved the mean opiate withdrawal scores by 28% at 45 min after the first dose and this was a sustained effect throughout the detox. Mean systolic blood pressure dropped by 6.2 mmHg at 45 min after the first dose of lofexidine and by 16.5 mmHg two days later however this was asymptomatic in all patients. There was no significant change in the heart rate and no adverse events.

Conclusion Our team innovatively adapted and tailored a cost-effective community opiate detoxification programme using a multi-agency strategy in a climate of limited funding and staff resources. Our data clearly indicates positive outcomes in terms of completion rates and clinical safety.

Disclosure of interest The authors have not supplied their declaration of competing interest.

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EV1426

Nalmefene effectiveness in reducing alcohol consumption and prevention of craving: A case report



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Introduction Alcohol use disorder is a pressing problem in our society. However, only a small percentage of patients with alcohol use disorder are ever treated. Nalmefene acts as an antagonist

of mu opioid receptors preventing the pleasurable sensation that often accompanies alcohol consumption, while its modulation of kappa opioid receptors can decrease the dysphoria associated with alcohol withdrawal.

Aim Studying the effect of nalmefene on patients with alcohol use disorder who are trying to reduce their daily alcohol consumption.

Methods This is a descriptive study that pretends to assess the effect of nalmefene 18 mg/day on alcohol intake in a sample of five patients (3 men and 2 women) that came to our psychiatric consultation from March to September 2016. They all had tried in the past to stop or reduce their alcohol consumption but were unable to do so. We initiate follow-up with the patients in psychiatric consultation for the next three months with a monthly frequency.

Results Out of the 5 patients, 4 reported to have reduced their alcohol consumption over the observation time, going from 32 drinks per week to 18 drinks per week on average. The fifth patient abandoned prematurely the treatment due to the appearance of side effects (nausea). No other relevant side effects were detected.

Conclusions Nalmefene appears to be effective and safe reducing abusive alcohol intake and avoiding alcohol withdrawal syndrome. Therefore, nalmefene can be considered a good therapeutic option helping reduce alcohol consumption in patients with alcohol use disorder.

Disclosure of interest The authors have not supplied their declaration of competing interest.

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EV1427

The effectiveness of case management interventions for patients suffering from substance use disorders



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Introduction Substance use disorder (SUD) is a growing health problem which needs a very complex range of care due to the chronic and relapsing nature of the disorder and the multiple psychosocial problems involved. There are often difficulties in current outpatient programs to deliver and coordinate ongoing care and access to different health care providers. To improve treatment outcomes various case management (CM) models have been developed, at first in other psychiatric domains but also for patients with SUD.

Aims The aim was to assess the effectiveness of CM for patients with SUD using existing studies.

Methods Systematic review of CM interventions for patients with SUD by analyzing randomized controlled studies on this matter found on the electronic database PubMed published between 1996 and 2016.

Results and conclusions Most of the analyzed studies showed improvement on the chosen outcome measures, although, these varied in the different studies. Mainly the treatment adherence improved, but substance use only reduced in a third of the studies. Overall functioning improved in about half of the studies. Further, studies are necessary to determine inclusion criteria for CM treatment for patients suffering from SUD in order to orientate patients most likely to benefit from this approach to the specific CM programs. There are still only few studies on this intervention and SUD. Further, studies are needed to examine the effect of treatment intensity of the CM intervention. Also longitudinal studies are needed to ensure the effectiveness of these treatments.

Disclosure of interest The authors have not supplied their declaration of competing interest.

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EV1428

New designer benzodiazepines use in Barcelona

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Introduction New designer benzodiazepines such as phenazepam, etizolam, diclazepam, clonazolam and flubromazolam have appeared in the recreational drug market due to that they provide an attractive alternative to prescription-only benzodiazepines as they are readily available over the Internet.

Objective To describe the presence of new designer benzodiazepines in samples delivered to energy control since 2010 to 2016 in Barcelona.

Methods From 2010 to 2016, 24,551 samples were delivered to energy control. Among this samples 43 (0.175%) were analysed as benzodiazepines. They were analyzed by energy control, a Spanish harm reduction NGO that offers the possibility of analyzing the substances that users report. Analysis was done by gas chromatography-mass spectrometry.

Results From the 43 samples analyzed as benzodiazepines, 1 (2.32%) was delivered in 2010, none in 2011, 2 (4.65%) in 2012, 2 (4.65%) in 2013, 1 (2.32%) in 2014, 15 (34.88%) in 2015 and 21 (48.83%) in 2016.

Discussion The data shows that new designer benzodiazepines use is increasing in Barcelona, especially in the last two years. Abuse an addiction to these drugs may be a new public health problem in Barcelona. Unknown side effects may appear due to lack of information about pharmacokinetic profile of these drugs.

Disclosure of interest The authors have not supplied their declaration of competing interest.

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EV1429

Cognitive status and addiction denial in the early stages of alcohol addiction

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Introduction Denial is a common feature of alcohol addiction that is apparent in the early and late stages of the disease. Defensive psychological mechanisms and cognitive failure have been reported as reasons for addiction denial. Effective therapeutic approaches should consider the reasons for anosognosic denial.

Aims and objectives The study investigates the correlations between the degree of denial of alcohol addiction and cognitive status of people in the early stages of alcohol dependence.

Method Subjects were identified using clinical interview the AUDIT questionnaire investigating compulsive drinking, impaired control of drinking, alcohol tolerance, and symptoms of withdrawal.

Results Forty-nine alcoholic patients at early stage of alcohol dependence were identified. At assessment, all had been abstinent for at least 7 days. They reported compulsive drinking, impaired control over it, increased alcohol tolerance, but no withdrawal symptoms followed by relief drinking. The level of denial was defined by summing up the quantitative ratings of awareness of alcohol addiction and its harmful effects. Three groups emerged of non/mild, moderate, and severe levels of addiction denial. Neuropsychological evaluation of verbal memory, logical memory, visual-motor coordination, and motor and mental speed was conducted.

Conclusion The identified cognitive deficiencies in the 3 groups were mild. Correlation between the poorer test performance and higher levels of denial was not significant. In the early stages of alcohol addiction, the anosognosic denial appears to be an unconscious ego defense mechanism leading to rejection of all the addiction-related problems.

Disclosure of interest The authors have not supplied their declaration of competing interest.

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EV1430

Seasonal variation and alcohol consumption: A retrospective observational study

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Introduction Seasonal and geographic variations in light exposure influence human mood and behavior, including alcohol consumption. In literature alcohol consumption have a clear seasonal rhythm, with specific differences during the year [1]. Seasonal changes in mood and behavior (seasonality) may be closely related to alcoholism [2]. The aim of our study is to evaluate the relationship between alcohol consumption and seasonal variation.

Method One hundred and nine inpatient are assessed with: the SCID-P for axis I diagnosis. Inclusion criteria are: (1) acute alcohol intoxication at the admission. All the socio-demographic characteristics are explained.

Results The peak period of alcohol admission is in the autumn, the lowest period is in spring in April and May. There is any significant difference related to gender. The 76% of the admission are coerced admission. The rates of co-morbidity are: personality disorders (30.3%), affective disorders (22.9%) and psychotic disorders (12.8%).

Discussion and conclusion Some patients with alcoholism have a seasonal pattern to their alcohol misuse. Several lines of evidence suggest that changes in the circadian system are also involved in the development of non-seasonal mood disorders, such as major depression and bipolar disorder. Thus, developmental alcohol exposure produces subtle abnormalities in circadian rhythms that may contribute to the development of seasonal and non-seasonal mood disorders [3]. Further research is warranted to replicate our clinical and qualitative observations and, in general, quantitative studies in large samples followed up over time are needed. Methodological limitations, clinical implications and suggestions for future research directions are considered.

Disclosure of interest The authors have not supplied their declaration of competing interest.

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EV1431

25c-nbome: Case report and literature review

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Introduction Novel psychoactive drugs (NPS) have rapidly increase in the last years in the drug market as a recreational use. A new group of toxic phenethylamine derivates named NBOMe of 2 C

class present have emerged recently, are frequently bought using the internet and have similar effects to other hallucinogenic drugs; however, they may pose larger risks, due to the limited knowledge about them, their relatively low price and availability via the internet [1–3]. The purpose of this report is to review the clinical evidence for the potential of abuse of NBOMe compounds. We propose a case report and literature review.

Method We conducted a systematic review of the literature with the principal database (PubMed, Enbase, PsychInfo) and we present a case report.

Results The effects of 25C-NBOMe is characterized by hallucination, violent agitation, rhabdomyolysis and kidney injury.

Discussion and conclusion Effects from 25C-NBOMe in our case report were similar to previous individual case reports in literature [2,3]. The clinical features were also similar to effects from other analogues in the class (25I-NBOMe, 25B-NBOMe). In our case, violent agitation (signs of serotonergic stimulation), rhabdomyolysis and kidney injury were observed [2,3]. Further research is warranted to replicate our clinical and qualitative observations and, in general, quantitative studies in large samples followed up over time are needed. Methodological limitations, clinical implications and suggestions for future research directions are considered.

Disclosure of interest The authors have not supplied their declaration of competing interest.

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EV1432

Paramethoxymethamphetamine (Mitsubishi turbo) abuse: Case report and literature review



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Introduction Paramethoxymethamphetamine and paramethoxyamphetamine (PMMA and PMA) are two so-called designer amphetamines, which appear from time to time on the illegal narcotics market in many countries. They are frequently sold as ecstasy or amphetamine, often mixed with amphetamine or methamphetamine [1,2]. Paramethoxyamphetamine (PMA) is a hallucinogenic synthetic substituted amphetamine with capable of development of dependence [3]. The purpose of this report is to review the clinical evidence for the potential of abuse of paramethoxyamphetamine. We propose a case report and literature review.

Method We conducted a systematic review of the literature with the principal database (PubMed, Enbase, PsychInfo) and we present a case report.

Results The effects of paramethoxyamphetamine is characterized at the beginning with symptoms like euphoria, derealization, psychomotor activation, feeling in tune with surroundings and in love for friends, who come to visual and auditory illusions and hallucinations, paranoid delusion, and violent agitation.

Discussion and conclusion The use of these recreational drugs is especially common among young people participating in rave parties. Occasionally paramethoxymethamphetamine (PMMA) or paramethoxyamphetamine (PMA) are found in street drugs offered as ecstasy. Further research is warranted to replicate our clinical and qualitative observations and, in general, quantitative studies in large samples followed up over time are needed. Methodological limitations, clinical implications and suggestions for future research directions are considered.

Disclosure of interest The authors have not supplied their declaration of competing interest.

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EV1433

Screening for alcohol use disorder, in mentally healthy military personnel



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Introduction AUD, with a prevalence of 7.5% in Europe, is a common disorder among general population. Reports show higher incidence in military personnel.

Purpose To detect possible AUD in mentally healthy military personnel, and estimate the need for a more regular screening.

Methods Using the AUDIT questionnaire, we assessed personnel ($n = 248$) visiting our outpatient department, from January to June 2016, diagnosed as having “no major psychopathology”, by gender, age, marital status, rank and education. The results were processed using the SPSS Mann–Whitney-U and Kruskal Wallis tests.

Results We tested $n = 215$ men and $n = 33$ women, most aged over 35, married, $n = 97$ officers and $n = 151$ NCOs (non-commissioned officers), of medium or higher education; 59.7%, scored very low (0–2), $n = 11$ had a borderline score of 6–7, 6 scored > 8, with one scoring 16, all men and NCOs. Women had very low scores (72.7% $P = 0.009$). Older personnel concentrated on lower scores, while the younger (18–24) have higher odds of AUD (12.6% scored 6+). Married personnel scored lower ($P < 0.001$). No significant correlation between AUDIT scores and education ($P = 0.705$), however, lower education personnel seem to concentrate on very low scores (82.6%).

Conclusions Female gender, age, marriage, and rank may have a positive effect on alcohol use. Lower educated personnel possibly drink less due to their more physical duties. The fact that 17 diagnosed as mentally healthy personnel had a score implying borderline to problematic alcohol use, could underline the need for a more regular screening for alcohol use disorder in the armed forces.

Disclosure of interest The authors have not supplied their declaration of competing interest.

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EV1434

Alcoholism and alcoholic psychoses in Russia: An analysis of the trends



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Introduction Russia has one of the highest alcoholism (alcohol dependence) and alcoholic psychoses incidence/prevalence rates in Europe, which may be explained by high overall population drinking and prevalence of irregular heavy drinking of vodka. The role of binge drinking in modifying the effect of alcohol on the risk of alcoholic psychoses in Russia has been emphasized in clinical and aggregate-level studies.

Aims The present study aims to examine the phenomenon of dramatic fluctuations in alcoholism and alcoholic psychoses rates in Russia during the late Soviet (1970–1991) to post-Soviet period (1992–2015).

Method To examine the relation between changes in the sales of alcohol and alcoholism/alcoholic psychoses incidence/prevalence rates across the study period a time-series analysis was performed.

Results According to the results, alcohol sales is a statistically significant associated with alcoholic psychoses incidence/prevalence rates, implying that a 1 litre increase in per capita alcohol sales is associated with an increase in the alcoholic psychoses incidence/prevalence rates of 17.6% and 14.0% correspondingly. The association between alcohol sales per capita and alcoholism incidence/prevalence rates was also positive, but statistically not significant.

Conclusion These findings suggest that the alcoholic psychoses incidence/prevalence rates are the reliable indicators of alcohol-related problems at the population level. The outcomes of this study also provide indirect support for the hypothesis that the dramatic fluctuations in the alcoholic psychoses incidence/prevalence rates in Russia during the last decades were related to the availability/affordability of alcohol.

Disclosure of interest The author has not supplied his/her declaration of competing interest.

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EV1435

Cognitive impairment associated with drug use in old age people



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Introduction Substance use disorder is a growing phenomenon among old adults. It is usually significantly undervalued, misidentified, under diagnosed and poorly treated. It has been related to cognitive impairment but there are few studies focused on the elderly.

Aim To evaluate the relationship between drug use and cognitive impairment in old adults.

Methods We conducted a prospective study (basal and 6 month follow up) in 67 patients over 65 years old seeking for treatment for drug misuse (alcohol and prescription drugs, mainly benzodiazepines) in addiction and dual diagnosis unit in Barcelona. A specific protocol was performed to evaluate attention, executive function, working memory, learning capacity, fonetic and visual fluency, decision-making, visual construction and cognitive flexibility (FCT, CPT-II, N-BACK, COWAT FAS, TAP, SDMT, IGT, CVLT, TOL, RFFT, STROOP). Patients were compared with a control group (healthy non drug users) with same characteristics (gender, age range and education status). The protocol consisted in two separated sessions of 90 minutes each one performed by a neuropsychologist.

Results Results obtained suggested that patients under drug misuse had worse scores in fluency, visual construction, memory and attention compared with controls. After 6 month treatment and achieving abstinence patients improve in cognitive skills as verbal learning, short-term memory and free recall of verbal information.

Cognitive impairment profile changes depending on the substance abused (alcohol or benzodiazepines).

Conclusions Drug use can produce deleterious effects in old adults. However, those who achieve abstinence may improve some cognitive functioning as verbal learning, short-term memory and free recall of verbal information.

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EV1436

Psychological approach in headache patients with pain medication misuse in an outpatient center for drug treatment in Barcelona



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Introduction Pain medication misuse is commonly found in patients under headache treatment and may produce co-morbid anxiety and depressive symptomatology. Management of this issue requires a comprehensive and integrative treatment including psychotherapy. Group interventions have been scarcely studied in addictive disorders, those interventions aims to decrease drug misuse and improve related psychiatric symptoms.

Aim To study the efficacy of group interventions base on cognitive-behavior approach in patients with pain medication misuse.

Method Patients with pain medication misuse were included and were evaluated with BDI, STAI, SF36 and HIT scales (basal and at the end of treatment sessions). Patients were recruited from headache outpatient unit. Twelve sessions of one hour were performed with a cognitive-behavior approach (weekly).

Results We present preliminary results about the efficacy of group interventions in patients with pain medication misuse. Descriptive results pre- and post- treatment were analyzed in depressive symptoms (M = 20.14, SD = 12.25; M = 14.67, SD = 19.50) and in areas of quality of life: physical functioning (M = 48.75, SD = 31.13; M = 60.50, SD = 41.68), bodily pain (M = 12, SD = 9.25; M = 42.75, SD = 34.09), general health perceptions (M = 25.75, SD = 16.96; M = 44.25, SD = 22.33), vitality (M = 33.75, SD = 13.82; M = 48, SD = 34.82).

Conclusions Pain medication misuse is commonly found in chronic headache patients, consequently worst outcomes for both pathologies. Group interventions may be useful in management of pain, anxiety and other co-morbidities. Furthermore, it may favor drug use decrease and even abstinence.

Disclosure of interest The authors have not supplied their declaration of competing interest.

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EV1437

Alcohol-related cue-reactivity predicts abstinence duration in individuals with severe alcohol-use disorders



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Introduction Alcohol use disorder (AUD) is an important global public health problem with complex aetiology and relapsing remitting course. Clinical measures of alcohol dependence severity and alcohol-craving, are largely unreliable in identifying individuals at high-risk for relapse. Functional human neuroimaging methods that employ symptom provocation paradigms have shown promise in identifying critical brain regions with cue-elicited alcohol-craving response.

Objective The present study aimed at examining the utility of fMRI cue-reactivity (CR) in predicting relapse risk.

Methods The study was conducted on inpatients of a tertiary care neuropsychiatric hospital. Thirty-two treatment-seeking right-handed men were recruited for the study after informed consent. Following detoxification and 3-day drug-washout period, they underwent a task-based fMRI while viewing images of alcohol-related and control cues presented to them using a previously validated fMRI paradigm. All patients received anti-craving medications (baclofen: 60–80 mg/d, $n = 16$; naltrexone: 50–100 mg/d, $n = 16$) and were prospectively followed-up till their first alcohol lapse.

Results Random-effect analysis using one-sample test revealed significant CR to alcohol-related cues (relative to implicit baseline) with activation in salience-reward related regions [insula, cingulate, dorsal striatum (DS)], visual-attention regions [occipito-temporal] and deactivation of default-mode regions [posterior cingulate (PCC)] (all significant at $P_{FWE} < 0.05$, whole-brain corrected). Cox-proportional hazard regressions revealed that greater CR in Insula ($\text{Chi}^2 = 10.33$; $P = 0.001$; HR = 3.1; 95% CI = 1.5–6.3) and DS ($\text{Chi}^2 = 10.87$; $P = 0.001$; HR = 2.8; 95% CI = 1.5–5.2) predicts faster subsequent time to first drink after accounting for the role of clinical measures.

Conclusion These findings indicate that CR can serve as potential marker to identify individuals at high-risk for relapse. Further examination of intervention-related CR change may aid in personalizing treatment of AUD.

Disclosure of interest The authors have not supplied their declaration of competing interest.

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EV1438

Modafinil: A smart drug with psychiatric implications



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Introduction Modafinil is approved to treat excessive somnolence but it is also off-spec used as a treatment for ADHD and as a cognitive enhancer. Research on the effects of modafinil on cognitive function have yielded mixed results. Modafinil interact with dopamine, noradrenaline, serotonin, glutamate, orexin, histamine and GABA levels. The regulation of these neurotransmitters

is widely known to be implicated in most of the neuropsychiatric disorders.

Methodology A review was conducted aiming to clarify the biological mechanisms of action of modafinil; its effects on attention, learning, executive functions and creative thinking; as well as possible neuropsychiatric disorders associated to its intake. The literature search was conducted in PubMed data reviewing articles dating between 2015 and 2016.

Results (1) Empirical evidence for cognitive enhancing effects of one of the most frequently used substances, modafinil, is sparse. Studies suggest that with more protracted and complex testing, more benefits are associated to modafinil use.

(2) Modafinil may be implicated in alterations of reward-related behaviour. Compared to placebo, modafinil leads to an enhanced tendency to make previously rewarded choices compared to the avoidance of previously punished choices. This pattern of altered choice behaviour is probably induced by an increase of the dopamine level and a potential contribution of elevated noradrenaline.

Conclusions Some people share information about this drug in social network. Off-label use of this drug may be implicated in alterations of reward-related behaviour and patients with previous psychiatric disorders should be aware of its possible adverse effects.

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EV1439

Nootropics: Emergents drugs associated with new clinical challenges



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Introduction The “nootropic” or simplified as a “smart drug”, is a common term that will tag along with the compound responsible for the enhancement of mental performance. Certain individuals with a history of mental or substance use disorders might be particularly vulnerable to its adverse effects.

Methodology A review was conducted aiming to clarify the mechanisms associated of how these drugs increase mental functions including memory, motivation, concentration, and attention; and which kind of individuals are at risk of developing adverse effects when taking these drugs. The literature search was conducted in PubMed data reviewing articles dating between 2015 and 2016.

Results – Glutaminergic Signalling, Cholinergic System, Amyloid Precursor Protein and Secondary Messenger may be related to the cognitive enhancement achieved by Nootropics. Others, like insulin and angiotensin receptor may involved too.

– Some of them, like Ginkgo biloba, seem to have neuroprotective effects observed in human and animal models, acting as antioxidant and antiapoptotic, also inducing inhibition effects against caspase-3 activation and amyloid-aggregation toward Alzheimer's disease.

– Synthetic nootropics, a lab created compound such as piracetam, especially in people with history of drug abuse, may be associated with psychiatric exacerbations of some patients.

Conclusions Young adults all over Europe, especially university students, are starting to use nootropic drugs to improve their academic results. Some of them seem to have beneficial effects over mental health but others are sometimes related with sudden and unexplained exacerbations in stable psychiatric patients. It is important to early identify symptoms and to treat them properly.

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EV1440

What are the predictors of success in smoking cessation program?

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Smoking is the most important avoidable cause of morbidity and premature mortality in the European Union and other countries. Identification of individual characteristics that predict success in smoking cessation is highly desirable. Psychological determinants of smoking cessation, especially depression and anxiety disorders are associated with a higher prevalence of smoking, a higher rate of nicotine dependence, and elevated withdrawal symptoms. In this study, we aimed to identify the determinants that effect the smoking cessation program success. We scanned 232 patient files, who attended between February 2016–June 2016 in Smoking Cessation Program in a State Hospital. The patients who have applied at least two times to unit were included to study. Phone calls were done 6 months after first admission to check the status of smoking. Then we compared sociodemographic characteristics, nicotine dependence levels and psychological symptoms of patients. Sociodemographic Data Form, Fagerstrom Nicotine Dependence Scale and Symptom Check List-90 were done with every patient. It is important to determine the predictors to quit smoking for smoking cessation program. In many studies, the level of nicotine dependence has been identified as the main predictor of successful smoking cessation. It is known that the psychiatric co-morbidity is related with low success in this program. Determining psychiatric co-morbidity and treating this will be effective for success of smoking cessation.

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EV1441

Alexithymia in patients with substance use disorders

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Introduction Alexithymia is considered as a deficit in emotion processing. It includes difficulty to identify and describe feelings as well as discriminate between feelings and physical sensations. Alexithymia may be a risk factor for substance use (SUD).

Objectives The objective of this work is to identify the prevalence and correlates of alexithymia among patients with SUD.

Methods This study concerns 40 subjects who were hospitalized in a rehabilitation center in Sfax. The subjects completed a form investigating sociodemographic and drug use characteristics. Alexithymia was assessed using the Toronto Alexithymia Scale TAS-20 a. The TAS-20 have three factors: difficulty in identifying feelings (F1), difficulty in describing feelings (F2), and externally oriented thinking (F3).

Results The mean age of 30.86 ± 8.07 years. The mean score of alexithymia was 65.39 ± 9.65 (42–83). The scores of its dimensions were 25.3 ± 6.10 for F1, 17.16 ± 3.3 for F2 and 23.16 ± 3.18

for F3. The prevalence of alexithymia was 62.8% among addicts. High alexithymic patients did not differ from low or moderate alexithymic patients in terms of, employment, education or the type of substance. TAS-20 was correlated to socio-economic status ($P=0.002$). No correlation was observed between age and alexithymia (total TAS-20) when measured as a continuous variable ($P=0.802$). High alexithymic patients exhibited a higher preference for poly-substance use compared with no alexithymic patients ($P=0.05$).

Conclusion Findings suggest that alexithymia is frequent in SUD patients. It should be noted in clinical practice that many patients with SUD may have a reduced capacity to identify and describe feelings during detoxification.

Disclosure of interest The authors have not supplied their declaration of competing interest.

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EV1442

An unusual case of 'laughing gas' addiction in Singapore

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Objective Recreational use of nitrous oxide (N₂O) or 'laughing gas' inhalation is a common phenomenon in countries like UK and US where it is associated with music festivals and parties. However, as far as we know, recreational N₂O use in Singapore has hitherto not been reported in the press or scientific journals. We report the first case of N₂O use and addiction in a young Singaporean male who was introduced to it by a friend from a Western country where its use is prevalent.

Methods A 20-year-old Singaporean male with an existing psychiatric diagnosis of major depression, presented with a 3 year history of solitary regular N₂O inhalation that escalated from infrequent low dose use to the current daily high-dose use which he was unable to control. He exhibited symptoms of dependence – including preoccupation, tolerance, withdrawal and difficulty in cutting down. No major adverse medical complications were noted so far.

Results The patient was assessed to have Nitrous Oxide Dependence; and is currently undergoing regular counselling sessions in an attempt to motivate him to cut down or stop his N₂O use.

Conclusion This case is unique for 2 reasons:

– extant literature suggests that only anecdotal evidence exists for psychological dependence of N₂O in Singapore; yet our patient clearly demonstrates psychological dependence;

– this is the first reported case of N₂O use disorder in Singapore; and perhaps ASEAN, with the unusual presentation in a young male whose use is solitary and private.

Disclosure of interest The authors have not supplied their declaration of competing interest.

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EV1443

Readiness to change, insight and motivation in hospitalized alcohol-dependent patients in three countries

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Introduction Alcohol dependence is a serious problem in Central Europe and the treatment effect depends on level of patient's motivation. The theory of change assumes that therapeutic approaches should be adapted to the motivation stage.

Objectives To examine the state of readiness to change at the beginning and the end of inpatient 6-week and 12-week therapeutic program in Slovakia, Poland, and Czechia.

Aim To compare readiness to change with insight and motivation. To find out, whether patients change during the therapeutic program and how this change leads to advances in treatment.

Methods A total of 380 inpatients were examined using Alcohol Use Disorders Identification Test (AUDIT), the Stages of Change Readiness and Treatment Eagerness Scale (SOCRATES), Readiness to Change Questionnaire (RCQ), and Demographic Questionnaire.

Results Measured by AUDIT, single patients declared higher severity of alcohol dependence than married or divorced patients. A majority of patients were at the stage of action (68.5%) or preparation (26.3%) according to RCQ at the beginning of the treatment. Readiness to change was higher at the end of both programs in terms of taking steps in married patients and in terms of Decreasing of Ambivalence in single patients. The results of the 6-week program appear to be slightly better than 12-week treatment.

Conclusions The intention and motivation to treatment changed during therapy. Marital status may increase the active component for readiness to change, while passive component (decreasing the ambivalence) is observed in single patients. Duration of the program does not seem to be crucial for readiness to change.

Disclosure of interest The authors have not supplied their declaration of competing interest.

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EV1444

The prevalence of psychiatric co-morbidities and relapses in males treated for alcohol dependence syndrome – Prospective study from tertiary de-addiction care unit in Kerala, India

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Kerala has high percapita consumption of alcohol among the other Indian states.

Objectives Prevalence of psychiatric co-morbidities in alcohol dependence syndrome and association of severity of alcohol dependence, personality dimensions, motivation and short delay relapses.

Methods A prospective study in 91 male alcoholic patients for 2 months.

Results Two groups not relapsed (NR=48) and Relapsed (R=43) were comparable in age, SADQ severity score, average units of alcohol consumption and years of alcohol use. Average consumption was 17 units/day (500 mL spirits), age of onset before 25 years 87%, mean age 40 and severe alcohol dependence was in 57% of study population. Co-morbid nicotine use was 80.2% and in equal numbers in the relapsers and non-relapsers group.



Conclusions Bipolar disorder was the most prevalent (19.8%) in the study population. About 53.8% had alcohol dependence as the primary diagnosis with no associated psychiatric co-morbidities. Anxiety disorders (12%) and personality disorders (19.7%) were found more in the relapsers group. Anxiety symptoms seemed to be a risk factor for relapsing compared to other co-morbidities in bivariate analysis (Pearson χ^2 5.998, $P=0.014$). Psychoticism among relapsers were high (Pearson χ^2 4.901, P value 0.027, OR: 3.782, 95% CI: 1.103–12.958). Co-morbidities were not statistically significant in multivariate (Pearson χ^2 1.765, $P=0.184$, OR: 1.755, 95% CI: 0.763–4.037). Severity of alcohol dependence in relapsers was not significant (Pearson χ^2 0.650, $P=0.722$). Motivation levels of 62.8% of relapsers were low, 32.6% medium and only 4.7% reported high motivation (Pearson χ^2 11.846, $P=0.003$). Poor motivation proved to be a risk factor for future relapse ($P=0.008$, 95% CI: 1.266–4.648, SE.332).

Disclosure of interest The authors have not supplied their declaration of competing interest.

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EV1445

Anti-craving biofeedback program in clinical course of pathological addictions



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Introduction Modern clinical narcology searches for anti-craving programs to overcome psychoactive substances (PAS) pathological addiction with bio-adaptive regulation of systems (BARS).

Aims and objectives To develop computer modified biofeedback program integrated with Luscher test.

Method Twenty-two PAS addicts who were undergoing biofeedback modified psycho-training were examined. Computer rheoencephalogram (REG) was used as an external monitoring module.

Results Technologically novel biofeedback computer modification was developed with preceding Luscher computer testing for determination of the individual preference colour and the colour producing individual unpleasant associations in respondents. Consequently, biofeedback program was corrected differentially by changing standard colour templates for those personified on monitor. Cerebral hemodynamics condition transferred to individually designed for a particular respondent colour registers is used as a homeostatic parameter reflecting alcohol craving presence/absence: in case of the disordered REG parameters the signal reflects the respondent's unpleasant (negative) colour, and with no craving the screen is filled with positive, pleasant, favourite colour. During BARS auto-training the respondents' skills to mediate present subjective clinical PAS craving manifestations with unpleasant colour and the experimental auto-training method have been mastered, and those psycho emotional states which displace PAS craving symbolic colour from the screen are selected, and it is substituted with favourite colour (symbol of healthy mode of life motivations).

Conclusions Usage of combined BARS biofeedback improved effectiveness of the training and allowed to objectivize and control the condition of the patient getting reliable visual and digital information about either regress or activation of PAS craving and potential relapse of addictive behaviour.

Disclosure of interest The authors have not supplied their declaration of competing interest.

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EV1446

Clinical diagnostic criteria of modern spice addiction

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Introduction Populations of spice addicts in Ukraine demonstrate distinct tendency for steady spreading, and transitory psychotic episodes, overdosing and fatal cases are being registered in consequence of smoking. “Spice” are synthetic analogues of tetrahydrocannabinol.

Aims and objectives To develop an average personified clinical portrait of spice addict for more specified therapy.

Method Twelve patients who consumed spices systematically for 1–2 years were observed. Methods of examination: clinical psychopathological, psychological testing, clinical laboratory.

Results Main spice addiction diagnostic criteria were: Spice smoking, obsessive and uncontrolled anosognosic desire and craving to test on themselves effects of their action, pathognomonic tolerance increase, specific post-intoxication consequences. After the first smoke inspiration heavy intoxication with euphoria and loss of surrounding real perception, sexual disinhibition and craving to repeat smoking manifested after the first smoke inspiration. Then, spice smoking became subjectively pleasant, caused condition of intoxication with increased mood, fussiness, was accompanied with feeling of hunger, thirst, and hoarse voice. In the patients rather quickly (for 2–3 weeks) twice reduced duration of intoxication state from 40 to 20 minutes, loss of situation and quantitative control over smoking was observed. Clinical specifics of addiction for spices smoking is rather quick (from 5 to 10 trials) formation of psychic equivalent of addiction, extremely intensive and emotionally saturated craving for smoking, quick rise of tolerance with loss of situational and quantitative control over smoking.

Conclusions Definite rules in the development and formation of spice dependence is necessary to be considered while developing programs for therapy and prevention in clinical narcology.

Disclosure of interest The authors have not supplied their declaration of competing interest.

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EV1447

What are sweet dreams made of? Analysis of psychoactive substances into “gummies”: A retrospective descriptive study

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Introduction Although psychoactive substances has a long history in recreational settings, research on its composition has focused only on tablets, crystal and powder, even though new formulation for new psychoactive substances are readily available for users.

Objectives To describe the presence of psychoactive substances and its characteristics in new formulations which had not previously been found in samples delivered to Energy Control from 2014 to 2015 in Spain.



Methods A total of 8324 samples were analysed from June 2014 to December 2015. Only those samples in gummy formulation were studied ($n=9$). Samples were analyzed by energy control, a Spanish harm-reduction NGO that offers analysis of substances to users. Analysis was done by gas chromatography-mass spectrometry.

Results From 9 samples of psychoactive substances in gummy formulation, the analysis detected that 55.5% contained multiple psychoactive substances: 6 samples contained 25N-NBOMe (66.7%), 1 2C-E (11.1%), 1 2C-D (11.1%). Two allylescaline (20%), 1 cocaine (11.1%), 1 THC (11.1%), 1 cannabinol (11.1%), 1 ketamine (11.1%), 1 caffeine (11.1%), 1 MDMA (11.1%), 1 N-acetyl-MDMA (11.1%), 1 metoxetamine (11.1%), 1 N-acetyl-MDMA), 1 2C-N (11.1%). The only substance found in active dosage was 25N-NBOMe. Six samples (66.67%) did not contain the substance expected by the consumer.

Discussion Incipient presence of gummies as new psychoactive formulation was found. The most prevalent drug was 25N-NBOMe; 66.7% did not contain the substance expected. This may pose a risk for potential harmful effects. All the gummies were known to be drug-carriers when bought. This could represent the presence of new formulations from June 2014 in the Spanish recreational market.

Disclosure of interest The authors have not supplied their declaration of competing interest.

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EV1448

Perceptions of problem-drinker patients' family members about their own hazardous-drinking behaviours in Chinese general hospitals

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Background Excessive alcohol use has been associated with health, social and legal problems. Studies of alcohol-drinking problems have mainly focused on patients with alcohol-drinking problems and few studies have focused on their family members. The purpose of this study was to explore the perceptions of family members of problem-drinker patients about their own hazardous or harmful alcohol-drinking behaviours.

Methods In this qualitative descriptive study, participants were recruited from three hospitals randomly selected from northern and central Taiwan (2:1). Hazardous-drinker patients and their family members were screened using the Chinese version AUDIT. AUDIT scores >8 indicated harmful or hazardous drinkers. Data were collected in individual, audiotaped, in-depth interviews using an interview guide. Verbatim interview transcripts were analysed using ATLAS.ti, version WIN 7.0.

Results The sample of 35 family members with hazardous or harmful drinking behaviours perceived that their own alcohol-drinking behaviours were related to six major patterns: family habits, leisure activities with friends, work pressures, personal taste, a way to forget one's problems and to express happiness.

Conclusions We recommend that programs to prevent harmful or hazardous drinking should emphasize understanding standard amounts of alcohol in alcoholic beverages, recommended amounts of alcohol consumption for males and females, knowledge about the long-term effects of excessive alcohol consumption; offer



strategies to resist social pressure to drink; and build positive strategies for coping with stress.

Disclosure of interest The authors have not supplied their declaration of competing interest.

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EV1449

A comparative research of therapy regimens related to patients with alcohol addiction syndrome for the period 2000–2009 in narcological clinical hospital No. 17 of Moscow

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The incidence rate of alcohol addiction syndrome continues to increase worldwide. In the Russian Federation, there is a priority of the patient's rights for an effective and safe treatment of narcological disease. This is achieved using standardised, reproducible, statutory narcological patients diagnosis and management standards.

Research purpose Identify efficient algorithms for alcohol addiction syndrome treatment in a Narcological Clinical Hospital No. 17 of Moscow (NCH№17), allowed Narcological patients Diagnosis and Management Standards for the period 2000–2009.

Research objectives (1) Identify the key therapeutic treatment algorithms that were used in NCH№17 of Moscow in the period 2000–2009. (2) Compare the effectiveness of therapeutic regimens identified.

Data for study – hospital sheets of patients treated from 2000 to 2009 in NCH№17 of Moscow. Analyzed 520, included in the research: 401 hospital sheets of 118 patients.

Methods (1) Continuous sampling. (2) Statistical, Fisher's exact test, Microsoft Excel software (version 13.1.) and Statistica 5.1.

Results From 2000 to 2009 (1998, 2003 and 2005) have changed three times: legislative framework, focus, narcological patients' treatment regulation (Fig. 1).

Therapeutic algorithm was considered successful if the stage-by-stage approach was complied with. Algorithm inefficiency is designated as "failure of treatment stage-by-stage approach". Disadvantages of therapeutic regimens lead to complications. Polypragmasy influenced the development of complications. From the analyzed 118 hospital sheets (pursuant to Fisher's exact test), 72 patients had polypragmasy, 40% cases – proven cause was delirium, 20% – refusal of treatment (Fig. 2).

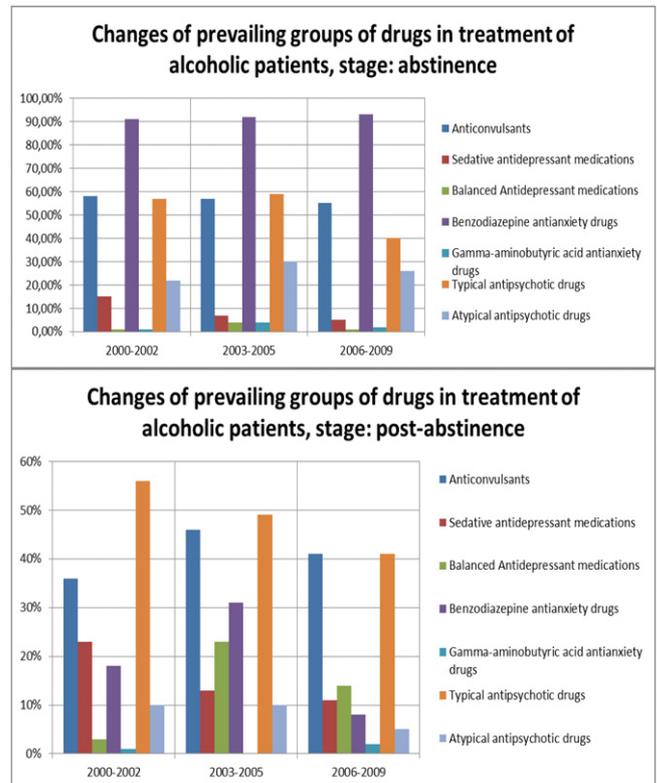


Fig. 1 Periods of application of different regimens are outlined: 2000–2002, 2003–2005, 2006–2009.

Failures of stage-by-stage approach in treatment of alcoholic patients

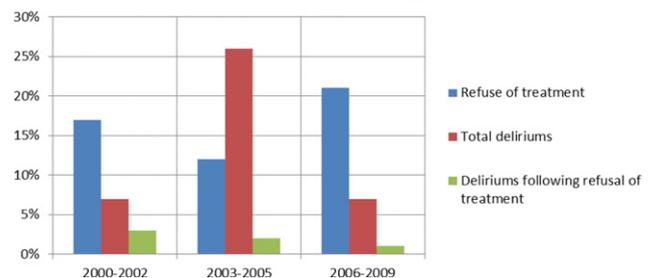


Fig. 2 Surrogate variable of complications is refused treatment.

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EV1450

Methamphetamine-induced choreoathetosis: A case report

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We describe the case of a 23-year-old male with a past psychiatric history of Obsessive Compulsive disorder, Generalized Anxiety Disorder, Cannabis Use Disorder, and a reported history of Bipolar II Disorder and ADHD, and no past medical history, who presented to the hospital for a psychiatric evaluation of erratic behavior. Per his family's report, the patient has not been attending to his activities of daily living and has had poor sleep and significant

weight loss for the past month. In the days preceding his presentation, he has experienced worsening irritability and rapid speech, and has been responding to internal stimuli and displaying odd repetitive movements of his extremities. On interview, the patient reported non-compliance to his prescribed Lithium and Paroxetine for the past three months. He also noted recently smoking methamphetamine on a daily basis for the past month and intermittently abusing cannabis, benzodiazepines and cocaine. His urine drug screen was positive for cannabinoids and amphetamines and the rest of his medical workup was within normal limits. On physical exam, he exhibited involuntary writhing and twisting movements of his extremities. An atypical antipsychotic was prescribed, after which his choreoathetotic movements resolved within 24 hours. The purpose of this poster is to highlight the possibility of developing chorea as a result of methamphetamine use, given the rarity of such cases, and to discuss whether the resolution of his neurological symptoms were a result of antipsychotic administration or were simply due to the natural course of methamphetamine discontinuation during hospitalization.

Disclosure of interest The authors have not supplied their declaration of competing interest.

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EV1451

Psychological distress and alcohol use among adolescents



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Introduction Anxiety and depression, as well as alcohol use are widespread among teenagers, and constitute a huge public health burden worldwide.

Objective To study the link between alcohol consumption and emotional distress (anxiety and depression) among adolescents.

Methods We conducted a cross-sectional study in May and June 2016. The sample consisted of 314 pupils from 4 colleges and schools in Sfax (Tunisia). Alcohol Use Disorders Test (AUDIT) was used to evaluate alcohol dependence. Anxiety and depression levels were evaluated using the "Hospital Anxiety and Depression Scale" (HADS).

Results The mean age was 16 years with a sex ratio of 1.08. Among the participants, 18.9% reported having drunk alcohol at least once and 42.37% of them still consume. The main reasons for alcohol initiation were the search of new experiences (78%) or pleasure and well-being (39%) and the curiosity (49.15%). According to AUDIT, 1.7% of alcohol users presented an alcohol misuse and 20% presented dependence.

The prevalence of anxiety and depression were respectively 56.1% and 23.7%. Anxiety was correlated to alcohol experimentation ($P=0.03$) and non-supportive environment ($P=0.003$). Depression was correlated to alcohol experimentation ($P=0.001$), AUDIT score ($P=0.009$), somatic histories ($P=0.02$), physical abuse ($P=0.02$), non-supportive environment ($P=0.016$) and graduating class level ($P=0.005$).

Conclusion Our study highlights the close association between alcohol consumption and emotional distress in adolescence, which seems to be bi-directional. When attempting to reduce the risk of alcohol consumption, we should focus a particular attention on adolescents studying in graduating class, reinforce adolescents' family support and prevent physical abuse.

Disclosure of interest The authors have not supplied their declaration of competing interest.

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EV1452

Stability of problematic gaming and associations with problematic gambling: A three-year follow-up study of adolescents in the SALVe-cohort



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Aim The aims of the present study was to investigate the long-term stability of problematic gaming among adolescents, and whether problematic gaming at wave 1 (W1) were associated with problematic gambling at wave 2 (W2), three years later.

Methods Data from the SALVe-Cohort, including adolescents in Västmanland born in 1997 and 1999, at two waves were analyzed (W1, $n=1868$; 1035 girls, W2, $n=1576$; 914 girls). Adolescents self-rated the Gaming Addiction Identification Test (GAIT), Problematic Gambling Severity Index (PGSI), and gambling frequencies. Stability of gaming using Gamma correlation, and Spearman's rho was performed. General linear model analysis (GLM), and logistic regression analysis were performed, adjusted for sex, age, and ethnicity using PGSI as dependent variable, and GAIT as independent variable, for investigating associations between problematic gaming and problematic gambling.

Results Problematic gaming was stable over time, $\gamma=0.810$, $P\leq 0.001$, and $\rho=0.555$, $P\leq 0.001$. Furthermore, problematic gaming at wave 1 increased the probability of having problematic gambling three years later, GLM $F=3.357$, $\eta^2=0.255$, $P\leq 0.001$, and logistic regression OR=5.078 (95% CI: 1.388–18.575), $P=0.014$. Male sex was associated with higher probability of problematic gambling.

Conclusions The present study highlights the importance of screening for problematic gambling among problematic gamers in order not to overlook possible coexisting gambling problems. The stability of problematic gaming indicates a need for development and evaluation of treatment for problematic gaming and also for coexisting gambling problems.

Disclosure of interest The authors have not supplied their declaration of competing interest.

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EV1453

ASD, SUD and gender



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Introduction Autism and substance use disorder (SUD) is not the co-morbidity that is commonly considered. Yet these conditions have more commonalities than one would suspect.

Objective We will consider the evidence for co-morbidity between ASD and Addiction (Substance Use Disorders (SUD) and explore the influence of gender.

Method A pilot study of 80 admissions to an adult ASD unit will be presented.

Results The co-morbidity ASD and SUD in this study was very high (65% of the inpatients). There were no gender differences in prevalence in total but addiction to medication (32% in woman vs. none in man) and eating disorders (24% in women vs. 9% in man) was far more common in women whereas addiction to drugs (13% in man vs. none in women) was far more common in man.

Conclusions There are clear indications that a possible co-morbidity of substance abuse disorder should be considered in cases of individuals with autism spectrum disorders. There are no gender differences in prevalence of co-morbidity ASD and SUD in

total but addiction to medication and eating disorders seems to be much more common in women whereas addiction to drugs probably more common in man.

Disclosure of interest The author has not supplied his/her declaration of competing interest.

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EV1454

Central nervous system grey matter decreases in volume in smokers impacting cognitive abilities:

A systematic review

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Background Even though cigarette smoking is a leading cause of preventable mortality, worldwide tobacco is consumed by approximately 22% of population. Smoking is also one of the risk factors for cardiovascular disease and it impacts our brain processing as well as being one of the recognised risk factors for Alzheimer's disease. The tobacco toxins may cause these disorders, e.g., nicotine at high levels, which are inhaled, resulting in preclinical brain changes. Researchers suggest that there are differences in brain volume between smokers and non-smokers. This review examines these differences on the brain grey matter volume (GMV).

Material/methods In March/April 2015: MedLine, Embase and PsycInfo were searched using terms: "grey matter", "voxel based", "smoking" and "cigarette".

Results Studies found brain GMV decreases in smokers compared to non-smokers. Furthermore, gender specific differences were found, while thalamus and cerebellum was affected in both genders decrease in olfactory gyrus was found only in male smokers. Age group differences were also found and these may suggest pre-existing abnormalities that lead to nicotine dependence in younger individuals. Only one study found positive correlation between number of pack-years and GMV.

Conclusion Smoking decreases the volume of grey matter in most brain areas. This decrease may be responsible for the cognitive impairment and difficulties with emotional regulation in smokers compared with non-smokers.

Disclosure of interest The authors have not supplied their declaration of competing interest.

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EV1455

Anti-epileptic drugs in opiate addictions

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Introduction Mood dysregulation came to be a hallmark in addiction diseases.

Objectives Antiepileptic drugs (AEDs) are used extensively to treat non-epilepsy disorders, such as mood disorder. Addiction disease may be triggered by bipolar disorder. Contemporary theories of addiction focus on pathophysiological mechanisms that imply a misbalance in the area of motivational behaviour, cognitive control, inhibitory function and decision-making processes.

The aim of the study was to confirm the clinical significance of AEDs use in the treatment of opiate addicts during hospital detoxification and in stabilizing period.



Methods The prospective study comprised 70 medical histories of the patients treated in hospital setting over a period August 2015–2016. The study included patients with diagnosis of an opiate dependence and related mood disorders based on the ICD-10 classification. The rate of opiate withdrawal syndrome was measured by Objective Withdrawal Scale (OWS).

Results Our data uncovered a significant correlation between addiction and bipolar disorders, since 21% of inpatients treatment have co-morbidity. According to a survey, 74% of patients were treated with AEDs during detoxification period and in outpatients setting 1 month later. According to OWS in 65% cases AEDs improved the mood and affect, numbness, sensitivity.

Conclusion AEDs role in opiate withdrawal syndrome was to normalize the affect, applied as an adjuvant therapy and also used during the recovery, in order to correct mood fluctuations. The high rate of co-morbid mental illnesses between addiction and other mental disorders argues for a comprehensive approach to evaluate each disorder concurrently, providing treatment as needed.

Disclosure of interest The authors have not supplied their declaration of competing interest.

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EV1456

Socio-demographic, clinical and therapeutic features of patients treated for schizoaffective disorder using cannabis

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Introduction Psychotic disorders were formerly associated with cannabis use. It could accelerate the course of the illness and thus, constitutes a severity factor in terms of prognosis.

Objectives To define the socio-demographic, clinical and therapeutic profiles of patients suffering from schizoaffective disorder (ASD) and who are consuming cannabis.

Methods A retrospective study of 16 patients diagnosed with ASD, who were hospitalized at the psychiatric department of Tahar Sfar Mahdia's hospital, and whose toxicology test results during the hospitalization came back positive for tetrahydrocannabinol.

Results Sixteen patients were gathered, all male, the average age was 26 years. The average age of first hospitalization was 25 years, 41.9% were unemployed; 76.3% of our sample were single. Three quarters of patients were hospitalized without consent. The average hospital stay was 30.33 days. Our patients had required during their stay an average dosage of antipsychotic, equivalent to chlorpromazine, of 752.42 ± 342.79 mg. The average scores of psychometric scales were: BPRS = 55.72 ± 14.11 , SAPS = 41.5 ± 14.80 and 42.11 ± 18.88 .

Conclusion Currently, it is recognized that prolonged use of cannabis is an exogenous risk factor. The association between cannabis and schizoaffective disorder may amend the treatment modalities. It requires, thereby, an integrated and simultaneous treatment of schizophrenia and addictive behavior.

Disclosure of interest The authors have not supplied their declaration of competing interest.

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e-Poster viewing: Suicidology and suicide prevention

EV1457

The application of the attitudes towards suicide questionnaire (ATTS) in Tunisian elderly



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Introduction According to WHO, suicide is a major public health problem and the most affected age group by suicide in Tunisia is that of over 70 years.

Aims To study the perception of the Tunisian elderly of suicide.

Methods A cross-sectional study was conducted during a 3-month period from October to December 2015. Fifty persons aged at least 65 years participated to the study. We used an anonymous questionnaire with a specific scale: "Attitudes Towards Suicide Questionnaire" (ATTS).

Results The mean age of our patients was 67.5 years. Sex ratio was 1.27. Most of the participants were married (82%), unemployed (63.2%), with a secondary or high educational level (62%), and low income (73.5%). All participants were believers. As for religious practice, 74.5% of the recruited elderly made the fast and 73.5% were prayers. Among women, 70.8% wore the veil. Concerning the perception of suicide, it was on the dimension of "permissiveness" ($M = 1.88$) that our participants agreed less. Those who made prayers had lower scores of "permissiveness" ($P = 0.032$). Women who wore the veil had higher scores on the field of "incomprehensibility" than the unveiled ones ($P = 0.047$). Furthermore, 68% of our participants believed that suicide is stigmatizing.

Conclusions It might be time to try to lift the taboo and stigma through information and sensitizing campaigns on suicide. In this direction, studies of perception help to identify, somehow, "automatic thoughts" regarding representations of suicide and to try to develop an "alternative thinking" in the general population.

Disclosure of interest The authors have not supplied their declaration of competing interest.

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EV1458

Algeria, from social issue to self-immolation; autopsy of a "fashionable" suicide



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Introduction Self-immolation has been practised for several centuries in some cultures. Tolerated by Mahayana Buddhism and Hinduism. It is practised for many reasons: Sati (rituals), political protests, devotion and renouncement. In addition, it is also observed in some warrior cultures, like Rajputs.

The self-immolation trend began in Tunisia during government protests ("Arab spring" revolution) when a man named Bouazizi set himself on fire and died. Fiery copycat suicides spread throughout other countries. Algeria has also discovered this form of protest and faced a wave of self-immolation considered by some commentators to have reached epidemic proportions.

Objective Our goal is to show the kind of support that political and health authorities, with the help of psychiatrists, are trying to set up in order to achieve efficient prevention.

Methods In a case-control study, 20 consecutive case of deliberate self-inflicted burns admitted to the regional burn centre

(Douera Hospital, Algeria) were compared with 20 controls who were selected from the community and matched by sex, age and living area. Diagnostic and statistical manual of mental disorders (DSM IV) Axis I (clinical disorders) and Axis II (personality and mental retardation) diagnoses were assessed via detailed clinical interview.

Results There have been 69 cases of self-immolation, with an average age of 26 including 87% of men and from which 13% with a psychiatric history. Unemployment and housing crisis are the most common causes. Here, we will provide specific explanations about our country.

Conclusion It turns out that self-immolation is an extreme form of protest against the social malaise to make things change and does not due in the most cases to mental disease.

Disclosure of interest The author has not supplied his/her declaration of competing interest.

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EV1459

Role of alcohol use in suicidal behavior in public places



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Introduction Suicide in public places is a relatively common emergency in which alcohol use could be a factor involved.

Methods A total of 169 patients were attended for SB in Madrid public places by SAMUR (Municipal assistance service for emergency and rescue) and transferred to FJD emergency room where all of them were assessed by the psychiatrist on duty. For all (but 47 of them), blood alcohol level was measured and other variables were collected: age, sex, history of suicide attempt and characteristic of the attempt. A descriptive analysis was made and then differences between those using alcohol and those not was made.

Results Our sample comprises 169 patients, 40.2% woman and 59.8% man (median age = 39.36 years). Alcohol was measured in 122 patients, being positive in 52.4% (median alcohol level = 95.09 mg/dL). We found that 64.6% of man had consumed alcohol against the 30.2% of women ($P = 0.000$). 64.8% of alcohol users were discharged, against the 35.2% that not users. We admitted 28.1% of the alcohol users and 56.8% of the non-users ($P = 0.007$). We did not found statistically significance differences when compared patients that consumed against patients who did not regarding previous attempts, behavior (ideation, intent, non suicidal self-harm) and method.

Conclusions When assessed SB, we found that most of the patients were man under the alcohol influence and most of them were discharged after being evaluated. The data does not reflect the seriousness of the SB, which opens the possibility of correlating the levels of alcohol with suicidal risk.

Disclosure of interest The authors have not supplied their declaration of competing interest.

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EV1460

Psychological autopsies, suicide and psychopathological significance (Results of a survey of mental health from 2000 to 2008 in east of Algeria)



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This is an epidemiological study of suicide in East of Algeria (15 wilayas) through psychological autopsies (from 2000 to 2008) or more variables were studied to establish a standard profile of suicide in Algeria. The variables studied were: age, sex, occupation, place of residence, the existence of life events, psychiatric history and possibly a history of TS, a source of information (from whom we collected Information: father, mother, brother, sister. . .) and the proceeds used for suicide. In total, we identified 1263 cases of suicide with age 15 and older occurred in populations of East of Algeria during the period 2000 to 2008. The conclusion focuses on the emergence of certain variables can be risk factors namely age between 30 and 45 years, male gender, social and financial difficulties especially difficult life, the presence of a psychiatric diagnosis on axis 1 of DSM-IV and finally the lack of access to primary care in urban areas.

Finally, the authors highlight the prevalence per 100,000 population per wilaya and the average prevalence for the whole of east of Algeria.

Keywords Psychological autopsies; Suicide; Risk factors; Prevention

Disclosure of interest The authors have not supplied their declaration of competing interest.

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EV1461

Establishment of a comprehensive inpatient suicide prevention network: Taiwan experience and systemic review



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Introduction The complexity of inpatient suicide in a general hospital setting, whether medical or surgical, is not fully understood currently. It is a common sentinel event and an important problem of patient safety. However, its evidence is currently lacking. So, we present a healthcare system approach to enhance the effectiveness of inpatient suicide prevention in Taiwan.

Methods We reviewed available evidence about inpatient suicide. Some risk factors were detected. And we tried to improve our inpatient suicide prevention program with healthcare failure mode and effect analysis (HFMEA), which is a prospective qualitative analysis for numerous medical errors. In this study, HFMEA was used to reduce the likelihood of failure of current clinical practices in preventing inpatient suicide.

Results The psychiatric consultation rate increased after a series of improvement program. Besides, establishment of an integrated electronic medical system and the improvement of environment and facility safety are our main strategies. The HFMEA indicated that empowering staff with continuing education and case management by a full-time social worker and clinical psychologist were also needed. Furthermore, this hospital-based integrated suicide prevention program was accredited with the symbol of national quality of Taiwan in 2014.

Conclusion Our study provided systematic intervention to improve inpatient suicide prevention in a general hospital, and in Taiwan. The HFMEA is a useful tool to improve inpatient suicide prevention measures. We still need more information and evidence to promote the importance of inpatient suicide prevention.

Disclosure of interest The authors have not supplied their declaration of competing interest.

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EV1462

characteristics of suicidal behavior in a rural population



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Introduction Suicidal behavior is defined as any behavior of self-harm with intent and knowledge of what is done. Suicide ranks among the 10 leading causes of death in the statistics of the world health organization.

Objectives The main objective of the study is to determine the sociodemographic characteristics of patients who have attempted suicide and the characteristics of this behavior.

Methods It is a descriptive cross-sectional study.

Results The sample consisted of 70 patients, with a mean age of 41.17 years, most of them were women (58.5%). In relation to employment status, 31.4% were working, 21.4% unemployed, 14.3% were retired and 32.9% had other employment status. Among the characteristics of suicidal behavior characteristics, mode, forecasting rescue, previous suicidal behavior, previous outpatient follow-up and consumption of toxic evaluated. The most frequent method chosen was the voluntary intake of drugs (77.1%). The 67.1% were diagnosed with depressive disorder followed by personality disorders (20%).

Conclusions In total there is a predominance of women in achieving some suicidal behavior, as well as a higher percentage among single, divorced or widowed (60%) versus married (40%). Also a higher percentage of patients unemployed, pensioners and others who do not receive income (68.5%) versus the occupationally active (22%). Another condition that must be evaluated in the suicide risk is having previously made a suicide attempt, in our study 54.3%. Since subjects with previous suicide attempt are four times more likely to try again. The results are also consistent with other studies that the most common disorder associated with suicide attempt is depressive disorder (67.1%).

Disclosure of interest The authors have not supplied their declaration of competing interest.

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EV1463

Impact of nonideation states on youth suicide attempts



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Background Youth nonideation suicidality (NIS), distinct from impulsive deliberate-self harm (DSH), is a potential consequence of adjustment disorder (AD) or selective serotonin reuptake inhibitor (SSRI) adverse reaction. It is characterized by the absence of transient or enduring ideation. A new measure was constructed to evaluate the impact of NIS on attempt rates.

Methods Youth 8 to 24-years-old were recruited in this case control study. Entry criteria included DSH ($n = 50$), AD ($n = 91$), and SSRI ($n = 29$) emergent events with overt or suspected NIS, worsening of existing or new onset suicidality, or abrupt mental status or behavioral change. Exclusion criteria included sensorimotor deficit or primary depressive disorder. Ratings from the new measure utilized dichotomous as well as outcome scores, and compared to ratings from other validated scales, after controlling for depression and other matched factors.

Results High risk AD and SSRI groups presented with abrupt onset, high lethality attempt, intense motor restlessness, great

intra-psychoic distress, and irresistible suicidality. AD symptoms overlapped with SSRI presentations. Eighty-one percent of the AD sample reported no ideation; however, 96% made an attempt. For the SSRI group, 52% reported no ideation; however, 95% made an attempt. Sensitivity 80.3%, specificity 98.1%. Internal consistency 0.75 to 0.92. Test-retest scores 0.78 to 0.98, and neurodiagnostic correlations 0.70 to 0.98. Some scores correlated significantly with the “gold standard” Barnes Akathisia Rating Scale.

Conclusion NIS is associated with alarmingly high rates of youth suicide attempt. The new neuropsychological measure demonstrates practical screening value in unobvious NIS proposed to represent a heretofore unrecognized neural mechanism.

Disclosure of interest The author has not supplied his/her declaration of competing interest.

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EV1464

This paper discusses the relationship between alcohol consumption and suicidal behavior in Belarus

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Introduction Suicide is one of the main causes of premature mortality in Belarus. It is well recognized that drinking is among the major risk factors that are associated with suicidal behavior.

Aims This study was design to extend our understanding the relationship between alcohol and suicidal behavior.

Methods Risk factors for suicidal behavior (completed suicide and parasuicide) among residents of Minsk city and Gomel city were studied.

Results Among the residents of Minsk the maximum suicides risk was in the age of 46–60 years, and parasuicide at age 20–39 years. The ratio of men to women - 4:1; they were often BAC-positive (from 38.8% in 2015 to 42% in 2008). Among parasuicides sex ratio of about 1:1; 30% of men aged 20–39 years, were BAC-positive. Studies in the city of Gomel, has shown maximum number of parasuicides in the ages of 18–29 years (39.3% in women and 30.7% men). Among parasuicides the majority of men (57.8%) and a significant proportion of women (34.2%) were BAC-positive. Maximum number of those attempted suicide and dependent on alcohol were among men ages 30–39 years (66.15%) and 50–59 years (65.22%), among women in the age 30–39 years (45.45%).

Conclusions Acute alcohol intoxication is characteristic of young people who commit parasuicide. Chronic alcohol intoxication is a risk factor in middle-aged persons who commit suicide. Prolonged use of alcohol contributes to the development of comorbid mental disorders, during the crisis of middle age is manifested as an increased risk of suicides.

Disclosure of interest The authors have not supplied their declaration of competing interest.

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EV1465

Physician suicide

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Introduction Physician Suicide is a potential health risks resulting from strains and burden associated with medical education and profession. Suicide is an occupational hazard. Each year in the United States, 300 to 400 physicians take their own lives.

Objective To provide a summary about physician suicide and its risk factors and mental health issues associated.

Methods The search was conducted using PubMed with terms: “suicide in physicians”, “physician suicide”, “suicide in doctors”, “physician depression”, by using a review of literature with documents in English.

Discussion Suicide is a major health problem. Suicide death is a self-inflicted with evidence that the person aims die. Mental disorders represent a large burden of disease worldwide and can also damage to physical health. The most common psychiatric diagnoses among physicians who complete suicide are affective disorders, alcoholism, and substance use disorders. In physicians, the female suicide rates are higher than that in males. The most common means of suicide by physicians are lethal medication overdoses and firearms. There are common risk factors, such as work-related stress, depression, negative life events, alcohol and isolation. In addition, there is a physicians’ tendency not to recognize depression in themselves and not to seek help.

Conclusions Prioritize to physician mental health, change professional attitudes and institutional policies, learn to recognize depression and suicidality, educate medical students, residents, routinely screen all primary care patients for depression that can help physicians recognize depression in themselves and to seek treatment for depression and suicidality because there is “no health without mental health”.

Disclosure of interest The author has not supplied his/her declaration of competing interest.

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EV1466

Suicide by jumping at beachy head in East Sussex – The impact of a suicide prevention patrol scheme

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Introduction Suicide is a major public health issue. It is the leading cause of death among younger adults in the UK. Suicide by jumping is an uncommon method. About 23 people die each year by jumping from the cliffs at beachy head, Sussex. The beachy head chaplaincy established a suicide-prevention patrol at beachy head in August 2004. To date there have been no studies evaluating the impact of a suicide patrol as a prevention strategy. This study aimed to assess the impact of this suicide-prevention patrol.

Methods Data from local and national official statistics was gathered to examine the overall suicide numbers and rates of suicide by jumping vs. other methods. This included an in-depth scrutiny of coroners’ data and reports from the beachy head chaplaincy. A qualitative, phenomenological approach using in-depth interviews was used to evaluate the “lived experiences” of members of the suicide-prevention patrol.

Results The statistics reveal unexpected and at times, conflicting, results which will be offered for discussion. The thematic analysis of the interviews reveals insights into the motivations for volunteering; how a faith-based patrol works; the physical and psycho-social impact of the work; volunteers’ stories; the centrality of God within their work and motivation. For copyright reasons full details of the analyses cannot be made available before the conference.

Discussion We welcome an interactive discussion of the results.

Disclosure of interest The authors have not supplied their declaration of competing interest.

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EV1467

Sociodemographic and clinical profile in elderly suicide victims: 34 autopsy case studies



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Introduction The elderly suicide is a major public health problem that is gaining more and more ground, given the aging population problem. This has rarely been the subject of forensic studies in Tunisia.

Objectives To identify the sociodemographic and clinical characteristics of elderly suicide victims over 60 years and to determine what factors might increase suicide risk in this population.

Methods We conducted a retrospective study on suicide victims aged 60 and over, autopsied in forensic medicine department of the Habib Bourguiba university hospital in Sfax (Tunisia), on a 10-year period (January 2006–December 2015).

Results We identified 34 cases with an average age of 66 years. The sex ratio was 2.77. Suicide victims were alone in 38.2% of cases. They were inactive professionally in 32.4% of cases. Almost half of them (44.1%) had a psychiatric history, 40% of depressed pace, 26.7% of bipolar disorder and 13.3% of schizophrenia.

Three main factors were identified as precipitating the passage to suicidal act: family conflicts (26.5%), financial difficulties (11.8%) and loss of autonomy (5.9%).

Suicide methods were hanging (50%), immolation and drug intoxication (11.8%), hit by train and poisoning (8.8%), jumping from height (5.9%) and drowning (2.9%). In 55.8% of cases, suicide took place at home.

Conclusion Elderly suicide seems to be a huge but largely preventable public health problem. Its prevention is essentially based on the identification of risk situations and the detection and treatment of depression: major suicide risk factor in this population.

Disclosure of interest The authors have not supplied their declaration of competing interest.

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EV1468

Resilience and attempted suicide in depressed patients



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Introduction Among the patients, 6.6% with past-year major depressive disorders attempt suicide in their life. Resilience (the ability to respond positively to adversity) and coping strategies (the ability to manage living stresses) may be protective factors against suicide ideation and behavior. A study conducted on 100 abstinent substance dependent patients suggested that suicide attempters had significantly lower resilience scale scores. Other authors demonstrated that intrinsic religiosity, resilience, quality of life were associated with previous suicide attempts in depressed patients [1,2].

Aim To examine the correlation among resilience, coping strategies and sociodemographic and clinical characteristics in depressed patients.

Methods From December 1st 2014 to December 31st 2015 we recruited inpatients and outpatients aged >18 years with a diagnosis of depression (current or past). At baseline, patients were assessed with Montgomery Asberg Depression Rating Scale, Resilience Scale for Adult and Brief-COPing with problems experienced; sociodemographic and clinical characteristics were gathered. Follow-up was conducted after 1 year in order to assess the possible presence of further depressive episodes and suicide attempts. Analysis was performed with SPSS.

Results and discussion Data collection are still ongoing; results and implications will be discussed. We expect to find higher attempted suicide rates in patients with lower resilience and less coping strategies.

Disclosure of interest The authors have not supplied their declaration of competing interest.

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EV1469

Observational study of suicide attempts in a community mental health unit



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Introduction Concurrent with the recent global economic crisis there is a rising concern about the effect of recession on suicide mortality rates.

Aim To record patients treated urgently in community mental health unit of Motril, Granada (Spain) by attempted suicide.

Methods Descriptive study recording patients treated urgently in Motril community mental health unit who have done any suicide gesture from February 2015 until December of that year.

Results In total, 39 urgent assessments were recorded during the observational period.

The month of highest incidence was November, with 6 visits followed by August and October (5).

The most common method was voluntary drug intake.

Origin:

– 59% were remitted from the general hospital emergency department;

– critical care and emergency ambulatory devices: 1;

– primary care: 10;

– another specialist: 2;

– own initiative: 2.

Discharge diagnosis:

– 35.8% individuals did not meet criteria for any mental disorder, although some of them were classified with V or Z diagnosis according to ICD-10 for making a reactive gesture to an emotional crisis, couple breakups or economic problems;

– 11 of them meet criteria for various anxiety disorders, obsessive compulsive and adaptative crisis.

Discussion Knowing some peculiar characteristics in suicidal populations as well as the most prevalent pathologies, it could be adapted both the profile of nurse attendance and the type of resources needed to ensure effective patient care.

Conclusion Profile of patients attended for suicide attempt in an outpatient setting in a semi-rural coastal area is varied. It is worth

to mention that one-third of this population did not meet criteria for any mental disorder.

Disclosure of interest The authors have not supplied their declaration of competing interest.

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EV1470

Suicide sleep monitoring (SSleeM): A feasibility and acceptability study of a wearable sleep tracking monitoring device in suicide attempters



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Introduction Sleep disturbances are associated with an increased risk of suicidal behavior. The evidence primarily stems from studies based on questionnaires about sleep quality. In recent years, the availability of wearable health technology has increased and offers an inexpensive, appealing, and accessible way to measure sleep. Our aim is to assess the feasibility and acceptability of wearable sleep tracking monitoring devices in a sample of suicide attempters.

Methods A prospective, open-label, 12-months study will be conducted in the emergency department (ED) and psychiatric unit (PU) of the university hospital of Brest, France. Inclusion criteria are male or female aged 18 or over, surviving a suicide attempt, discharged from ED or PU, and giving consent. The sleep tracker and a smartphone will be given to the patient after discharge. He or she will receive brief training on how to use the sleep tracker. Patient will be asked to monitor their sleep during the five days following the discharge. The feasibility will be explored by analyzing the data proceeding from the sleep tracker. The acceptability will be assessed during the five-days follow up visit, using a standardized questionnaire.

Results Preliminary results of this ongoing study show that feasibility and acceptance may be related to technical features of wearable devices.

Discussion A better understanding of the bidirectional mechanism between sleep disturbances and suicide behavior will allow the design of tailored interventions to prevent suicide attempts.

Disclosure of interest The authors have not supplied their declaration of competing interest.

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EV1471

Suicide prevention program in the Argentine federal penitentiary service



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Suicide configures failure in the mental health care of persons deprived of their liberty in terms of detection of risk factors, prevention, specific planning in terms of addressing thoughts of death or autolytic planning, trends, impulses and moods. The factors that unite in this catastrophe are multiple and depend not only on mental health care, but also on the circumstances that led to the deprivation of liberty, the family and the care of social continence

and the intimate relationship of the person with its existence. Also, security personnel who take care of people in confinement contexts have a preponderant role in suicide preference. Structuring the personality distorted, immature or insufficient, circumstances that lead to vulnerability and threaten the preservation of life in the context of constant stress and loneliness. The transdisciplinary work experience provides us with constant review and dynamic concepts and practices to predict, diagnose and prevent risky behaviors prone to the symptoms of self-injury or self-harm of patients. In this sense, we propose interdisciplinary interviews of entry, registry for the detection of risk factors, specific treatment in patients at risk. The transdisciplinary confluence is a tool to be implemented to quantify the results and propose to reduce the incidence of suicide in people in a confinement context.

Disclosure of interest The authors have not supplied their declaration of competing interest.

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EV1472

Road traffic accidents and suicide rates in Europe



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Introduction Road traffic death and suicide may have some similarity in their psychological correlates; furthermore, road traffic should be considered as a suicide method.

Aims The present study aims to explore the relationship between road traffic deaths and suicides in Europe.

Methods Rates of road traffic accident deaths and suicides and gross national income (GNI) per capita for 40 European nations were obtained from the world health organization official database. The total sample was divided on 22 eastern European nations and 18 western European nations.

Results Mortality rate from road traffic accidents in groups of all European nations is associated positively with suicides (Pearson $r=0.45$, two-tailed $P<0.01$) and negatively with GNI ($r=-0.64$, $P<0.0001$). At the same time suicide rates does not reveal a significant correlation with GNI. In the groups of eastern European nations road traffic deaths is associated positively with suicides ($r=0.57$, $P<0.01$) and relationship with GNI is not significant. As a contrast, in the groups of western European nations road traffic deaths is associated negatively with GNI ($r=-0.69$, $P<0.01$) and shows any significant relationship with suicides. Although in this group, suicides show some positive correlation with GNP ($r=0.45$, $P<0.05$).

Conclusions The present data indicate, therefore, that mode of ecological association between three studied indices is various in the different group of European nations what suggests the multifactorial complexity of violent death etiological mechanisms. At the same time, the data allow to suggest that socioeconomic factors are more essential in prevention of road traffic mortality than suicides.

Disclosure of interest The authors have not supplied their declaration of competing interest.

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EV1473

Bridgend “Bebo Internet Suicide Cult” and ritual violence in Wales



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Introduction In a small South Wales town 17 teenagers seemingly committed suicide through hanging in 2008 triggering national

media coverage. In the same region, several “Satanist” offenders were successfully prosecuted since.

Objectives This paper raises awareness of this “suicide epidemic” and its possible links to ritual violence ideologies.

Aims The research explores how “mind control” through secret societies can lead to suicide and murder.

Methods The research was prompted by client disclosures of a crime series that lead to a false “delusional” diagnosis. Review of the sparse literature and media coverage was used to ascertain themes.

Results Colin Batley, a self-styled Satanist high priest, was sentenced for child sexual abuse alongside 4 others. His son Damien had died through aspiration when filming himself in a “sexual stimulation game”.

Ian Watkins, disgraced singer of “The Lost Prophets”, was sentenced for abusing two babies provided by two “super-fan” mums. Peaches Geldorf tweeted their names, got a tattoo of O.T.O, a Satanist “kinky sex” group and was found dead a year later.

Albert and Carole Hickman were sentenced for sexually abusing an 11-year-old including “sucking blood”.

Matthew Williams cannibalised his victim before being killed with a police taser.

Conclusions “Hanging” and “Over-dosing” could be the result of suicide or of “being suicided”. The abuse crimes of all three Satanists convicted in the last 15 years in UK courts occurred in South Wales. Associated violent death in the vicinity of the cases and authority irregularities suggest the operation of an “Organised ritualised crime abuse network” posing challenges for psychiatry.

Disclosure of interest The author has not supplied his/her declaration of competing interest.

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EV1474

Characteristics of suicide attempters with a high lethality means



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Introduction Suicide attempts with higher lethality increase the likelihood of suicide completion. Accumulating knowledge on risk factors contributing to higher suicide lethality may help clinicians to allocate their limited resources to more endangered people.

Objectives To explore the factors associated with higher lethality in suicide attempts.

Methods All suicide attempters, who visited the emergency department of Uijeongbu St. Mary's hospital from January 2014 to December 2015, were reviewed retrospectively. We compared between the high vs. the low lethality group, of which had been recorded based on clinical judgment using *t*-test or Chi²/Fisher's exact test with two-sided *P*-value of 0.05.

Results Among the 753 suicide attempters, the assessed lethality was recorded in 736 cases. Low and highly lethal attempters were 426 (57.9%) and 310 (42.1%), respectively. For demographic variables, the high lethality attempters were significantly more likely to be older (48.3 vs. 44.78; *P* = 0.009), unemployed (61.0% vs. 56.5%; *P* = 0.042, without religion (90.9% vs. 84.9%; *P* = 0.017). For clinical variables, the high lethality attempters were significantly more likely have hopelessness (67.7% vs. 58.2%; *P* = 0.013) and a history of schizophrenia (4.5% vs. 1.4%; *P* = 0.023, while they did display any difference for mood disorders. The low lethality suicide attempts were more frequent in patients with comorbid personality disorders (9.2% vs. 4.9%; *P* = 0.031).

Conclusions These results are in line with literatures reporting higher suicide risk in people, who are old, unemployed, not having a religion, psychotic and hopeless. These may have been moderated by committing a higher lethal means of suicide at least in part and warrants additional investigations.

Disclosure of interest The authors have not supplied their declaration of competing interest.

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EV1475

Is prior suicide attempt a reliable indicator of short-term suicide risk amongst patients admitted to an acute suicide inpatient intervention unit in India?



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Introduction Traditionally past suicide attempt is considered a strong reliable factor in predicting an immediate or short-term suicide risk. Considering the complex interplay of different variables associated with suicide, the absence of past attempts may not prove to be of lesser risk for a consequent attempt.

Aim To compare sociodemographic and clinical correlates within high-risk suicidal patients who have made a recent suicide attempt in the presence versus absence of past suicide attempts.

Methods Retrospective review of patient's records admitted to intensive care unit, applied suicide intervention and supportive treatment (ASIST) between 1st January 2015 and 31st May 2016 was conducted. Data was extracted for all consecutive admissions to ASIST, of adults (16 to 60 years) male patients with high risk for suicide.

Results Out of 109 at risk inpatients, 31% were recent attempters without past attempts and 13.5% were recent and past attempters. Rest included past attempters without recent attempt and non-attempters. Except for poor coping skills, which were significantly higher (Chi² = 13.97; *P* = 0.001) in the group consisting recent and past attempters, all other relevant sociodemographic and illness related correlates were comparable across these groups.

Conclusion Suicide risk may be associated with multiple factors. Apart from past attempts, a faulty coping style can be associated with risk for further attempts. Other correlates like age, marital status, employment and illness profile did not follow the traditional pattern in our study which makes them equally important while addressing suicide risk in Indian men.

Disclosure of interest The author has not supplied his/her declaration of competing interest.

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EV1476

Fear from freedom, tendency to suicide



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The growth of social activities for women in Iran has had a two-sided outcome for women. The worst, the women have encountered the phenomenon of prison, which is a great problem in traditional and Islamic societies. The change of role expectations after the release from prison has imposed many restrictions on women so that there is not any vivid future for them. Lack of enough education and skill has deprived the prisoner women from retaining their pre-prison situation. The high number of suicide among prisoner women shows that subculture of encountering with prisoned women in Islamic societies is based on sin approach in that the women are sinners who will be sent to hell in the other world and they must see the punishment of their sin to be ready for the extreme heat. Disinterestedness in the interaction with other people and loving isolation are two characteristics of style life for these women. The efforts of authorities to return these women to normal life, unfortunately, have failed to work. This paper investigates

the reasons and roots of exclusion for prisoner women in Iran and Islamic societies.

Keywords Women; Islamic societies; Prison; Freedom

Disclosure of interest The author has not supplied his declaration of competing interest.

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EV1477

Suicides in the Kyrgyz Republic: Discrepancies in different types of official statistics



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In order to develop the “prevention of suicides” component of the state program on mental health protection of the Kyrgyz Republic population for 2017–2030 years, a suicide situation in the country over the past 10 years was investigated. During collecting, processing and statistical analysis of data from different sources, a significant discrepancy was revealed between them.

According to the national statistics committee (NSC), in 2015 the level of prevalence of suicide was 6.93% per 100,000 of population, whereas, according to the information from the republican medical information center it was 4.82%. Over the last 10 years in the Kyrgyz Republic, a level of suicidal behavior among children, teenagers and young adults has still been rather high and 22.63% of suicide attempts were committed by persons aged between 18 and 22 years. A significant difference was revealed in the indexes of suicides among these age categories provided by NSC and the ministry of Inner affairs.

Due to religious and national traditions, suicide is a very sensitive topic in Kyrgyzstan. In a lot of cases, death from suicide is not registered or is disguised as accidents and other causes of death, so the figures may be considered reliable.

Thus, despite the relative standardization of suicides accounting by the separate departments, the further work is needed for coordination and harmonization of the data collection, as well as for development and implementation of inter-agency action plan to prevent suicides at the national level, taking into account the regional, cultural and ethnic characteristics.

Disclosure of interest The authors have not supplied their declaration of competing interest.

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EV1478

Risk factor for suicide attempt in a general hospital



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Introduction A major risk factor for suicide is suicide attempts. The aim of the present study was to assess risk factors for nonfatal suicide attempts. Suicide attempt with high lethality have been interacting with certain clinical and demographic factors such as age, sex, psychopathology and adverse events, among others.

Methods Observational, descriptive and retrospective study of people who was admitted to a general hospital after suicide attempt.

Aim The aim of this study was to determinate variable associated to high risk of suicide. Describe and analyze demographic and clinical characteristics associated with serious suicide attempts as well as the methods used.

Results Of a total of 504, 23 patients was admitted after suicide attempt, 61% male, mean age 54.1; 60% required ICU; the most common method consisted of multiple drug intake 40%, 30% associated with toxic, mostly alcohol. Predominant summer and diagnosis of adjustment disorder.

Conclusion As is the case with suicides prevails male and summer. As to the most common method has been from medication, both men and women. We were surprised diagnosis of the most common reactions to stress. We conclude that the findings could guide a progressive change in the presuicidal pathology.

Disclosure of interest The authors have not supplied their declaration of competing interest.

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EV1479

The emotional stroop test for screening of suicide risk



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Introduction Suicide is problematic today, being one of the most potentially fatal psychological phenomena, so it is important to assess thinking about suicide or suicidal ideation.

Objectives In this study we aim to develop methodological procedures, in order to understand if the emotional stroop test for screening of suicide risk is a good measure of suicidal ideation.

Methods A cross-sectional study was carried-out among a convenience sample of 100 subjects. The data collection was done using a socio-demographic questionnaire, the emotional stroop test for screening of suicide risk, the suicidal ideation questionnaire and the beck depression inventory.

Results Regarding the degree of association between the score of interference of the emotional stroop test and level of suicidal ideation there is a strong negative correlation and statistically significant. There are statistically significant differences in the scores on the three sheets of emotional stroop test between subjects with high suicidal ideation and low suicidal ideation. Attention is impaired in the group with suicidal ideation.

Conclusions The emotional stroop test for screening of suicide risk is a useful, rapid and simple assessment tool that can be used to detect symptoms of suicidal ideation.

Disclosure of interest The authors have not supplied their declaration of competing interest.

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EV1480

Temperament and character traits among suicidal patients during depressive episode of bipolar disorder



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Introduction Both suicide and mood disorders represent current and future global burden on public health system. Bipolar disorder (BD), part of a diagnostic group of mood disorders, is characterized by manic, depressive and mixed episodes with life-expectancy

much shorter than in general population. Patients with BD have 30 times higher suicide rate than the general population and 25–50% of these patients attempts suicide. About 15% of patients who attempted suicide eventually end their lives with completed suicide.

Aim The aim of our research was to distinguish personality features among bipolar patients with current depressive episode (BD-D) who attempted suicide.

Materials and methods The research was conducted among patients with depressive episode of BD (according to diagnostic criteria of ICD-10) who attempted suicide and had been admitted for hospital psychiatric treatment. For assessment of personality, we used the Temperament and Character Inventory (TCI, Cloninger R.) upon admittance. Our sample consisted of 31 ($n=31$) patient who met the above mentioned criteria. All patients given their written informed consent. The statistical analysis was performed using SPSS 17.0.

Results In our sample, we found, higher scores on harm-avoidance (HA), significantly higher scores on novelty seeking (NS) with significantly lower scores on persistence (P), self-directedness (SD) and cooperativeness (C) scales of the TCI. The Mann-Whitney-U test was used to compare samples.

Conclusion In our sample, suicide attempts are associated with temperament and character dimensions. These results confirmed our initial hypotheses on existence of specific personality features among that group of suicidal patients with BD-D.

Disclosure of interest The authors have not supplied their declaration of competing interest.

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EV1481

The ethno-cultural peculiarities of suicidal behavior in multinational Russia



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Introduction According to the data of 2015, suicide rate in Russia was 17.1 cases per 100,000 population. However, many aspects of the problem of suicidal behavior are not studied. This prevents the organization of the system of effective suicide prevention. In this regard, special attention deserves ethno-cultural factors, since they are essential to the moral and ethical attitude to the possibility of suicide and to potential willingness to formation of suicidal behavior.

Objective Study of the rate of suicide among different nations of Russia.

Methods Statistical analysis of suicide rate in constituent entities of the Russian federation from 2010 to 2015.

Results The specificity of suicide situation in Russia is that suicide rates in different ethnic groups of the population has the distinction of reaching 21: from 2.8 per 100,000 in the Republic of North Ossetia to 59.7 per 100,000 in the Altai Republic. This is due to cultural peculiarities of different ethnic groups, including the historically established their relationship to suicide. Taking in consideration these factors were elaborated the differential programs for suicide prevention. That has allowed to lower suicidal rate in Russia in 1.4 times for the last 5 years. That indicates the possible beneficial effects of the ethno-cultural approach in suicide prevention strategies.

Conclusion In planning programs suicide prevention in multinational countries should take into account the ethno-cultural characteristics of the residing peoples.

Disclosure of interest The author has not supplied his/her declaration of competing interest.

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EV1482

Suicides and road traffic deaths in Russia: A comparative analysis of trends



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Introduction It has long been recognized that there are difficulties in obtaining valid mortality rates for suicides. The evidence indicated that suicides are sometimes misclassified and “hidden” as accidental. Suicide by motor vehicle crash is a recognized phenomenon, leading to under-reporting of the actual number of suicides and inaccuracies in the suicides mortality statistics. Road traffic accident mortality and the suicides rates in Russia are both among the highest in the world. This phenomenon has attracted much attention in recent years, but remains poorly understood.

Aims The present study aims to test the hypothesis of the close aggregate level link between road traffic accident mortality and the suicides rates in Russia.

Methods Trends in sex-specific road traffic accident mortality and the suicides rates from 1956 to 2015 were analyzed employing a distributed lags analysis in order to assess bivariate relationship between the two time series.

Results The graphical evidence suggests that the trends in both road traffic accident mortality and the suicides for male and female seem to follow each other across the time series. The results of analysis indicate the presence of a statistically significant association between the two time series for male at lag zero. This association for female was also positive, but statistically non-significant.

Conclusions This study indirectly supports the hypothesis that many of road traffic accident deaths in Russia are likely to have been suicides. Alternatively, common confounding variables, including binge drinking and psychosocial distress, may explain positive aggregate-level association between the two time series.

Disclosure of interest The author has not supplied his/her declaration of competing interest.

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EV1483

Suicide in depressed patients: Identifying a clinical risk profile



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Introduction Suicides that occur during psychiatric hospitalization are tragic events causing immense distress to relatives, peers, and physicians. Suicide risk is particularly high in patients with mood disorders.

Objectives To identify a clinical risk profile which can be predictive of suicide in patients undergoing a major depressive episode, hospitalized and within three months after discharge.

Methods We are going to include consecutively admitted depressed patients in San Raffaele Turro hospital (Milan), with a diagnosis of major depressive disorder or bipolar disorder, for a longitudinal prospective study. Demographical and clinical characteristics will be assessed. Barratt impulsiveness scale, aggression questionnaire, Hamilton psychiatric rating scale for depression, scale for suicide ideation, Columbia suicide severity rating scale will be administered to evaluate, respectively, traits of impulsiveness and aggression, severity of psychopathology and suicidal ideation. A follow-up program has been established to

evaluate suicidal ideation one month and three months after discharge.

Results Considering suicide rates in other psychiatric wards, we retrospectively analyzed in our mood disorder unit the inpatient suicide rate of the last 3 years. In this period, we admitted 1794 patients. The suicide rate has been cumulatively of 0.17% (4 patients): 0.16% in 2014, 0.16% in 2015, and 0.19% in 2016. In the same period, outpatient suicide rate has been of 0.39%; 57.14% of outpatient suicides happened within three months after discharge.

Conclusions Hospitalization and discharge are critical circumstances for psychiatric patients. Evaluation of risk factors will contribute to explain our ward suicide rate and hopefully to reduce it in the future.

Disclosure of interest The authors have not supplied their declaration of competing interest.

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EV1484

Suicidal ideation expressed in online video diaries: New form of sharing intention to die



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Introduction Suicide risk is increasing among all population groups, and no effective prevention method has been established due to high variability of risk factors.

Objectives To (1) determine risk factors in people, who video-streamed unsuccessful suicide attempt, and (2) assess whether screening video blog websites is an effective suicide prevention.

Methods Participants ($n=24$, 14M and 10F, age range=19 to 53) with past history of suicidal attempts were recruited online to participate in encrypted video qualitative interview. Three scales assessed suicidal tendencies and Internet addiction: Columbia–suicide severity rating (C-SSRS), suicide assessment five-step evaluation and triage (SAFE-T), validated Internet addiction scale of own design. Reported data are mixed quantitative and qualitative measures.

Results Participants were stratified into two age categories (students vs. working professionals), and all were determined to be addicted to Internet. Each group engaged in minimum 15 suicides ideation-related postings, prior to attempting suicide. Young participants typically posted impulsive, quick messages capturing distress caused by peers and family conflicts; seeking short-time recognition was evidenced by eliciting more “likes” and “comments” for each post. Working professionals posted less, but each video was lengthier and messages were emotional, usually ending in tearful summary of life events leading up to suicidal thoughts. While students expressed anger with “the system” as motivation to die, working professionals had financial problems and trouble forming long-lasting friendships.

Conclusion People of all age groups increasingly document intention to die via blog video posts. These messages can be captured by prevention professionals who can reach out to troubled students and working adults.

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EV1485

Suicidal intent in people with major depression



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Background Depression is most common underlying contributor among cases of attempted/completed suicide. There is dearth of information regarding suicidal intent among people with depression and its relationship with hopelessness among Indians.

Objective To evaluate and describe the intent of suicide in people with depression among north Indian population.

Methods This cross-sectional single point, study was performed at the department of psychiatry, King George's Medical University, Lucknow, India. Cases were in the age group of 18–60 years with major depressive disorder as per DSM-IV TR criteria. Following tools e.g. Hamilton depression rating scale (HRS), Beck's hopelessness scale (BHS) and suicide intent questionnaire (SIQ) were used for assessment.

Results Suicidal intent was observed among 68.1% ($n=49$) of study sample ($n=72$). There was no significant ($P>0.05$) association of suicidal intent with socio-demographic factors except domicile status. Suicidal intent was common among people with moderate to severe depression and those with hopelessness. The hopelessness was present among 70.8% of subjects.

Conclusion Suicidal intent is prevalent among people with major depression. Intervention at initial stage of suicidal intention would of importance for successful preventive measure. This emphasizes the need for evaluation of suicidal intent in cases of depression.

Disclosure of interest The authors have not supplied their declaration of competing interest.

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EV1486

Implementation of the national register of suicide attempts as a preliminary strategy for the prevention of suicides in Poland



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Studies show that suicide attempts are a major independent predictor of suicide. Only in some countries of the world, there are national registers of these behaviors. Poland is among the countries where suicide prevention is at the stage of implementation of these strategies. One is the initial diagnosis of the prevalence of suicidal behavior (SB) in selected populations. The aim of the study was to assess the prevalence of SB in Poland on the basis of available databases, including data such as age, sex and mental disorders and the analysis of differentiation of selected indicators of SB.

Material and methods We analyzed available registers of completed suicides (CS) and suicide attempts (SA), carried out under reporting of the central statistical office (CSO, in the general population, based on death certificates), Police Headquarters (PH, the number of reported SB in the country) and the Institute of Psychiatry and Neurology in Warsaw (IPiN, the number of SB in all psychiatric institutions) and the department of adolescent psychiatry in Łódź (SB among hospitalized youth).

Results and conclusions Reported data on dissemination of SB in Poland are incomplete, which may affect the reliability of the assessment of the effectiveness of implemented strategies for the prevention of suicides. The aim should be to create a central register of SB, which will not only gather a well-defined data but also monitor how it is obtained.

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EV1487

Clinical and psychological characteristics of patients with suicidal thoughts during prolonged depressive and anxiety disorders and their therapeutic correction

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Introduction This is an extremely important problem of determining clinical-psychological and personality-typological characteristics of patients with suicidal intentions. In the complex therapeutic correction of suicidal behavior, there is almost no use of such psychotherapy method as katathym imaginative psychotherapy (KIP).

Objective Study of clinical-psychological and personality-typological peculiarities and development of an optimal adaptation of KIP for the treatment of patients with suicidal thoughts.

Methods The study was included 52 patients with anxiety-depressive disorder and suicidal intentions; was used K. Leongard questionnaire, SCL-90-R, SR-45, J. Vagin questionnaire of suicidal motivation.

Results The investigated patients were divided into three groups with acute reaction on stress, personality disorder and schizotypal disorder. The first group has revealed the predominance of instrumental, anemic, anesthetic motivation, emotive and anxiety types of accentuation and high level of suicidal readiness. The second has identified anesthetic motivation, anxiety and cyclothymia type of accentuation with a moderate level of suicidal readiness. The third group included patients with symptoms of anemic motivation suicidal motivation, anxiety type of accentuation and a high level of suicidal readiness. The reduction of psychopathological symptoms in patients of the first group occurred in a shorter period of 18.0 ± 2.1 days, compared with the second – 25.0 ± 5.6 days, and the third group – 21.2 ± 2.1 days.

Conclusion In the main group, the highest suicide rates were in patients with anemic, anesthetic and motivation and anxiety type accentuation. Patients of the first group showed the best response to a comprehensive pharmacological and psychotherapeutic treatment.

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EV1488

The confrontation of those who remain: Qualitative reports of relatives about 3 cases of suicide in a small city in the Northeast Brazil

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Introduction Suicide is serious public health problem. In Brazil, suicides are more frequent in countryside and small cities.

Objective To understand how informants have confronted emotionally the suicide at home by listening to viewpoints reported by such relatives of the deceased.

Method Qualitative, exploratory design, conducted in a basic health unit area, in “Pau dos Ferros”, a city with 30,000 inhabitants, State of Rio Grande do Norte (RN), Brazil. Sample constructed by technique of “snowball”, in which the health team presented us the first family, whose member informed about the following; and this, the third one. Data collection through semi-directed interviews with open-ended questions in depth, and submitted to thematic analysis.

Results Individuals from relatives who had family bond with the suicidal people were interviewed. From analysis of transcribed interviews, three categories emerged:

- “she has never demonstrated” – possible non-perception of potential suicidal behavior by the family;
- “I got crazy” – feelings of relatives facing a hard scene of suicide and determined cultural questionings;
- “we have no professional support in following days” – absence of psychosocial support and healthcare problems.

Conclusions Possible mood oscillations from suicidal persons were masked by opposite emotional reactions of themselves, and/or oscillations were denied by the observers. Suicide scene seems to have provoked feelings of helplessness and guilt for relatives in not being able to avoid the dramatic act. Feelings of discomfort occurred facing curiosity from many persons who would raise uncomfortable assumptions about suicidal motivations. Family members complained about lack of more effective psychosocial care.

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EV1489

Predicting suicidal behavior by an accurate monitoring of RNA editing biomarkers in blood samples

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Introduction Predicting suicidal behaviors is one of the most complex challenges of daily psychiatric practices. Alterations of RNA editing of neurotransmitter receptors and other proteins have been shown to be involved in etiology of different psychiatric disorders and linked to suicidal behavior. Additionally, an increase in expression levels of ADARs, the RNA editing enzymes, has also been observed.

Objective The objective of the present study was to test whether modifications in RNA editing profile of prime targets allow identifying disease-relevant blood biomarkers and evaluating suicide risk in patients.

Methods A clinical study was performed to identify an RNA editing signature in blood of depressed patients with and without history of suicide attempts. Patient’s samples were drawn in PAX-gene tubes and analyzed on Alcediag’s proprietary RNA editing platform using NGS. In addition, gene expression analysis by quantitative PCR was performed.

Results We generated a predictive algorithm comprising various selected biomarkers to detect patients with a high risk to attempt suicide. We evaluated the diagnostic performance using the relative proportion of the phosphodiesterase 8A (PDE8A) mRNA editing at different sites as well as the expression of PDE8A and the ADARs. The significance of these biomarkers for suicidality was evaluated using the receiver-operating characteristic (ROC) curve. The generated algorithm comprising the biomarkers was found to have strong diagnostic performances with high specificity and sensitivity.



Conclusions We developed tools to measure disease-specific biomarkers in blood samples of patients for identifying individuals at the greatest risk for future suicide attempts.

Disclosure of interest The authors have not supplied their declaration of competing interest.

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EV1490

Risk factors for suicide in the transgender community



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Introduction Approximately 41% of transgender people attempt suicide at least once in their lives compared to the rate of 5% in the general population. Transgender patients who have attempted suicide once have a nearly 40% chance for making a third attempt in their lifetime. Addressing the high rate of suicidality among transgender people must be an important clinical concern during treatment. Screening for suicidal ideation is important when working with the transgender community. Knowing the risk factors that affect the transgender community and creating interventions to ameliorate these risk factors can decrease the negative outcomes.

Method A literature review of articles pertaining to the transgender community and suicide was performed. Of 20 articles reviewed, 14 were pertinent.

Results The literature review showed several unique risk factors contribute to the high rate of suicide in this population: lack of family and social supports, gender-based discrimination, transgender-based abuse and violence, gender dysphoria and body-related shame, difficulty while undergoing gender reassignment, and being a member of another or multiple minority groups.

Discussion Aiding the transgender patient to develop coping mechanisms for dealing with negative societal pressures and skills in widening their social supports may help to reduce risk factors and increase well-being for transgender patients. Assessing suicidal ideation in transgender patients, connecting them with contacts in the transgender community and utilizing CBT based techniques to reduce dysphoria and to aid in coping may reduce risk of suicide attempts. More research is needed in specific interventions in the transgender community.

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e-Poster viewing: Training in psychiatry

EV1491

Improving medical student empathy: Initial findings on the use of a book club and an old age simulation suit



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Introduction Empathy is critical to the development of professionalism in medical students, but evidence suggests that empathy actually declines over the course of undergraduate medical education.

Objectives Improving medical student empathy by encouraging students to think about the person behind the illness.

Methods Two interventions were studied. From December 2015 until November 2016, a fourth year psychiatry medical student book club was conducted. Students were asked to read an autobiography of a lived experience of psychosis. The old age simulation suit aims to simulate the sensory and physical impairments faced by older adults with age related illnesses. A training session provided a transient experience of old age for the students.

Results Forty-four students completed the feedback on the book club. Twenty-eight (64%) stated that they strongly agreed with the statement 'the book club encouraged me to consider the person behind the illness'. Thirty-nine (89%) stated that after attending the book club their empathy towards people with mental health problems had increased. Eleven students completed full feedback following the old age simulation session. Empathy statements relating to living in an ageing body improved from the pre-test median score of 4 (range 1–7) to a median score of 6 (range 2–8) post-teaching session. Empathy statements focusing on sensory and physical impairments had pre-test score median of 3 (range 1–7) and post-test median 8 (range 3–9).

Conclusions Feedback from these sessions has demonstrated that with a little creativity, empathy training can be delivered to medical students with a positive impact.

Disclosure of interest The authors have not supplied their declaration of competing interest.

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EV1492

Why a multidisciplinary workforce needs a multidisciplinary education team: Our experiences of providing integrated training in a community and mental health service



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Introduction North East London NHS Foundation Trust (NELFT) provides an extensive range of integrated community and mental health services for people living in London serving a population of 1.5 million people. With an annual budget of £325 million NELFT is one of the largest community service providers in the United Kingdom (UK). NELFT is responsible for the education and training of the entire workforce and in August 2016, it employed a nurse fellow to work with the medical education fellows so it could focus on multidisciplinary team (MDT) teaching.

Objectives (1) Providing MDT teaching by delivered by a MDT medical education team.

(2) Improving the training experience of all trainees, nurses and allied health professionals in NELFT.

(3) Improving physical health knowledge for mental health staff.

(4) Improving mental health knowledge of physical health staff.

Methods Two psychiatrists and one nurse manager worked together on joint projects to deliver the MDT teaching. Teaching sessions where at least one psychiatrist and nurse manager delivered teaching on serious incidents affecting patient care, identification and management of sepsis in community settings and empathy training using an old age simulation suit.

Results Multiple teaching sessions were delivered to MDTs within the Trust. Staffs were receptive to learning in MDTs rather than traditional splits according to professions. Due to the success of this teaching and the reputation of the medical education team, neighboring Trusts have expressed an interest in working in partnership with the team to further enhance teaching and learning in acute and community settings.

Disclosure of interest The authors have not supplied their declaration of competing interest.

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EV1493

Learning by doing, learning by seeing: Does observation of clinical simulation still count?



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Introduction Role-playing scenarios are widely used in psychiatry education, both as a means of assessment and for teaching various clinical skills. But can you get as much from them by learning vicariously as an observer? Fourth-year medical students from Queen Mary University of London were invited to a psychiatry practice OSCE (objective structured clinical examination), shortly before end of year exams. We created 96 places, approximately 40% of the year, but to maximize numbers students also rotated through the six-station OSCE circuit in pairs. For each scenario students alternated either undertaking the OSCE task or observing.

Objectives and methods We sought to identify if there was a significant difference in student experience depending on whether they were the 'candidate' or 'observer'. Students were asked to rate their learning experience in each station on a five-point Likert scale and this was analyzed using an ordinal logistic regression model.

Results While students rated their experiences as 'observers' marginally lower than that of 'candidates', we found no statistically significant difference (OR=0.629, $P=0.093$). Practice OSCEs took place over six half-days with different facilitators and role-players, but we identified no interaction from these factors. For one station on depression, we found a statistically significant interaction in which 'candidates' rather than 'observers' rated better experiences ($P=0.032$).

Conclusions Observation by learners is frequently used within simulated clinical scenarios and may have a number of potential advantages. However, while unable to examine the direct impact on knowledge or skills, we found no significant difference in student-reported experiences between 'candidate' and 'observer' positions.

Disclosure of interest The authors have not supplied their declaration of competing interest.

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EV1494

Breaking down the barriers to mental health crisis care: Evaluation of a training package for emergency department clinicians



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Introduction About one in 20 attendances at emergency departments (EDs) in the UK relate to mental health, yet recent work has shown that a majority of people presenting with mental health crises do not report positive experiences (Care Quality Commission, 2015). Although there are many reasons for this, one may be a lack of mental health training for staff working in EDs. In response to this, a new training module for multi-professional ED staff was developed.

Objectives and methods We aimed to assess the impact of this new module on clinicians' confidence in managing mental health presentations. Thirty-eight ED doctors and nurses across two centers were asked to complete surveys before and after receiving training.

Results Following training, we found improvements in confidence in each of five domains explored: assessing self-harm; managing someone with personality difficulties; assessing psychotic symptoms; distinguishing between physical and psychotic

symptoms; and, managing psychotic symptoms. These improvements were seen for clinicians across both centers.

Conclusions The results show that training can help to improve confidence around mental health. This is particularly important given that before the training was developed a survey of local ED doctors had shown that 31% felt under-confident in managing mental health conditions. Since developing the training, it has been further enhanced at the request of local EDs to include video-based scenarios. We continue to assess its impact in improving the confidence of ED clinicians (as well as their knowledge, skills and attitudes towards mental health), and ultimately the benefit to patients experiencing mental health crises.

Disclosure of interest The authors have not supplied their declaration of competing interest.

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EV1495

Designing an instrument to assess the competence of cognitive analytic therapists in training



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Introduction Since its origins, cognitive analytic therapy (CAT) has become a focused and more effective alternative that can be approached from the first line of action by mental health teams. However, since CAT incorporates in its intervention aspects of other currents, it is possible that its limits and specificity may have blurred. Furthermore, therapists in training use to report difficulties related to this. For that reason, assessing the competence of CAT therapists in training becomes so important, as it promote the reflection of the therapist in its training and provides professionals necessary skills to ensure a better quality care for their patients.

Aim and objectives The aim of this study was to design an instrument to identify the main training problems in CAT therapists which allows therapist's competence evaluation.

Methods For this purpose, a specific tool to detect the main problems in the implementation of the psychotherapy by self-report was administered and evaluated by two therapists in training during its clinical practice.

Results The main implementation problems detected had to do with collusions and the temporary adjustment of the sessions. The therapists reported a high satisfaction with the instrument, which was valued as useful to be aware of the problems in CAT training and with clearly explained contents.

Conclusions The tool has been shown to be useful to assess therapist's competence and to take awareness of collusions allowing the therapist to avoid them.

Disclosure of interest The authors have not supplied their declaration of competing interest.

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EV1496

Developing a guide to choose psychiatry in Spain



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Introduction Choosing a medical specialty is not easy. In Spain, when medical students finish the university degree, they have to take an exam called popularly MIR if they want to start a spe-

cialty. If the exam is passed, that person receives a number result of his academic record during university and test result. The number indicates the order of election, so number 1 chooses specialty and hospital first and so on. The Spanish healthcare system offers between 220 and 250 places to start the Specialty of Psychiatry in 121 hospitals across Spain.

Methods We designed a semi-structured questionnaire with 30 questions specific for the purpose of this work. The questionnaire was spread by social networks and email to reach as many medical doctors undertaking postgraduate training in psychiatry as we could.

Results One hundred and thirty people responded to the questionnaire. Fifteen were not psychiatry trainees. We obtained information from 80 hospitals (66%). Thirty-three hospitals (41%) have specific training in psychotherapy. Sixty-nine (86%) apply electroconvulsive therapy regularly. Teaching during training is given together with psychologists and nurses in 36 hospitals (45%), with psychologists in 32 (40%), only psychiatry trainees in 12 (15%). Psychiatry trainees do general emergency guards in 62 hospitals (77%).

Conclusion At the moment of writing this, the guide has been consulted by 14,600 people and visited over 40,000 times. This guide may help medical students to discover Psychiatry Training and to choose the best hospital that fits their interests.

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EV1497

EMDR training's for Bosnia and Herzegovina mental health workers resulted with seven European accredited EMDR psychotherapists and one European accredited EMDR consultant

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Introduction Bosnia-Herzegovina (BH) citizens, affected by 1992–1995 war, developed serious mental health posttraumatic consequences. Their needs for EMDR (eye movement desensitisation and reprocessing) treatment increased. The Humanitarian Assistance Programmes UK & Ireland (HAP) work in partnership with mental health professionals in Bosnia-Herzegovina (BH) from 2010.

Objectives We aim to build a body of qualified and experienced professionals who can establish and sustain their own EMDR training.

Method Authors described educational process considering the history of idea and its realization through training levels and process of supervision which was provided from the Humanitarian Assistance Program (HAP) of UK & Ireland with non profit, humanitarian approach in sharing skills of EMDR to mental health therapists in BH.

Results The trainers from HAP UK & Ireland completed five EMDR trainings in BH (two in Tuzla and three in Sarajevo) for 100 recruited trainees from different BH health institutions from different cities and entities in BH. To be accredited EMDR therapists all trainees are obliged to practice EMDR therapy with clients under the supervision process of HAP UK&Ireland supervisors. Supervision is organized via Skype Internet technology. Up today seven trainees completed their supervision successfully and became European Accredited EMDR Psychotherapists, one of them became European Accredited EMDR Consultant.

Conclusion Five training of Bosnia-Herzegovina mental health workers to effectively use EMDR with enthusiastic help of EMDR trainers from HAP UK&Ireland resulted with seven European accredited EMDR psychotherapists, and one of them became European accredited EMDR consultant. This will increase psychotherapy capacities in postwar BH.

Disclosure of interest The authors have not supplied their declaration of competing interest.

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EV1498

Surviving psychiatry on-calls

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Introduction Out of hours, there is only one on-site junior doctor. First year psychiatry trainees (CT1s) and GP trainees may have no prior experience in psychiatry. On-call shifts are therefore potentially daunting for new trainees.

Objectives Expand the resources available for trainees when on-call.

Methods We issued questionnaires to CT1s asking if they would have appreciated more information about on-call scenarios and in what format.

Based on the questionnaire results we implemented some changes. These were:

– a printed “pocket-guide” summarising common on-call scenarios;

– a training video on common on-call scenarios.

The handout was given to new trainees in February 2016 and in August 2016. The video was shown to new trainees in August 2016. Trainees provided feedback on the resources.

Results Of 24 CT1s, 15 (63%) were “neutral” or “disagreed” that they had felt prepared for on-calls.

CT1s wanted additional resources, especially a paper handout or phone download.

Feedback on the “pocket-guide” from trainees in February 2016 ($n=8$) was positive (62.5% reported increased confidence in on-call situations). Feedback is also being collected from trainees who received the guide in August 2016.

Trainees in August 2016 ($n=36$) liked the video – no trainees “disagreed” with statements asking if the video had been useful.

The video improved the confidence of trainees about on-call situations by an average of 2.8 points.

Conclusions We have expanded available resources relating to on-calls and improved confidence. Further improvements would include making resources more easily available in downloadable formats.

Disclosure of interest The authors have not supplied their declaration of competing interest.

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EV1499

Ecological momentary assessment and physiological self-evaluation improve mindfulness of stress-related events during interprofessional training. Meta-analysis of a pilot study



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Introduction Self-reflective learning improves interprofessional education (IPE).

Objectives Promoting ecological momentary assessment (EMA) of IPE via an online app. This shall allow contextual recording of students' heart rate during and after pivotal moments of their training, thus improving mindfulness of stressful events (MSE).

Aims To make health care students mindful of the effect of their anxiety about learning, patient safety and performance.

Methods Thirty-two undergraduate students contextually recorded their heart rate with a pulse-oximeter before and after each learning moment: discussion of a clinical case during ward rounds (ClinDis), attending patients as an interprofessional team (BedPat) and self-reflective practice at the end of each day of training (SelfRef). Results were recorded on a dedicated app linked to an online survey. Meta-analysis with Tau squared (t^2), Cochran's Q and I^2 provided the results.

Results Meta-analysis (Fig. 1) of IPE events was significant at $P=0.003$, with $t^2 = 16.515$, $Q (5d.f.) = 17.913$, and $I^2 = 72.088\%$. The bedside care had the higher statistically significant heterogeneity in the before-after event with $t^2 = 53.275$, $P = 0.001$, $Q (5d.f.) = 10.803$ and $I^2 = 90.74\%$ due to an increase in heart rate after patient care (BedPatAft).

Conclusions EMA reinforces self-reflection in IPE by making students mindful of the impact of educational emotions on team performance and patients' quality of care.

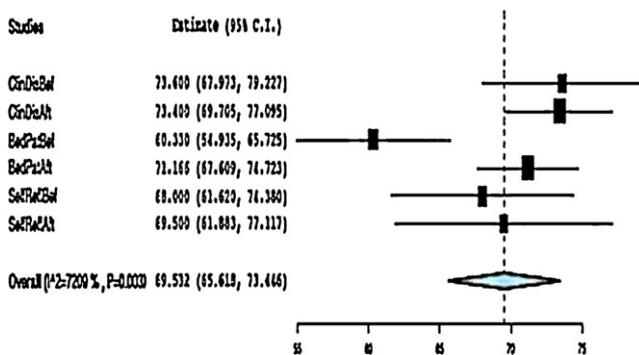


Fig. 1 Results for contextual heart rate during interprofessional education.

Disclosure of interest The authors have not supplied their declaration of competing interest.

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EV1500

Flow experiences improve mindfulness of educational emotions during interprofessional training. Meta-analysis of a pilot study



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Introduction Csikszentmihalyi defines “flow experience” as the state of mind students experience when the average skills and challenges while learning are above their own average.

Objectives Delle Fave, Massimi, & Bassi optimal experiences are used to assess students' flow experience during interprofessional education (IPE).

Aims To use the emotions comprising the Milan school eight-channel model [“afraid, concerned, bored, relaxed, in control, excited, happy (‘flow’), and glad”] to assess flow experiences of undergraduate health care students during interprofessional training.

Methods Twenty-seven undergraduate health care students undergoing IPE training recoded their flow emotions during discussion of a clinical case in ward rounds, patient care in interprofessional teams, self-reflective practice at the end of each day of training and supervision of teachers. Statistical evaluation using meta-analysis with Tau squared (t^2), Cochran's Q and I^2 provided the results (Table 1).

Results As reported in Table 1, interactions with teachers ($I^2 = 60.98\%$), patient care ($I^2 = 58.87\%$) and discussion of clinical cases ($I^2 = 63.31\%$) reported higher variability, significant at $P < 0.05$. The most frequent emotions were “relaxed” (> 66%) and “in control” (> 66%) but not “flow” (> 20%).

Conclusions Results show that challenges were below the skills possessed, which can slow down the learning process.

Table 1 Results for flow experiences in interprofessional education.

Eight emotions	Interaction with teachers		Self-reflection after IPE training		Patient's care with IPE team		Discussion of clinical cases in ward rounds	
	%	Statistics	%	Statistics	%	Statistics	%	Statistics
Afraid	0	$t^2=0.024$	0	$t^2=0$	0	$t^2=.021$	10	$t^2=.02$
Concerned	0	$Q(7df)=17.94$	0	$Q(7df)=8.29$	0	$Q(7df)=17.93$	0	$Q(7df)=19.23$
Bored	0	$P=.012$	0	$P=.307$	0	$P=.017$	20	$P=.007$
Relaxed	66.7	$I^2=60.98\%$	40	$I^2=15.63\%$	66.7	$I^2=58.87\%$	30	$I^2=63.61\%$
In control	66.7		60		66.7		70	
Excited	0		0		0		0	
Happy (flow)	16.7		20		0		20	
Glad	33.3		40		16.7		20	

Disclosure of interest The authors have not supplied their declaration of competing interest.

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EV1501

Doctor–patient communication issues for international medical graduates and medical graduates of foreign origin in Ireland



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Introduction The proportion of international medical graduates (IMGs) in Ireland has increased from 13.4% in 2000 to over 33% in 2010. Many of their countries of origin have different cultures, expectations of the doctor–patient relationship and communication styles than Ireland. These differences can adversely impact on the quality of care provided by IMGs. There is a lack of research on the impact of cultural differences on communication in the Irish context.

Methods Semi-structured interviews were conducted with 16 IMGs in Drogheda Department of Psychiatry. Transcripts were analysed using nVivo10, a specialised computer programme for conducting qualitative analysis and analysed thematically.

Results General themes emerged relating to IMG experience of cultural differences in medicine and psychiatry and cultural differences in communication. IMGs did not find their proficiency in English to be a barrier to communication but did find accents, culture-specific sayings and non-verbal cues to be challenging. Differences in doctors' status relative to patients and different expectations of the doctor–patient relationship were challenging and, at times, frustrating and annoying. It was generally recognised that training in cross-cultural communication skills would be beneficial to new IMGs although a small minority recognised no such issues. Significant differences in attitude to patient confidentiality in Ireland versus the country of origin were identified.

Conclusions Consideration should be given to providing specific cross-cultural communication skills training for all IMGs training in Ireland focusing not just on verbal and non-verbal communication but also differences in the doctor–patient relationship, patient and relative expectations and medical confidentiality requirements.

Disclosure of interest The authors have not supplied their declaration of competing interest.

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EV1502

European Federation of Psychiatric Trainees Exchange: Benefits to trainees and organisations

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Introduction During my time in Gothenburg, I have spent my first week with the team on the emergency inpatient ward. During my second week in Sweden, I have visited inpatient assessment unit where in depth psychological and psychiatric evaluations can be conducted. My final day was spent in a secure state institution providing accommodation and care to young people at risk of absconding or presenting with challenging behaviours.

What did I learn Through the participation in the program I was able to gain first-hand experience of different models of healthcare delivery and I intend to implement some of the positive ideas into the services in the UK. Similarly, I hope that the host organisation may benefit from hearing how care is provided in the UK.

During my trip to Sweden, it was the first time I had an opportunity to deliver a presentation to an international audience. This highlighted new challenges such as language barrier and lack of familiarity with jargon, systems and practices that we take for granted within the NHS. I have learnt from the experience and I have now a better idea how to improve my presentations in the future. I have gained a lot of confidence in my presentation skills by speaking in front of a large audience of clinicians that I have not met before.

Disclosure of interest The author has not supplied his/her declaration of competing interest.

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EV1503

A quality improvement project focused on assessment of risk level of outpatient psychiatry patients

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Since the implementation of the Clinical Learning Environment Review by the Accreditation Council for Graduate Medical Education, there has been an emphasis on training residents in health care quality as well as patient safety. As such, psychiatry residency training programs have had to incorporate quality improvement (QI) projects into their training. We developed a QI curriculum, which not only included resident and faculty participation, but also encouraged other staff in our department to focus on patient safety as well as improving their performance and the quality of care provided to the patients.

In this poster, we present the development of our curriculum and will include a successful QI project to highlight this. This project focused on creating an algorithm to help assign patient risk level, which is based on evidence based risk factors. This project was created due to a survey conducted in our clinic which demonstrated that clinicians, and in residency training in particular, identifying and managing high risk patients can be anxiety provoking for trainees. We will present the specifics of this QI project, and additionally outline the steps that were taken to develop and integrate the QI project into clinical practice.

Objectives (1) Learn how to successfully incorporate a QI project and curriculum into a psychiatry residency training program.

(2) Understand both resident and faculty perspectives on what resources facilitated participation in QI.

(3) Present the development of a quality improvement project focused on risk assessment of outpatient psychiatric patients.

Disclosure of interest The authors have not supplied their declaration of competing interest.

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e-Poster viewing: Women, gender and mental health

EV1504

The effect of vitamin B1 on the change of appetite related to premenstrual syndrome in young women

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Introduction Many women in the premenstrual period may be faced with physical and psychological changes that restricted the acceptance of the responsibility of daily living, jobs and reduced quality of life outdoors. One of these mental disorders is the changes in appetite. Preventing the initiation is the first step in reducing premenstrual syndrome, is very important. Vitamin B1 (Thiamin) may reduce symptoms of PMS through affecting the performance of coenzymes in the metabolism of carbohydrates.

Objectives This study was conducted to determine the effect of vitamin B1 on the change of appetite related to PMS.

Methods In this double-blind placebo-controlled clinical trial, 100 students with PMS residing at dormitories of Jahrom University were divided randomly into two groups, vitamin B1 and placebo. The severity of mental symptoms specially change in appetite and

desire to eat sweets in two cycles, before and during the intervention, was recorded by the students. The data were analyzed using descriptive and inferential statistics.

Results The comparison of vitamin B1 group before and after the intervention showed that vitamin B1 reduced mean mental (35.08%) symptoms significantly ($P < 0.0001$). The reduction of severity was observed in desire to eat sweets was 2.42%. The average of mental symptoms severity of PMS has been reduced in vitamin B1 group, and the comparison was significantly different.

Conclusions Therefore, vitamin B1 is recommended for reduction of symptom severity of PMS include desire to eat sweet. This vitamin can be used to reach a major goal of midwifery, without any side effects.

Disclosure of interest The authors have not supplied their declaration of competing interest.

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EV1505

“Hear me out”: Experiences of mothers suffering from severe mental illness with health care providers – A qualitative perspective

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Background Contrary to popular myth, majority of mentally ill women are mothers with increasing number of them seeking help. Little is known about their own experiences in this regard and the extent to which their needs are met.

Objectives To assess the barriers and facilitators in seeking help from mental health care providers in matters of pregnancy and parenting.

Methods The study used qualitative design with social constructivist paradigm. A purposive sample of 30 mothers with severe mental illness was obtained. Data was collected through one-to-one in-depth semi-structured interviews. After verbatim transcription, inductive thematic analysis was used to explore transcripts.

Results Most women considered motherhood “central” to their lives and almost all of them experienced the burden of the “dual role”. Main barriers in seeking help were stigma, treatment side effects, wrong information and time constraints. Whereas self-advocacy, early engagement, education of women and involvement of the family with service providers were the facilitating factors. The prime expectations of the mothers as identified were early and direct communication, patient audience and basic guidance in regards to child health and parenting issues.

Conclusion Women who are mothers and also users of mental health services face special challenges in managing the contradictory aspects of their dual identity. Hearing their voices are essential for service provision and ensuring adequate mental health needs. Early and direct intervention along with understanding and addressing critical areas are necessary for proper care of both the mother and child.

Disclosure of interest The authors have not supplied their declaration of competing interest.

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EV1506

Correlation between self-efficacy and well-being, and distress, in women with unexplained infertility

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Introduction One of the most difficult aspects of unexplained infertility treatments are feelings of uncertainty and the perception that infertility is beyond one’s personal control, both of which make the infertility situation more threatening and stressful.

Objectives The aim of this study was to explore the correlation between general self-efficacy and infertility specific well-being and distress among women with unexplained infertility.

Methods The sample consisted of 97 women with unexplained infertility aged between 22 and 46 years old (mean age: 33.58), who were recruited from the obstetrics and gynecology clinic “National front”. Mean duration of conception attempts was 3.10 years. The General Self-Efficacy Scale and the Infertility Specific Well-Being and Distress Scales were applied in the study.

Results The mean score on the General Self-Efficacy Scale was 32.77 (SD = 4.624), on the Well-Being scale 3.22 (SD = 0.984) and on the Distress scale 1.94 (SD = 0.754). There was a positive correlation between intensity of infertility specific well-being and general self-efficacy ($r = 0.502$; $P < 0.01$) and a negative correlation between infertility specific distress and general self-efficacy ($r = -0.265$; $P < 0.01$). Women with unexplained infertility with higher self-efficacy expressed higher levels of well-being and lower levels of distress.

Conclusion The results of our study indicate that women with unexplained infertility who perceive their problems as being beyond their control express higher levels of stress and lower levels of well-being. Psychological treatment of women with unexplained infertility should focus on the aspects that can be influenced through psychotherapy.

Disclosure of interest The authors have not supplied their declaration of competing interest.

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EV1507

Women with hysterical manifestations: Menopause, gender and mental health

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Introduction Aging and menopause as a medico-social determinant of female gender influence on mental health. Female gender in the period of menopause is associated with the end of fertility that affects adaptation to changed conditions, decreases intellectual and physical possibilities, narrows role positions, leads to non-psychotic mental disorders (NPMD).

Objective To identify influence of the age, menopause, female sex, sociodemographic parameters on hysterical symptoms in structure of NPMD.

Material In the borderline states department, 93 female patients with hysterical manifestations in structure of NPMD were treated. **Methods** Psychopathological, clinical-dynamic, clinical-catamnestic, psychometric, psychological and statistical.

Results In 100%, the hysterical symptoms in the puberty leveled at reproductive age, intensified in climax: 72.04% - pre-menopause ($P < 0.05$), meno-, postmenopause - 13.98% each. Sociodemographic characteristics (marital status, social status, place of living, education, family composition, family relations) were not interrelated



with frequency of hysterical manifestations in the structure of NPMD ($P > 0.05$). There were more married (68.82%) than divorced (15.05%), widowed (10.75%), single (5.38%); more working (70.97%) than pensioners (22.58%), unemployed (6.45%); more living with husband (51.61%) than with husband and children (17.21%), living alone (15.05%), with adult children (16.13%); more townswomen (80.65%) than villagers (19.35%); education more often secondary (51.61%), high (45.16%) than elementary (3.23%); disharmonic family relations more often (70.97%) than harmonic (13.98%), indifferent (15.05%).

Conclusions Age, menopause, female sex are reliably ($P < 0.05$) connected with intensification of hysterical symptoms in the structure of NPMD in difference from sociodemographic parameters not associated with frequency of hysterical manifestations.

Disclosure of interest The authors have not supplied their declaration of competing interest.

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EV1508

World maternal mental health day

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Introduction As many as 20% of mothers experiences some type of perinatal mood and anxiety disorder (PMAD) worldwide. Women of every culture, age, income level, and race are at risk for PMADs with potential effects to mother and child.

Objectives To promote awareness of maternal mental health and PMADs.

Method An international task force met via online videoconference to make plans for the inaugural World Maternal Mental Health Day. The task force soon grew to include representatives from around the globe with a common goal to increase awareness of and influence policy about maternal mental health. This presentation will discuss the process, successes, challenges, and engage participants in future social marketing strategies for World Maternal Mental Health Day. International reach and impact will be discussed.

Result Organizations from 12 countries were involved in this event, with twitter and landing page activity across the globe. A unique logo was developed and numerous organizations endorsed the event. An international social media campaign included a Twitter Feed “#Maternal Mental Health Matters” starting in Australia, Facebook page, and landing page. The first World MMH Day was held May 4, 2016.

Conclusion Increased awareness will continue to drive social change with a goal of improving the quality of care for women worldwide who experience all types of PMADs and to reduce the stigma of maternal mental illness. World Maternal Mental Health Day will be held each year on the first Wednesday of May, close to “mother’s day” and “mental health week” in many countries.

Disclosure of interest The author has not supplied his/her declaration of competing interest.

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EV1509

Evaluation of capacity to love, depression, and anxiety in women according to their relationship status

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Introduction Associations between psychiatric disorders and relationship status as well as the impact of psychiatric symptoms on the quality of romantic relationships have already been demonstrated but the association between psychiatric symptoms and the capacity to maintain romantic relationships has been rarely examined.

Aim To investigate anxiety, depressive symptoms and capacity to love (CTL) in single women (sw) and those in a relationship (rw).

Methods Two hundred healthy adult females (100 sw, 100 rw; mean age 27.8 ± 8.1 yrs and 27.3 ± 8.1 yrs, respectively) completed the PHQ-4 and the CTL-Inventory. Differences in anxiety and depressive symptoms and CTL between both groups were assessed by independent-samples *t*-tests. Moreover, correlations between CTL, anxiety and depressive symptoms in each group were investigated.

Results Sw showed a significantly higher level of depressive symptoms ($\text{mean}_{\text{sw}} \pm \text{SD}_{\text{sw}} 1.59 \pm 1.66$, $\text{mean}_{\text{rw}} \pm \text{SD}_{\text{rw}} 1.07 \pm 1.37$, $P = 0.016$) and a significantly lower CTL ($\text{mean}_{\text{sw}} \pm \text{SD}_{\text{sw}} 126.81 \pm 12.60$; $\text{mean}_{\text{rw}} \pm \text{SD}_{\text{rw}} 137.13 \pm 11.26$, $P \leq 0.001$) than rw but no differences occurred for anxiety symptoms.

Among sw, CTL negatively correlated with depressive ($r = -0.37$, $P < 0.001$) and anxiety symptoms ($r = -0.44$, $P < 0.001$) whereas in rw, a negative correlation occurred only between CTL and depressive symptoms ($r = -0.43$, $P < 0.001$).

Conclusion Our results suggest that single women, compared to women in a relationship, show a lower CTL and suffer more from depressive symptoms.

Furthermore, a lower CTL is associated with more anxiety and depressive symptoms, thus suggesting that future therapeutic approaches to depression and anxiety should also take into account relationship conflicts and CTL. As a crucial personality trait, CTL might be an important moderator of coping with common psychiatric symptoms.

Disclosure of interest The authors have not supplied their declaration of competing interest.

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EV1510

Particularities in immigration amongst homeless women in Girona

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Introduction Homelessness is a problem which affects all the areas of those who suffer it, affecting their health seriously. These risks increase when the affected person has carried out a migratory process. Another risk factor, apart from immigration, is to be woman.

Objectives To analyse the gender demographic differences in a total cohort of homeless people in the city of Girona in 2006 and continued until the present day.

Methods Prospective longitudinal study of the total population of homeless people in Girona. In 2006, a list was made of all the homeless people detected by both specialized and non-specialized teams which have been followed until the present day.

Results The total number of women in the sample is lower ($n = 106$, 11.2%). There are fewer immigrant than autochthonous women ($\text{Chi}^2 = 23.1$, $\text{df} = 1$, $P < 0.001$).

After following the total homeless population in 2006, we can confirm that currently we can still identify 62 people in the territory (6.7%). In this subsample there are no differences between genders (man: $n = 54$, 6.5% vs. woman: $n = 8$, 7.5%; $\text{Chi}^2 = 0.21$, $\text{df} = 2$, $P = 0.89$). That is, men and women remain in their homeless condition in a proportional way. This fact presents great limitations, since we do not know what happened with the other 93% of the initial sample.

Conclusions The masculinisation of the homeless people from Maghreb has tended to increase the gender differences in the homeless population, in itself more masculine. This presents a risk of increasing the invisibility of homeless women.

Disclosure of interest The authors have not supplied their declaration of competing interest.

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EV1511

A case report highlights the neglect problem of pregnancy denial

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Pregnancy denial was observed in a patient after her second delivery. Contrary to the first pregnancy, she denied weight gain, body changes and baby movements. She reported using a contraceptive pill throughout the entire pregnancy. After a short home delivery without assistance, she was admitted to obstetrical department and referred for psychiatric evaluation. Mrs. T. accepted psychiatric follow-up appointments and was followed up for 6 months. She was initially assessed using the SCID II Interview, Beck anxiety and depression interview, WHOQOL (WHO quality of life), and childhood trauma questionnaire. She denied pregnancy concealment and during the period of assessment and follow-up there was no evidence of intimate partner violence. Her female newborn was healthy without consequences of oestrogen/progesterone absorption (hypoplastic left heart syndrome, gastroschisis, hypospadias or congenital urinary tract anomalies) in one year follow up. The patient was discharged after 6 months of clinical outpatient follow-up. This case stresses and emphasizes the health and risk outcomes for both mother and child linked to an underestimated but serious phenomenon such as the denial of pregnancy.

Disclosure of interest The authors have not supplied their declaration of competing interest.

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EV1512

Reviewing the relation between the automatic thought patterns of university students and their levels of cultural intelligence

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Purpose This research aims at reviewing the relation between the automatic thought patterns of female university students and their cultural intelligence levels.

Method The research was planned to be descriptive. The universe of the research was composed of female university students in staying student hostel. The sample was determined to be the whole of the universe. A written permission was taken from the management of hostel regarding the research. Cultural Intelligence Scale and Automatic Thoughts Scale; the form towards socio-demographic data prepared by the researchers was used. SPSS-19 software programme were used to analyze the data.

Results The participants were a total of 400 people, with %100 female. Automatic thoughts scale of respondents found a total of 85.23 points. This score is above average. That is more negative perceptions of student life. Cultural intelligence scale total score of 81.21 was found. Cultural intelligence level of students is above average. There was correlation between the two scales.

Discussion and conclusion Statistically significant relations were determined between Cultural Intelligence Scale and sub-scales regarding Automatic Thoughts Scale.

Keywords Cultural intelligence; Automatic thoughts; University student; Female student

Disclosure of interest The authors have not supplied their declaration of competing interest.

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EV1513

Associations between gender and outcome of acute psychiatric admission, looking specifically at length of stay and type of admission

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Introduction There is little published data regarding the association between gender and outcomes in acute inpatient psychiatry. We present outcomes from a study of 5601 acute psychiatric admissions.

Objective The objective of this study was to identify associations between gender and outcome of acute psychiatric admission, looking specifically at length of stay and at whether they were detained in hospital.

Methods The relationship between gender and acute psychiatric inpatient length of stay and detention status was analyzed for all admissions over 90 months from Sept 2002 to Feb 2010. There were 5601 consecutive admissions included in this study, 2862 of which were male and 2739 were female. There were no exclusions. Data was complete for more than 99% of subjects, and was extracted from part of routine service data on an anonymous basis. The subjects were admitted into two acute inpatient wards in central Norfolk. Data was analyzed using SPSS. Ethics consent was granted by the research ethics committee.

Results The study showed no significant difference in average length of stay (female = 32.98, male = 32.11; $P = 0.595$). Additionally, no significant difference was found linking gender to detention status (26% female, 25% male; $P = 0.517$) as opposed to informal or voluntary admission.

Conclusion The study found no evidence of a gender bias regarding overall length of stay and legal status in acute admissions. Further research should be conducted in this area to examine whether there is any gender bias in outcomes relating to diagnosis.

Disclosure of interest The authors have not supplied their declaration of competing interest.

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EV1514

Impact of postpartum depression on quality of life

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Introduction Women during the postpartum period experience many physiological, psychological, and social changes. Quality of life (QOL) is a sense of well-being and arises from satisfaction or dissatisfaction with various aspects of life including health,

employment, socioeconomic state, psychological-emotional state, and family.

Objectives The purpose of this study was to identify influence of childbirth experience and postpartum depression on QOL.

Methods This is a descriptive cross-sectional study regarding 150 postpartum women receiving cares in the hospital of Sfax and examined during the first and the sixth week post-delivery. Data collection tools in this study were demographic questionnaire, Edinburgh Postnatal Depression Scale (EPDS), and world health organization quality of life-bref (WHOQOL-bref). Data were analyzed using SPSS.

Results The mean age of our sample ($n=150$) was 29.61 years. During the sixth week study period, 126 of 150 were examined. A personal psychiatric history of depression was found in 9.3% of cases.

The current pregnancy was undesired in 15.3% of cases.

The prevalence of postpartum depression in the first week was 14.7% and 19.8% in the sixth week after delivery.

The mean score of quality of life was 81.62 ± 9.09 .

Scores of quality of life and all its dimensions were significantly lower in depressive women.

Conclusion Because enormous changes develop in postpartum women, we suggest supportive measures for mother by her mother-in-law family, and caregivers to improve the QOL and health status of the mother and her child and to prevent postpartum depression.

Disclosure of interest The authors have not supplied their declaration of competing interest.

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EV1515

The psychological effects of unmarried women “a field study on a sample of unmarried women in Algeria”

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Background The present research was designed to determine the psychological stress as experienced by unmarried women in the education sector, and how to help them to discover the meaning of their presence in the framework, innovation and achievement, art, science, comprehension, love and adaptation in life.

Aim This research aims to identify the various problems and mental disorders that unmarried women suffering from, and to determine the differences between unmarried women in terms of the psychological problems resulting from “unmarried” in: ages, kind and professional status.

Method The method used in this research is purely descriptive following the collected data from the sample of 200 unmarried women. The tools that were used in this research as follow: Self-Confidence Scale, Psychological Stress Scale, “List of Information Collection for unmarried women”; we proceeded with some statistical techniques.

Results The findings of this research were:

- emotional problems are the most common problems experienced by unmarried women;
- the present study indicates the presence of depressive symptoms in 17%, which can evolve toward psychotic depression as dysthymia (loss of interest in daily activities, hopelessness, low self-esteem, self-criticism, trouble concentrating and trouble making decisions, effectiveness and productivity, avoidance of social activities, feelings of guilt and worries over the past, insomnia. . .);
- the impact of unmarried on late stages have more negative impact, and psychological effect on them was more severe and the greatest harm.



Conclusion The advancement of women in the age without marriage or “unmarried women” is origin of psychological stress and low self-confidence.

Disclosure of interest The authors have not supplied their declaration of competing interest.

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EV1516

Gender differences on mental health distress: Findings from the economic recession in Portugal

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Introduction Evidence from past economic recessions shows that increased risk of mental distress is likely to occur. Until now, little is known whether distress levels differ by gender in countries highly hit by the economic recession.

Objectives The aim of the study was to characterize and analyze the differences in mental health distress in men and women during the current economic recession in Portugal.

Methods A subsample of 911 participants from the 2008 national mental health survey, were re-interviewed in 2014/2015. Sociodemographic data was collected and mental health distress was evaluated using the 10-item Kessler's Psychological Distress Scale (K10). Chi-square statistics were used to investigate differences between men and women in mental distress as a categorical variable.

Results Mean mental distress differed significantly according to gender, $\chi^2(1) = 13.716, P = 0.001$. The results showed that a much higher proportion of women (18.5%) revealed to be under psychological distress compared to men (9.9%).

Conclusions Distress levels during the economic crisis in Portugal differ significantly by gender. More women reported to be distressed compared to men. There are several hypotheses for a differential expression of psychological distress between women and men during the recession, such as different gender roles which asserts that differences are due to gender and country based coping resources but also due to several determinants of mental health such as income, employment and social status. Further research is needed to better predict a variety of characteristics that are important for this outcome.

Disclosure of interest The authors have not supplied their declaration of competing interest.

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EV1517

Complementary and integrative medicine approach for climacteric disorders

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Introduction Menopausal symptom clusters of vasomotor symptoms (VMS), sleep and mood symptoms may last for years and might lead to an increased risk of depression.

While hormone replacement therapy is still the most effective therapy for reducing VMS, which are the most prominent symptoms of menopause, the majority of women prefer to choose nonhormonal therapies, either because of medical contraindications or personal beliefs and turn to complementary and integrative medicine (CIM).



The objective of this presentation is to review the evidence on nonpharmacologic, nonherbal management treatments of CIM in climacteric disorders.

Methods A systematic review of PubMed database was performed using the key-words: acupuncture, hypnosis, yoga, massage, homeopathy and menopause.

Results The research of CIM modalities is evolving. The 2015 position statement of the North American menopause society (NAMS) recommended the use of CBT and hypnosis for the management of VMS. The most recent studies on the effect of acupuncture on VMS however yielded conflicting results: while NAMS concluded that acupuncture is not recommended for managing VMS, later studies produced a positive evidence both for managing of VMS and menopause-related sleep disturbances by this therapeutically modality. There is also some evidence that acupuncture, massage and yoga may alleviate symptoms of depression and that individualized homeopathic treatment may be more effective than placebo for depression in perimenopausal and postmenopausal women.

Conclusions These findings suggest that acupuncture, hypnosis, yoga, massage and homeopathy may be adopted as a part of multimodal approach in treatment of climacteric disorders.

Disclosure of interest The author has not supplied his/her declaration of competing interest.

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EV1518

Marital separation among some poor Bangladeshi women: Analysis of some cases



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Objective This paper intends to show the challenges faced by poor Bangladeshi Muslim women from lower socioeconomic status, in case of divorce or separation in marriage. Participants will also learn how they earn for their living and how they raise their children if any. This paper will also present the obligations of marriage in Islam, which may reduce the hazards in their life.

Method Some women were interviewed from lower socioeconomic status from slum area of Dhaka. Researcher took their consent before interview had started. They were asked about their age, educational status, duration of marriage, type of work they do for livelihood, whether they get any maintenance money from the husbands in case of separation, expenses for raising children if any, any criticize from the friends and relatives, etc. The answers were noted carefully.

Results After critical analysis of the interview it was revealed that they were leading their lives on their own, most of them were not aware of their rights relating to marriage in Islam. Two of the women had to pay dowry. Some of them were addicted to tobacco leaf taken with betel nut and PAN, a special form of leaf.

Conclusions In conclusion, it can be said that these women lead their lives with courage. They need to be educated about their marriage rights in Islam and legal help. At a time, men should be educated about the marriage rights of the wives and the evil effects of dowry in the society.

Disclosure of interest The author has not supplied his/her declaration of competing interest.

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EV1519

True story of Bangladeshi women with childhood trauma who heroically faced the trials of life



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Objectives At the conclusion of this presentation, the participants will be able to know how three women victim of childhood trauma; terribly suffered and tackled their situation. They were born in a developing Muslim country.

This paper also intends to aware people about victims of childhood trauma and their need for mental and social support.

Methods Personal interview with these three subjects who were close persons of the researcher. Description of their suffering and way of tackling it were noted. The words were carefully placed as a story.

Results Two of the subjects sexually abused by close relatives in their childhood. The third one was abused for as long time as 17 years. All the subjects suffered severely from headache and flatulence from childhood, insomnia and terrifying dreams, sense of insecurity, depression, PTSD.

Despite all the grief and pain, these three became highly educated, holding well position in the society and directly indirectly working for distressed women.

Conclusions The author concludes that childhood trauma can damage a victim in many ways in her entire life.

Social support, sharing the incidents with others, counseling may reduce her pain.

Religious acts like prayer, reading Holy Book, remembrance of Allah, serving humanity and helping distressed women may console the victim.

These three women's heroic lives may give motivation for women with childhood trauma. Even they may inspire others to act like heroes in hardship of life.

Disclosure of interest The author has not supplied his/her declaration of competing interest.

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EV1520

The comparison of mental health and marital satisfaction of fertile and infertile women referred to infertility center of Jahad Daneshgahi In Qom



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Introduction Infertility is a complex issue that affects individuals' mental health. Also marital satisfaction can be affected by fertility status of couples. Then, it is one of the most important features of life satisfaction. So, the study of mental health and marital satisfaction of infertile and fertile women is considerable.

Objectives This research has been done with the aim of study and comparison of marital satisfaction level and mental health of the women who have infertility problem with those who does not have this problem.

Method In total, 180 persons (90 infertile women and 90 fertile women) were participating in this study. Participants were comprised of those referring to infertility center of Jahad Daneshgahi in Qom. They filled the general health questionnaire (GHQ) and enrich marital satisfactions questionnaire have been used. Acquired information analyzed with the independent *t*-tests and one-way variance analysis.

Results Results showed infertile women have less mental health rather than fertile women and also according to results, there was significant difference in satisfaction level of the fertile and infertile women. The number of unsuccessful pregnancies whether in fertile women or infertile women didnot have considerable effect on the marital satisfaction, while, effect of this factor on marital satisfaction level of the infertile women was higher than that on the fertile women.

Conclusion Generally, by inclusion of limitations in this plan, it is inevitable to emphasize on negative consequences of the infertility on spouses' life and it is important to pay attention to its different dimensions.

Disclosure of interest The authors have not supplied their declaration of competing interest.

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EV1521

Psychological and psychiatric consequences of violence against Women[☆]



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Introduction Domestic violence against women has increasingly been recognized nationally and internationally as a serious problem. Violence against women is a troubling phenomenon in Russia. Meanwhile domestic abuse against women often results in long-term mental health problems.

Objectives The main aim of the study was to find out the psychological and psychiatric consequences of violence against women and to determine the origins of crimes committed by abused females.

Materials and methods A cohort of 18 females was examined by forensic psychiatrists. All women had committed crimes of violence (murders, attempted murders). Details of background, psychiatric and offending history were extracted. Each item was assessed with the help of descriptive statistics.

Results A research has been carried out on the basis of psychiatric and forensic psychiatric assessment of two groups of women who had a long history of violence by their husbands or partners. Clinical assessment has revealed depression, anxiety, low self-esteem, post-traumatic stress disorder, drug abuse. All women underwent forensic psychiatric assessment as they had committed serious crimes of violence. The research has revealed two types of homicides. Women of the first subgroup displayed pathological altruistic motivation of their children. Women of the second subgroup had committed homicides of their husbands and partners whose violence towards women escalated in severity.

Conclusion The research shows the necessity of domestic violence prevention by legal provisions and multidisciplinary research with participation of psychiatrists, psychologists, sociologists, human rights advocates and feminist societies.

Disclosure of interest The authors have not supplied their declaration of competing interest.

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EV1522

Coping behaviors in mothers with an atypical child



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Nowadays an increased interest seems to be developing concerning the coping strategies of parents with an autistic child. Several studies focused on the gender differences or tried to explore the effect of the levels of the child's behavioral symptoms. Although most of the previous studies made comparisons at a single point

in time, some longitudinal research also came to light in the last decades. The results usually confirmed characteristic patterns of the parents' coping behavior. The aim of this study was to compare coping behaviors in mothers with a child living with autism spectrum disorder (ASD) or Down-syndrome (DS), since until now there has been no investigation into this question, even though it plays an important role in stressful occasions that are inevitable and frequent concomitants of these families' life. This time a cross-sectional study has been carried out. The selected research method was composed of semi-structured interviews, self-administered questionnaires and participant observation. 5-5 mothers were involved in the study with a child living with ASD or DS. In addition to this, five mothers with a typically developing child also participated in the research. The age of the children varied between four and nine years. According to the earlier studies, a higher level of stress was experienced by atypical children's mothers, and emotion-focused coping strategies were also more often used by them. Task-focused coping was associated with a lower level of experienced stress in the family system. However, further studies are needed to explore other correlations of the examined field.

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EV1523

Screening for perinatal anxiety disorder in Serbian women



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Perinatal generalized anxiety disorder (GAD) has a high prevalence of 8.5%–10.5% during pregnancy and 4.4%–10.8% postpartum which is higher or as high as in general population. Despite its attendant dysfunction in the patient, this potentially debilitating mental health condition is often underdiagnosed due to difficulty in distinguishing normal versus pathological worry and non-existent screening tool for perinatal GAD. The maternal dysfunction can potentially impact mother–infant bonding and influence neurodevelopment outcomes in the children.

Objective To screen 100 women for anxiety symptoms during pregnancy and postpartum at the primary health center "Zvezdara".

Methods One thousand women were screened for anxiety symptoms using the GAD-7 and DSM-IV. Questionnaire that covered key demographic and obstetric information and GAD-7 and DSM-IV, were administered at the third trimester of pregnancy, and 8 weeks postpartum. Women were identified as at high risk for anxiety, cut-off scores of 5, 10, and 15 were taken as the cut off points for mild, moderate, and severe anxiety, respectively.

Results Ten percent of the sample was screened positive for mild anxiety symptoms during pregnancy. Subsequently, efforts were made to follow-up women with a postnatal GAD-7 and 7.2% percent were screened positive during postpartum.

Conclusion Clinicians should be aware of the frequency and level of anxiety symptoms during pregnancy and postpartum. Therefore, it is very important to identify women at high risk. Be aware that GAD is one of the risk factors that complicate pregnancy.

Disclosure of interest The authors have not supplied their declaration of competing interest.

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EV1524

Sex differences in experimental studies of depression: How can clinical research benefit?



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Introduction Sex differences in depression and antidepressant response in humans are modestly studied and results are controversial. Experimental studies using animal models may provide insights that could be useful in clinical trials.

Objectives The objective is to summarize findings from preclinical studies on sex differences and suggest how such preclinical research might be of use in clinical research.

Aims Specifically it is aimed to summarize evidence for both sexes in relation to the phenotype of depression, its endophenotype and the antidepressant response.

Methods A selection of experimental studies on sex differences in stress and antidepressant response was performed and their findings were linked to potential confounders or methodological issues that might obscure the results of clinical trials.

Results In preclinical studies, behavioral indices and models are adjusted for both sexes, in order to properly identify sex differences in primary outcomes. This is not routinely happening in clinical studies when using depression rating scales, which is the analogue of behavioral indices. Moreover, preclinical studies show sex differences at the baseline behavioral response and underlying mechanisms that often converge following antidepressant treatment. This is also a neglected issue in human studies. Finally, preclinical research suggests that when researching on potential biomarkers for depression and antidepressant response sex should be an important factor to consider.

Conclusions Cautious exploitation of findings on sex differences from preclinical research could improve the design and quality of clinical studies for disease biomarkers and novel antidepressants and facilitate the drug development in a gender aware manner.

Disclosure of interest NK has received honoraria and travel support from Janssen-Cilag, Lundbeck, Sanofi-Aventis, Medochemie Generics and Elpen S.A. CD has received honoraria from Janssen-Cilag and travel support from Boehringer Ingelheim. None of those is relevant to this study.

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EV1525

The psychological effects of abuse and battering on wives and partners: Case study in the Philippines



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Introduction In the country, the most prevalent form of violence against women is physical abuse/maltreatment or wife/partner battering based on both records of the Philippine national police, and the women in especially difficult circumstances.

Objectives This study looked into the psychological effects of abuse and battering on wives-partners.

Aims This paper will also give a description on how battered wives acquire a learned helplessness behavior due to uncontrollable events or situations.

Methods The methods used were structured interview method and case method, and interview with a psychiatrist in the hospital where the three cases had consultations.

Results Wife battering refers to violent acts such as psychological, sexual or physical assault by an assailant against his partner

with the intent of controlling by inducing fear and pain. It is a common incident being violated under RA 9262. Three cases were studied. One was stabbed 12 times by her live in “matador” partner who works in a slaughter house. The second case was about a partner who was forced to do sexual favors for her husband that were animalistic and perverted. On the third case, while married, she noticed that the man was also sexually perverted. He also raped their daughter.

Conclusion All three cases also manifested depression in various forms with varying symptoms. Case A was diagnosed with post-traumatic stress disorder (evaluation made by the psychiatrist). Case A manifested symptoms of depression, panic of being attacked again by assailant who is at large.

Keywords Abuse; Battering; Wives and partners; Depression; Psychological effect

Disclosure of interest The author has not supplied his/her declaration of competing interest.

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EV1526

Gender differences in external factors affecting psychiatric visits in a Greek hospital

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Introduction According to previous literature, there are important differences, based on gender, on the external factors that affect psychiatric visits of individuals. Females are, in general, more likely to report being affected by family and emotional issues whilst men are less likely to do so.

Objectives To examine gender differences in external factors affecting psychiatric visits.

Aims To investigate whether females report different external factors, which impact on the decision to visit a psychiatrist, compared to males.

Methods In this study, there were 1205 participants, out of them 685 were males (56.8%) and 520 females (43.2%). The mean age was 45.54. Convenience sampling method was used and participants were recruited from the general hospital of Nikaia, “Ag. Panteleimon”, in Athens, Greece, from 01/01/2012 to 31/12/2015. The data were analysed through the SPSS software.

Results There were significant gender differences in external factors reported for psychiatric visits, as $\chi^2(8): 185.608, P < 0.001$. More specifically, more women reported being affected by family problems (5.5%) compared to men (2.6%). Additionally, more females reported being affected by emotional issues (7%) compared to men (5.6%) and psychological issues were more important for women (13.9%) compared to men (7.5%), as well. However, more men reported addictions as the external factors impacting on psychiatric visits (23.1%) compared to women (6.6%).

Conclusions There are significant differences in the external factors affecting psychiatric visits between men and women. Further investigating such differences could help us better understand the reasons affecting the individuals’ decision to seek psychiatric help.

Disclosure of interest The authors have not supplied their declaration of competing interest.

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EV1527

Ulsba's Epva hospital team's first year of activity

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Domestic violence (DV) against women still lacks rigor in its identification and denouncement, which makes it an under diagnosed condition.

Physical and psychic well-being of women who are victims of DV is threatened hence it is essential to discuss this subject as a health matter. Furthermore, health professionals are usually DV victims' first contact. In 2009, Margaret Chan from WHO stated that "Preventing violence against women requires a multi-sectoral approach, and in this context the health sector has a central role to play which includes helping to identify abuse early, providing victims with the necessary treatment, and referring women to appropriate and informed care."

Portuguese Health Ministry has created, through the legal dispatch No. 6378/2013 of may 16, an integrated intervention model on interpersonal violence throughout life, entitled Ação de Saúde sobre Género, Violência e Ciclo de Vida (ASGVCV), made operational by Equipas para a Prevenção da Violência em Adultos (EPVA) teams.

Disclosure of interest The authors have not supplied their declaration of competing interest.

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EV1528

What is mommy doing in the bathroom? A typical case of postpartum psychosis

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Objective We report the case of a 41-year-old woman brought by her husband for behavioral disorder during the last week. As background, she had her first vaginal delivery after a risky pregnancy a fortnight ago, which required uterine arteries embolization for intense uterine bleeding; and an adjustment disorder eight years ago.

Results The patient presents a wordy and inadequate speech, as well as insomnia for the last seven nights. She has injuries in both of her hands due to intensive cleaning of her home and genitalia. Her condition is fluctuant, remaining for hours in the bathroom after breastfeeding and behaving strangely at night, with an irritable mood and being unable to care for their child.

She also has a fever of 39°C, with thrombocytosis (850,000 platelets) and a c-reactive protein up to 20 as relevant alterations, attributed to mastitis and consequences of the recent intervention. Olanzapine at a dose of 10 mg per day was introduced after stopping breastfeeding, with very good tolerance and complete clinical remission within a few days, with the diagnosis of postpartum psychosis and suspected affective disorder of the bipolar spectrum.

Conclusions Puerperal psychosis is misdiagnosed in at least 50% of cases, with a prevalence of 1–2/1000 births, and appears more frequently between the 3rd and 9th day after delivery. The risk for both mother and child is severe and it must be treated immediately, being its evolution in general favorable. Most of the risk factors and clinical manifestations for this condition are described in this case.

Disclosure of interest The authors have not supplied their declaration of competing interest.

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EV1529

Affirmative competence and practices of mental health professionals with LGB clients: An Ibero-American study

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Introduction There are not many studies about affirmative competence and practices among mental health professionals working with lesbian, gay, and/or bisexual (LGB) clients.

Objectives The objectives of this research are to assess the levels of affirmative competence and practices of professionals in Ibero-American countries.

Aim We aim to compare differences regarding gender, country of origin, religious beliefs, political orientation, sexual orientation, age, education, marital status, and possessing specific training related to working with LGB clients, in order to determine the predictive association of the variables under study.

Methods The sample consists of 630 therapists from various countries various Ibero-American countries: 23% from Portugal, 23.2% from Brazil, 19.1% from Spain, 6.7% from Mexico, 6.7% from Argentina and 18.6% from other countries. Ages ranged from 19 to 75 years old, with a mean age of 41.46 years. The socio-demographic questionnaire, the Sexual Orientation Counselor Competency Scale, and the Affirmative Practice Questionnaire were the measures used.

Results The results show statistically significant differences when comparing marital status, sexual orientation, political orientation, religious beliefs, level of education, and specific training concerning LGB issues. Age, gender, and country of residence show no statistically significant differences. The linear regression model demonstrates that there is a significant predictive value between affirmative competence and practices with LGB clients.

Conclusions This study indicates that mental health professionals should undergo some type of academic or professional training and/or possess experience in regards to working with LGB clients, in order to enhance their approach when working with this population.

Disclosure of interest The author has not supplied his/her declaration of competing interest.

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EV1530

Violence suffered by women before her incarceration: Integrative literature review

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Introduction The complex phenomenon of violence against women is determined by gender relations that, from a historical and social construction of female and male, and the biological differences which gives unequal power between men and women. This results in increased vulnerability of women, exposing them to physical, psychological and sexual violence. The history of vio-

lence in the early life of trapped women can contribute to their involvement in crimes and misdemeanors.

Objective To review the production of national and international scientific knowledge about the effects of violence on women's health before her incarceration.

Aims Meet the publications about the consequences of violence on women's health before she was imprisoned.

Method Integrative review of scientific literature to answer: "What are the implications of violence on women's health before their incarceration?" Studies of the last 5 years delimited in the databases LILACS, PUBMED and PsycInfo. Selected primary studies with women incarcerated people over 18 years, in Portuguese, English and Spanish language. Excluded studies that addressed violence inside the prison and wife as perp. An instrument for identification of studies and their categorization was used.

Results Sixteen selected articles that have addressed the prevalence of post-traumatic stress disorder, suicide, drug abuse, sexual abuse and re-victimization (where the abuser was usually a family member or intimate partner).

Conclusion There is a lack of a specific instrument to investigate the occurrence of violence against women before being arrested. Scientific and policy initiatives are required to develop specific intervention strategies for women incarcerated victimized before prison.

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EV1531

Social representations concerning women daily experiences in prison



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Introduction Violence is a social and relational problem of humanity. When coming across a feminine jail population, the violence problem can take diverse proportions. Beyond being perpetrators of some sort of violence, these women can also be victims throughout their lives and even during their period of imprisonment.

Objective Describe the social representations that imprisoned women have concerning daily experiences in prison.

Aims Knowing the meaning of daily experience in prison to women.

Methods Qualitative exploratory-descriptive field study, carried through with 15 prisoners of the feminine prison of Ribeirão Preto (SP-Brazil). A semi-structured interview was used. Results submitted to the content analysis technique.

Results "Daily experiences with violence in prison": they revealed feelings of abandonment and indifference to their health; they denounced suffering physical and psychological violence from employees and other female prisoners; the relation between them is marked by conflicts and aggressions. "Consequences of the arrest in the women's lives": complained about the loss of contact with their familiars; there were relieves about lack of support and system's indifference for the readjustment in society.

Conclusions This study contributed as stimulus and reference for the implementation of other researches with populations of prisons, amongst them the ones that aim to establish strategies for the reintegration of these women in society and the shift of paradigms

related to them. Moreover, with the intention of supplementing researches with incarcerated women, we suggest studies that also have familiars and professionals (or visitors) as subjects.

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EV1532

Intimate partner violence and cognitive aspects of the perpetrator



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Introduction Violence against women, committed by an intimate partner, is a serious public health problem. On an international scope it has been researched the relation between intimate partner violence and cognitive aspects of aggressors.

Objective To investigate if couples use violence to resolve conflicts and if there are differences in cognitive aspects of men in couples where there is intimate partner violence when compared to couples who have a harmonious relationship.

Method The Revised Conflict Tactics Scale (CTS2) was used. The cognitive aspects of male partners was investigated by Wechsler Adult Intelligence Scale (WAIS-III), certain factors such as verbal and executive functions, to compare the testing results of men who have committed violence against their partners with those who did not.

Results Thirty-one couples with intimate partner violence police reports and 31 couples who, according to their own perceptions, said to maintain harmonious marital relationship. The comparisons between groups allowed observing that even among couples who judge to be in a peaceful relationship, violent behaviors were detected. These behaviors tend to be naturalized and not considered as violence by partners. In regard to men's cognitive aspects, especially those related to WAIS-III verbal skills and impulse control, they possibly exert some influence to intimate partner violence.

Conclusion The possible influence of cognitive aspects of the perpetrator on violence against women could be reduced through long-term actions, especially those concerned to early education, since this is the appropriate way to culturally change and to develop satisfactory social and cognitive skills of the individual.

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EV1533

The treatment of premenstrual syndrome with preparations of Vitex Agnus Castus (Chaste-berry): A systematic review and meta-analysis



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Introduction Five to 8% of women of reproductive age suffer from moderate to severe symptoms of premenstrual syndrome associated with substantial distress or functional impairment.

Objective To determine the efficacy, tolerability and acceptability of Vitex agnus castus (VAC, chaste-berry) preparations for treatment of premenstrual syndrome (PMS).

Methods After an extensive literature search all randomized controlled trials of VAC in women with PMS and/or premenstrual dysphoric disorder were included.

Results We found 17 randomized controlled trials of VAC in the treatment of PMS of which 14 studies could be included in the quantitative analysis. All trials, except one, found the Vitex agnus castus preparation to be more efficacious than placebo, pyridoxine and magnesium for either total symptom score or individual symptoms or symptom clusters. Unfortunately, the majority of trials is hampered by a high risk of bias. The pooled effect of VAC in placebo-controlled trials was large (Hedge's g : -1.21 ; 95% CI: -1.53 to -0.88), but heterogeneity extremely high ($I^2=91\%$). We could not single out distinct factors that could explain this heterogeneity. The funnel plot and Egger's tests suggest the presence of bias over the full set of studies and effect sizes.

Conclusion Although meta-analysis shows a large pooled effect of VAC in placebo-controlled trials the high risk of bias, high heterogeneity and risk of publication bias of the included studies preclude a definitive conclusion. The pooled treatment effects should be viewed as merely explorative and, at best, overestimating the real treatment effect of VAC for PMS symptomatology.

Disclosure of interest P.S. reports personal fees from H. Lundbeck A/S, outside the submitted work. The other authors have not supplied their declaration of competing interest.

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EV1534

Body shape perception among obese Tunisian women

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Introduction In today's societies, pressures from the idea of thinness are omnipresent and lead to a corporal dissatisfaction with an excessive preoccupation of the body's image. Obese persons are often targets of stigmatization and are vulnerable to negative feeling about their physical appearance.

Aims To evaluate the worries towards the weight and the shape of the body among obese women.

Methods Our study was a transversal study, descriptive and analytic. A total of 42 obese women were included. Obesity was defined by body mass index (BMI) ≥ 30 and divided into 3 classes: class I: moderate obesity ($30 \leq \text{BMI} \leq 34.9$); class II: severe obesity ($35 \leq \text{BMI} \leq 39.9$); class III: morbid obesity ($\text{BMI} \geq 40$). Patients were studied by mean of body shape questionnaire (BSQ-34) (Considering score $\text{BSQ} < 80$ lack of altered body image perception and score > 140 excessive preoccupation).

Results The mean age of participants was 33.6 years. The average BMI was 37.42 kg/m^2 ($30.45\text{--}56.26 \text{ kg/m}^2$). Third (35%) of women had a high educational level, 41.4% were inactive, and 70.8% had an average socioeconomic level.

The average BSQ score was 108.31 (47–188). The majority of women (78.1%) had excessive preoccupation about their body image. The BSQ score was correlated to morbid obesity ($P=0.014$). Women aged between 20 and 3 years were significantly more preoccupied about their body image ($P=0.046$).



Conclusion Majority of obese women were preoccupied about their body image. Young women and those having morbid obesity seemed more preoccupied about their body image.

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EV1535

Spectrum of medical and social problems in the female opium addicts

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Aim The work was initiated to study peculiarities of medical and social problems of the female opium addiction.

Materials and methods We examined 56 female opiate addicts aged from 18 to 56 (mean age 31.8 ± 1.09 years) hospitalized at the tertiary detox center (Tashkent). Twenty of the examinees (35.7%) were managed for the first time, 36 patients (64.3%) being treated iteratively.

Results and discussion Seventeen women were employed, only three of them were working in their specialization. Thirty-nine patients were either unemployed or engaged in the unskilled labor, that is, the one being out of tune with their education level. Eight examinees served penal servitudes, eleven women being detained without imprisonment. The findings reflect disorders in social adaptation of the most examinees. Drug addiction onset time varied from 19 to 25 years (22.1 ± 1.12 years in the average), but the age range from 20 to 23 was the most frequent one. Duration of episodic taking ranged from 1 month to 2.5 years (2.4 ± 0.7 months in the average). In 10 patients (20%) withdrawal syndrome has formed rapidly, in 1–2 months. Drug dose is partially associated with a patient's ability to pay and heroin accessibility.

Almost half of our 56 examinees had drug using husband, cohabitant or sex partner. Quality of remissions was found to greatly depend on a drug using sex partner.

Conclusions Medical and social consequences of the female drug addiction are quite severe to mention early psycho-social disadaptation, prostitution and illegal actions, including thefts, document forgery, drug pushing.

Disclosure of interest The author has not supplied his/her declaration of competing interest.

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EV1536

Impact of emotional intelligence on level of academic achievement in a sample of Saudi female medical student

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Background Emotional intelligence (EI) assessment has become an effective technique in exploring individual competencies. In the medical educational, there is a growing evidence for relation between academic achievement and emotional intelligence.

Objective To examine relation between academic achievement and emotional intelligence among medical students.



Method A cross-sectional study of 189 female university students using paper-based Bar-On Emotional Quotient Inventory: Youth Version was conducted. BarOn EQ-i:YV consists of 7 sub-scores which estimate various domains of emotional intelligence along with general mood. The academic achievement was assessed via self-reported Grade Point Average (GPA).

Result The average Intrapersonal score of participating students was 14.9 ± 3.4 and Interpersonal was 41.7 ± 4.9 . The students scored 32.0 ± 5.0 in stress management scale and 31.9 ± 4 in adaptability. The lowest score achieved in the Emotional Inelegance scale was 32.5 whereas the top score was 71.3. The average general mood was 47.1 ± 6.4 and the positive impression ranged between 6 and 23 (17.3 ± 2.8). Positive week correlations were defined between the GPA and self-efficacy ($r=0.13$) and Adaptability ($r=0.08$) though these correlations were statistically insignificant ($P>0.05$). Linear regression model showed that domains of Bar-On scale could explain up to 33% of changes in GPA ($R^2=0.33$) with significant effect of self-efficacy, adaptability and general mood scores ($P<0.05$).

Conclusion Medical students showed high level of emotional intelligence which positively affect their academic achievement. Therefore, improving the emotional intelligence domains can help students improving their academic achievement.

Disclosure of interest The authors have not supplied their declaration of competing interest.

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EV1537

Gender differences in response to psychological treatment for social anxiety disorder in those with comorbid drug dependence



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Introduction Individuals with social anxiety disorder do poorly in residential treatment programs for the treatment of drug dependence. This is not surprising given the social nature of residential rehabilitation where group work and close social interactions are required.

Objectives Given the social nature of residential rehabilitation, we were interested in exploring whether we could address social anxiety symptoms prior to treatment entry and therefore enhance the likelihood that an individual would enter treatment and stay in treatment.

Aims To conduct a randomised control trial to evaluate whether treatment of social anxiety symptoms prior to treatment entry improves treatment entry and retention.

Method Treatment seeking substance users ($n=105$) completed intake assessment interviews for entry into a residential rehabilitation program. Assessment comprised the Mini International Neuropsychiatric interview (Mini), the alcohol, smoking and substance involvement screening test (ASSIST), the Liebowitz Social Anxiety Scale (LSAS). Participants were randomised to either a four-session social anxiety intervention or treatment as usual (which was to remain on the waiting list until treatment entry). A survival analysis was conducted to examine whether the intervention impacted on treatment retention.

Results The treatment did not significantly impact on treatment but the intervention group were significantly more likely to remain in treatment and this effect was only found in women.

Conclusion For individuals with social anxiety disorder brief evidence based intervention focused on ameliorating social anxiety

symptoms (e.g., cognitive behavioural treatment) may improve the retention in treatment. This effect appears to be gender specific.

Disclosure of interest The authors have not supplied their declaration of competing interest.

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EV1538

Group art therapy for the management of fear of giving birth



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Introduction Fear of giving birth may affect many pregnant women. Fear of childbirth leads to an increase in C-section demands and the ratio of C-section births. Group therapy addresses at least 8 people at the same time, which both saves time and treatment expenses.

Objectives The objective of this study was to evaluate the impact of group art therapy for the management of fear of giving birth.

Methods Thirty women volunteers in the third trimester of pregnancy who were attending a public women's hospital and who had fear of giving birth were included in the study. They were randomly distributed to 2 groups. First group ($n=15$) received 6 sessions of group art therapy. Second group ($n=15$) received 6 sessions of psychoeducation regarding fear of giving birth. Each weekly psychotherapy session lasted 130 minutes.

Results By the end of the six weeks Beck depression scale (BDS) scores, Beck Anxiety Scale (BAS) scores and Wijma delivery expectancy/experience questionnaire version A (W-DEQ) scores decreased significantly in the group art therapy group ($P<0.001$). In contrast, the psychoeducation group showed no significant changes in terms of BDS, BAS, W-DEQ scores.

Conclusions Our study shows that group art therapy may be a promising cost-effective treatment method to manage fear of giving birth in pregnant women. The study needs to be replicated in women coming from different cultures and socioeconomic statuses to establish group art therapy for the treatment of fear of giving birth.

Disclosure of interest The authors have not supplied their declaration of competing interest.

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EV1539

Early maladaptive schema domains in the first day of menses and 15 days after the menses in healthy volunteers



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Introduction Premenstrual syndrome (PMS) symptoms may affect the physical, psychological and social lives of many women of the reproductive age group. Most women report being extra-sensitive and have difficulties with emotional regulation and some patients report worsening of their psychiatric symptoms during the premenstrual period. Early maladaptive schemas (EMS) are developed early in childhood and may remain dormant until they are activated by situations relevant to the particular schema.

Objective We hypothesized that some of the psychological symptoms of PMS may be related to EMS activation and that this activation is due to the hormonal changes of the menstrual cycle.

Aims Our aim was to measure any changes regarding the EMS domains between the first day of menses and 15 days later.

Methods One hundred and ten women from an architectural and engineering firm were enrolled in the study. After ruling-out psychopathology with Symptom check-list-90-R, remaining women ($n=65$) filled out young schema scale short form (YSS-SF) on the first day of menses and 15 days after menses. The time of probable ovulation was defined as 15 days after the first day of menses.

Results YSS-SF scores regarding the schemas of defectiveness, insufficient self-control, failure to achieve, vulnerability to harm or illness were significantly decreased by the 15th day of menses

($P<0.05$). Abandonment, social isolation, dependency, enmeshment and self-sacrifice schema scores remained similar on the first and 15th days.

Conclusions EMS activation may contribute to the PMS symptoms, therefore schema therapy may be an option for those women suffering from PMS.

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